

Bentley House Limited

Bentley House Care Centre

Inspection report

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Website: www.bentleyhousecarecentre.co.uk

Date of inspection visit:
19 April 2018

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22 May 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Bentley House on 19 April 2018. The inspection visit was unannounced. The home is divided over two floors and provides personal and nursing care for up to 50 people of all ages, including people living with dementia and physical disabilities. There were 40 people living at the home when we inspected the service. Bentley House Care Centre 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.

There was a newly appointed registered manager in post at the time of our inspection visit. A requirement of the service's registration is that they have a registered manager. 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 and the associated Regulations about how the service is run.

We last inspected this service on 19 April 2017, when we rated the service as 'Good' overall. However, at that inspection we found Safe was 'Requires Improvement' because improvements implemented in medicines management needed to be sustained and embedded into practice. At this inspection we found improvements had been sustained and have rated the service as 'Good' in Safe and 'Good' overall.

People received their medicines as prescribed to maintain their health and wellbeing. People were supported to access healthcare from a range of professionals inside and outside the home, and received support with their nutritional needs. This assisted them to maintain their health.

People told us there were enough staff to keep them safe and we saw there were enough staff during our inspection visit to ensure people were cared for safely.

All necessary checks had been completed before new staff started work at the home to make sure, as far as was possible, they were safe to work with the people who lived there. People were supported by a staff team that knew them well.

Staff received training and had their practice observed to ensure they had the necessary skills to support people. Staff treated people with respect and dignity, and supported people to maintain their privacy and independence.

People had been consulted about their wishes at the end of their life. Plans included information about people's wishes about who they wanted to be with them, and the medical interventions they had agreed to.

The provider, manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The manager had made applications to the local authority where

people's freedom was restricted, in accordance with DoLS and the MCA requirements.

People were supported to take part in social activities and pursue their interests and hobbies. People made choices about who visited them at the home, which helped people maintain personal relationships with people who were important to them.

People knew how to make a complaint if they needed to. Complaints received were investigated and analysed so the provider could learn from them. People who used the service and their relatives were given the opportunity to share their views about how the service was run; action was taken in response.

Quality monitoring procedures identified some areas where the service needed to make improvements. Where issues had been identified in checks and audits, the registered manager took action to address them to continuously improve the quality of care people received.

The provider and registered manager worked with other providers, their sister home, and external professionals to improve and develop the quality of care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at Bentley House and staff had been recruited safely. The manager and staff consistently reported and investigated accidents, incidents and safeguarding issues when these arose. People had up to date risk assessments in place, which provided staff with the information they needed to minimise risks to people. There were enough staff employed at the home to ensure people were cared for safely. Medicines were administered to people safely.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Bentley House Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 April 2018. The inspection visit was unannounced and was conducted by two inspectors, an expert-by-experience and a specialist advisor. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported this inspection had experience and knowledge in nursing care.

Before our inspection visit, we looked at and reviewed the Provider's Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

We reviewed the information we held about the service. We looked at information received from the statutory notifications the provider had sent to us and information received from commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home.

During our inspection visit we spoke with seven people who lived at the home and four people's visitors or relatives. We gathered feedback from several members of staff including the registered manager, two nurses, an activities co-ordinator, the care supervisor and four members of care staff. We also spoke with a chef and the provider's representative.

We looked at a range of records about people's care including six care files. We also looked at other records relating to people's care such as eight medicine records and fluid charts which showed what drinks people had consumed. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the registered manager and the provider made to assure themselves people received a quality service. We also looked at recruitment and supervision procedures for members of staff to check safe recruitment was followed and staff received appropriate support to continue their professional development.

Is the service safe?

Our findings

We last inspected this service on 19 April 2017, when we rated Safe 'Requires Improvement'. At that inspection we found systems to ensure safe medicines management needed to be sustained and embedded in practice. At this inspection we found improvements had been made, and have rated the service as 'Good' in Safe.

All the people we spoke with told us they felt safe at the home. One person stated, "I've never felt unsafe." One relative told us, "My family member is safe and has put on weight here, they are happy."

