Mr M Mapara

St Bennett's Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

St Bennett's is a 'care home'. People in care homes receive accommodation and
personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Bennett's accommodates up to 24 people in one adapted building. At the time of this inspection, 17 people were using the service.

At our last inspection in January 2016, we rated the service 'Good'. At this inspection, we found the evidence continued to support the rating of 'Good.'
This inspection report is written in shorter format because our overall rating of the service has not changed since our last inspection.

People and relatives felt safe with the staff providing their care and support. Staff were aware of their responsibilities for keeping people safe from abuse and avoidable harm.

The registered manager understood their responsibilities to keep people safe and was aware to notify the local safeguarding authority and Care Quality Commission (CQC) of safeguarding concerns and carry out investigations as required, although the safeguarding procedure was not clear that all suspicions of abuse needed to be reported.

People felt safe in the service.

Staffing arrangements met the individual dependency needs of people currently using the service.

Staff had the appropriate skills, competency and knowledge to meet people's individual needs. Health and safety training followed current relevant national guidance to prevention and control of infection.

On-going support and one to one supervision was provided for staff to reflect on their practice.
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People received their medicines safely and staff supported people to access support from healthcare professionals when required, to ensure people continued to receive coordinated care and support.

The registered manager and staff understood the Mental Capacity Act, 2005 (MCA) legislation and followed this in practice.

The environment was clean, and repairs and refurbishment works had been and were taking place to the building. Routine safety checks were carried out on the fire, water, gas and electrical systems.

Risk assessments to manage assessed risk to people's safety were not always comprehensively in place.

Staff recruitment procedures were in place to ensure that appropriate pre-employment checks were carried out to assure staff were suitable to work at the service, although these needed to be strengthened to ensure all known risks were fully explored.

People were involved in planning their on-going care. People told us they liked the staff and got on well with them. We saw many examples of staff working with people in a friendly and