People were protected against the risk of abuse. Staff told us they completed regular training in safeguarding people. Care staff and nursing staff were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse. Staff told us they were comfortable with raising any concerns they had with the registered manager or provider, and were confident any concerns would be investigated and responded to. One staff member said, "I recall training about institutionalised abuse. The training showed me how we need to improve people's quality of life by being more thorough in caring and forming relationships with people and their families."

The provider had procedures to report safeguarding concerns to local authorities for investigation, and to CQC. We found safeguarding concerns had been referred consistently across the home. Accidents and incidents were recorded by staff and monitored to show when and where they happened in the home, and whether risks could be mitigated to reduce the number of accidents. Where staff needed training or advice to mitigate future risks, the registered manager organised this.

Staff told us and the PIR confirmed, people were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. The provider also checked the registration of nurses with their regulatory body to ensure they maintained their professional registration.

We found the home was clean and well maintained. Infection control procedures were in place to prevent the spread of infection. There were regular cleaning schedules, and enough housekeeping staff, to keep communal areas and people's rooms clean. The registered manager checked on the cleanliness of the home through regular walk rounds, and also monthly auditing procedures. Nursing staff adhered to current infection control guidelines to prevent the spread of infectious diseases. A visiting health professional told us, "When we visited the home recently, during an outbreak of influenza, the staff had arranged protective equipment such as gloves and aprons for us to wear, to prevent the spread of infection."

Staff who administered medicines received specialised training in how to administer medicines safely; they completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. Medicines were administered by nursing and care staff, who were trained to

administer some medicines, such as topical creams. People told us they received their medicines when they should.

Medicines were monitored to ensure they were stored at the correct temperatures, so that medicines remained effective. Each person at the home had a medication administration record (MAR) that documented the medicines they were prescribed. MARs contained a photograph of the person so staff could ensure medicines were given to the right person. This was important as the home could use agency nurses to administer medicines, who might not know the people who lived there. The MARs we checked confirmed people received their medicines as prescribed.

Some people required medicines to be administered on an "as required" basis. There were guidelines for the administration of these medicines to make sure safe dosages were not exceeded and people received their medicine consistently. Daily and monthly medicine checks ensured people received their prescribed medicine when they should.

We looked at how the maintenance of equipment and the premises was managed. Maintenance and safety checks included the utilities and water safety. Records confirmed these checks were up to date. In addition, there was an up to date fire risk assessment and regular testing of fire safety and fire alarms so people and staff knew what to do in the event of a fire. People who used the service had Personal Emergency Evacuation Plans (PEEPs) which would provide emergency personnel with vital information about people's mobility needs in case of emergency.

Risks to people's health and wellbeing were identified, and managed safely. For example, one person displayed behaviours that could be challenging to them and disturbing to others. Records provided staff with instructions on how to engage the person in activities and conversations if they became anxious. Information was also included on what might trigger the behaviour, so staff could reduce the risks of the behaviour occurring. This reduced risks to the person and any impact on people around them.

The registered manager and staff told us sometimes people waited for staff to be available to support them with their personal care however, they were confident people were always supported safely. The registered manager added they had recently reviewed people's needs and increased staff numbers at busy times during the day. A member of staff told us, "Generally we have enough members of staff now to meet the needs of residents."

During our inspection visit we saw there were enough staff to care for people safely. Staff were available all day in the communal areas of the home. Most people told us there were enough staff at the home. One person told us, "A couple of times there have been staff shortages, but it hasn't affected my care." Another person explained that in the past staff had taken longer to respond to them than they would wish, after they rang the call bell. However, people told us staffing levels and the availability of staff had improved recently.

Positive comments from people included; "They [staff] always respond quickly....the longest I've waited is five to ten minutes", "When I want to get up I ring the buzzer, and they come" "I had a fall a few weeks ago, and they came very quickly" and, "I need to have someone with me when I walk. They help quite quickly."

Is the service effective?

Our findings

At this inspection, we found staff training continued to meet the needs of people who lived at the home. Staff supported people to eat and drink enough to maintain their health. We continue to rate Effective as 'Good'.

Staff used their training and skills effectively to support people. Staff used their skills to assist people with the correct equipment when moving them from chairs to standing positions, and also from standing positions into seated positions. Nursing staff used their skills to effectively utilise equipment to meet people's medical needs, such as specialist feeding equipment and catheters.

All staff received an induction when they started work which included working alongside experienced members of staff. Induction courses were tailored to meet the needs of people who lived at the home, and the different roles each member of staff performed. After induction a new training programme ensured staff received regular refresher training to keep their skills up to date. One member of staff said, "We had a dementia training day, infection control and catheter care training. The training was face-to-face where you could ask questions and get more out of it...previously it was just a video and a book."

Staff told us they received regular support and advice from their immediate line managers and the nurses, which enabled them to work effectively. There was an 'on call' telephone number they could call outside office hours to speak with a manager if they needed to. Regular team meetings and individual meetings between staff and their managers were held at the home. These gave staff an opportunity to discuss their performance and any training requirements.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was able to describe the principles of the MCA and DoLS which showed they had a good understanding of the legislation. People were asked to sign consent to certain aspects of their care, where they could do so. The registered manager reviewed each person's care needs to assess whether people were being deprived of their liberties, or their care involved any restrictions. Several people at the home had an approved DoLS in place, and other applications had been made to the local authority and were awaiting a decision. Staff asked people for their consent and respected people's decisions to refuse care where they had the capacity to do so.

We looked at meals provided to people and people's meal time experience. There was a large dining area where people could have their meals, or people could choose to eat in their rooms, or in the large, newly built extension which was located overlooking the garden. Dining rooms were attended by sufficient staff to

assist people to eat their meal. Where people required assistance from staff, staff were patient and supported people to eat at their own pace. One person told us, "I like the food here; I spent time choosing the food today. As I did not like what was on the menu, they did me chicken instead."

Kitchen staff knew people's dietary needs and ensured they were given meals which met those needs. For example, some people were on a soft food diet or were diabetic. Information on people's dietary needs was kept up to date and included people's likes and dislikes. The chef told us how they intended to enhance people's enjoyment of the food at the home saying, "We plan to introduce theme days to tie in with events like St George's Day or Valentine's Day, in the summer we will be doing barbeques. We want the food to be creative, enjoyable, and be part of the care home."

Food and drinks were available throughout the day to encourage people to eat and drink enough to maintain their health. Regular drinks were important to prevent people from becoming de-hydrated. One person told us, "They bring drinks all the time."

Staff told us care records were kept up to date and provided them with the information they needed to support people effectively. Staff could describe people's individual support needs, which matched what people told us and the information in their care plans. This was because everyone's healthcare needs were assessed when they moved to the home to see what support they required. For example, any specialist equipment to help them move safely and independently.

Staff and people told us the provider worked in partnership with other health and social care professionals. Care records included a section to record when people were seen or attended visits with healthcare professionals, and their advice. People told us, "The chiropodist comes every Friday, and the doctor comes every Thursday." One health professional commented, "Whilst attending a patient at the home I was impressed by the conversations that took place between the nurse and the doctor for medication to be prescribed....If only more care homes were so organised, understanding and respectful."

Advice from health professionals was transferred to care documents, and care plans were updated to incorporate the advice provided. For example, one person required support with their nutrition. Advice had been sought by the speech and language team (SALT) to ensure the person was supported appropriately. Advice was followed to ensure the person received the correct level of nutrition and hydration. Some people who were on special diets had charts in place to record whether they ate and drank enough each day to maintain their health. We found the charts were up to date, and action was taken by staff if people were not eating or drinking enough. A member of staff told us how working with other health professionals could increase people's quality and enjoyment in life, by helping them to remain healthy and active. One staff member said, "We have had people who have come into the home with bed sores. We have worked with other health professionals to heal their skin, and subsequently to improve their lives."

A relative told us, At this inspection, we found staff training continued to meet the needs of people who lived at the home. Staff supported people to eat and drink enough to maintain their health. We continue to rate Effective as 'Good'.

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the effective care their relation received. They explained their relative came to the home with a pressure sore, and also to receive care at the end of their life. The staff had completely healed the pressure sore. They said, "What other home could have done that?"

The environment at the home was designed to meet people's mobility needs. For example, the corridors were wide and flat, with smooth floors, and were accessible for people with motorised wheelchairs to move around easily. Where people were living with dementia, the surrounding environment gave them visual clues and prompts to locate their room and facilities at the home. The provider planned to improve signs around the home to increase people's awareness of their surroundings when the decoration programme was complete.

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Is the service caring?

Our findings

At this inspection, we found staff continued to be caring and engage with people at the home. People were encouraged to maintain and develop their independence. We continue to rate Caring as 'Good'.

People spoke positively about the caring attitude of the staff and said, "I think staff all love their job", "Staff are always lovely to [Name]", "I couldn't have picked a better home. Staff and I joke together. I'm very happy" and, "It seems very caring. They [staff] always explain things to you."

We observed good relationships between people and staff, such as staff sharing jokes with people, telling stories about activities or trips, and chatting about the environment.

Staff told us they liked working in the home. One staff member said, "We are here for the residents, they are our top priority."

People's care and support was planned in partnership with them and people who were important to them, which enabled staff to deliver person centred care. Records gave staff information about people's personal preferences for how they wanted their care and support to be delivered. For example, care plans included information on maintaining the person's health, their support needs and brief information on people's life history so staff could get to know them better. Care reviews took place every six months, or when people's needs changed.

Records showed people were able to discuss their sexual orientation with staff, or their preferences for a personal relationship, and staff respected people's wishes.

People's individual needs were catered for, as people's ability to communicate with staff and each other was assessed at Bentley House. We found some people with disabilities used specialist communication tools to assist them. For example, people with sight impairments used large print and visual information to communicate with staff. A relative told us how their relation had been encouraged to speak with staff saying, "Staff will encourage [Name] to engage with them and others...they will speak slowly and repeat phrases and observe them for physical and facial signs of understanding."

Staff promoted people's independence and encouraged them to do things for themselves where possible. For example, people were encouraged to use specialist cups and plate guards so they could continue to eat and drink independently.

People had decided how their personal space was furnished and arranged. People's rooms included photographs of family and friends, pictures on the walls, ornaments and furniture personal to them. This was important as Bentley House was people's home, and people told us having personal items around them helped them to feel comfortable in their surroundings. One person said, "My bedroom has been added to with my personal items so I'm happy here."

There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. This included a number of lounge areas and dining areas. People made choices about who visited them at the home and were supported to maintain links with friends and family. One family member explained staff made them feel welcome by offering drinks and snacks. Another relative told us, "We can come at any time and they even help by providing transport if my family member needs to be taken to places."

People told us their dignity and privacy was respected by staff. Staff knocked on people's doors and announced themselves before entering. We saw one person being asked if they needed assistance with personal care. This was done in a discreet way to respect their privacy. A person told us, "When I'm in the shower they wait outside. I can have one when I like."

People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring their social and practical needs were met. Keyworkers also helped to maintain accurate care records for people to ensure they reflected people's current needs. We found keyworkers knew people well. People told us they knew who their keyworkers were, and felt comfortable in raising anything with them. One staff member said, "We have a good registered manager. I've noticed a big difference since they started, staff are now more involved, there are keyworkers who know people better, people are happier, staff are much happier and morale has improved massively."

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive as at our previous inspection. Care records continued to be kept up to date. Activities and interests were offered to assist people with forming social relationships. We continue to rate Responsive as 'Good'.

People told us staff responded to their requests for assistance in a timely way. One person commented, "As long as you tell the nurses what you want, they will do it." We saw one person asked for a drink, which was brought to them straight away. Other people gestured when they wanted assistance, and staff approached them to ask what they would like.

People told us they enjoyed the activities and events on offer at the home. One person said, "I like the activities, there's something every day." People told us staff asked everybody in the communal areas if they wanted to take part in group activities, to encourage them to socialise with others at the home. We saw staff doing this throughout our inspection visit. The activities coordinator confirmed group activities took place every day, and people also had one to one conversations in their rooms with staff to offer them mental stimulation. Staff recognised that social interaction was important to maintain people's well-being. A relative told us, "The staff are lovely, they have even managed to find my family member someone to make friends with."

One person told us about the new garden area at the home which had been developed to encourage people to grow their own vegetables. The person said how much they enjoyed using this area of the garden. Another person told us about how they enjoyed special events that were recognised at the home, saying, "They have special occasion functions. For example, celebrating birthdays or stalls for residents to buy things at Christmas."

A list of planned activities was displayed in the communal areas for people to refer to and posters advertised forthcoming special events. The activities coordinator confirmed that recent activities at the home included a visit by a therapy pony who was taken upstairs to see people in their rooms. At Easter lambs were brought in to the home, and in May the home planned to be involved in maypole dancing with local children.

Staff told us that they spent as much time with people as possible. One said, "We try our hardest to spend time with people. If we get a chance, we will work with the residents reading newspapers, we just try to do things with people." The registered manager explained they were changing how some activities were offered at the home. They were recruiting a new member of activities staff to provide more opportunities for engagement for people who were unable to participate in group activities or who chose to stay in their bedrooms. .

Staff told us care records were kept up to date and provided them with the information they needed to support people responsively. Staff knew people well because they read the care records. The registered manager told us, "Care records are reviewed monthly, or when people's needs change and are re-written every six months to ensure they meet people's needs."

Staff were able to respond to how people were feeling, and to their changing health or care needs because they were kept updated about people's needs at a handover meeting at the start of each shift. The handover meeting provided staff with information about any changes in people's needs since they were last on shift. Staff explained the handover meeting was recorded so that staff who missed the meeting could review the records to update themselves.

We found people had some end of life care arrangements in place. The arrangements included decisions that had been made regarding whether people should be resuscitated following a cardiac arrest. These records were reviewed regularly to ensure they had been discussed with people and their relations, and whether they remained valid as people's health changed.

People at the home had been consulted about their wishes at the end of their life when they wished to do so. We reviewed care records which documented their preferences. Nursing staff told us this was to provide good quality care to people nearing the end of their life, and to respect their cultural or religious beliefs. People had up to date 'end of life' care plans which were comprehensive. Plans showed people's wishes about who they wanted with them at this time and the medical interventions they agreed to. The registered manager confirmed that people made these choices in consultation with health professionals, their relatives and staff, so that their wishes could be met. The registered manager told us about one person who had come to the home, and since their admission had discontinued some of their medicines due to their health improvement. The registered manager explained they believed this was due to the good quality of care they received at the home. The person now had a greater appetite for 'living life to the full' and enjoyed getting up and taking part in activities and mealtimes at the home.

The provider also considered the wishes of people at this time, and offered relatives a relaxing and calm space to stay. A member of care staff told us, "End of life is dealt with in a caring way. People's family can be there, and the family can stay over."

There was information about how to make a complaint and provide feedback on the quality of the service in the reception area of the home. People and their relatives told us they knew how to raise concerns with staff members or the registered manager if they needed to. A typical response from people we spoke with was that they had never needed to make a complaint. One person told us, "I think the care is brilliant. I have no problems with any of the staff."

The provider told us they rarely had complaints, and explained they had only received two at the home. We saw these had been investigated and responded to by the registered manager and provider. Complaints were analysed, along with other checks and audits, to identify any trends and patterns, so that action could be taken to continuously improve the service provided.

Is the service well-led?

Our findings

At our previous inspection we found the home was 'Good' in Well-led. We have continued to rate the service as 'Good' in Well-led because the management team were accessible and approachable, and procedures were in place to monitor and improve the service.

People and their relatives told us they felt the home was well-led. People and staff told us they would be happy to approach the registered manager with any concerns they might have, and they were confident these would be dealt with quickly. One person said they rated the home nine out of ten. The registered manager was relatively new to the home and had been there for approximately three months. A relative told us they had been written to by the new management team to explain the changes at the home, and they were confident in the new registered manager, saying, "Care is now more person centred." A visiting health professional told us, "Bentley House is a place I would wish a family member to reside in."

The registered manager was part of a management team which included lead nurses who worked at the home seven days per week, the provider's representative who was on site five days per week, and a care supervisor. Staff told us they felt supported by the new registered manager and could already see a positive impact on the care provided in the home. One staff member said, "The new manager has brought in new standards, and we all know what is expected of us. We now work as a team, we now communicate and have detailed handovers; things have greatly improved." A supervisor said, "The new manager is very thorough open and encouraging, she wants the best for staff, for residents, and for the home."

Staff told us the registered manager was approachable and they felt valued and supported in their role. One staff member told us, "You can go to the registered manager at any time, and they will change things if they think it will work better, there is a lot of consultation." Another staff member said, "We have appraisals and we get attendance bonuses now. I think as staff we are treated well, they [managers] are always there if there is a problem, and we can always go to the office."

The provider and registered manager completed regular checks on the quality of the service they provided. This was to highlight any issues and to drive forward improvements. For example, checks on care records, medicine administration and infection control procedures. The management team produced quarterly reports about how the home was performing against business plans and targets. Where checks had highlighted any areas of improvement, action plans were drawn up to make changes. Action plans were monitored for their completion by the provider during regular quality monitoring visits to the home. This included enhancing and improving the premises at Bentley House with a re-decoration programme.

Some improvements had already been made at the home, including a number of new floors to aid people's movement around the home, a re-decoration of corridors and communal areas, the building of a new extension to replace the conservatory. The large extension was airy and light, with direct access to the garden, and had air conditioning to make the space a pleasant area for people to sit in, do activities, and enjoy the garden. Next to the large new extension area the provider had also built a kitchen for relatives and guests to make their own refreshments. The provider told us the extension had been built to 'bring the

outside in' and give people a view of the garden and easy access to the garden areas. We saw the new extension also offered people a place to eat their meal, if they wished.

The provider and registered manager had reviewed how medicines were managed at the home, and had made some improvements to how medicines were ordered and stocked, to ensure waste was reduced. The registered manager was also liaising with a local pharmacy to change how prescriptions were processed to ensure people always received their medicines in a timely way. This review of procedures had been instigated by some recent issues around medicine management, to sustain the improvements already in place, and to embed new systems to benefit people who lived there.

The registered manager told us how they worked in partnership with other agencies such as commissioners of services and health care organisations to support people when they first came to the home, making sure their needs were fully assessed to get the right care in place. We saw the registered manager and staff also worked in partnership with other care homes and experts in their field, to help develop and improve systems at Bentley House. For example, one member of staff told us about visiting an 'Outstanding' home nearby to learn more about good dementia care.

The registered manager explained they were also a registered manager of one of the provider's other homes, where they worked two to three days a week. This meant they had the experience of working in another location and could share things that worked well across the two services. For example, a care records review had been undertaken to assess and introduce a new format of care records across both services. This was to ensure records were up to date, but also to introduce new tools which staff might find useful. Care records had also been updated with a person centred profile of each person, showing key pieces of information about their care needs, but also described to staff their preferences. This meant staff could see 'at a glance' their health and social needs. The care profiles we reviewed gave a summarised view of the needs and wishes of the person, which was readily accessible and matched more detailed information in risk assessments and care plans. The registered manager told us, "The paperwork (profile) was a joint effort across both of our homes and showed great team work to develop it. Staff have reacted positively to its introduction, and we feel it provides immediate information for staff, that can only benefit our residents."

People could give feedback about their wishes, to the manager or management staff at any time, as they operated an 'open door' policy. The registered manager had organised a meeting for 'residents' and relatives at Bentley House since they started work there, however, they told us no-one had attended the meeting. They planned to advertise future meetings at the home, and continue to engage relatives and people in feedback about the home using yearly quality assurance surveys and gathering comments from people in the reception area and in care review meetings.

People felt their opinions were valued. One relative told us about some feedback they had given the provider about dementia training, and how to involve people with dementia in remembering their life history and reminisce about their past. The provider and registered manager had acted on the advice. They had sourced new dementia training for staff and also intended to introduce items to help people remember their past. The registered manager told us, "We are introducing new technology to help people remember historic events; we are also approaching a broadcasting organisation to see if they have any material which could be suitable for us."

The provider engaged with the local community and encouraged people to visit the home, and socialise with people there. This was to enhance people's ties with the local community. Initiatives involved inviting local people to eat at the home and volunteer their time.

The registered manager understood their responsibilities under the regulations and notified us of incidents as required. They also displayed the current rating in a prominent position at the home.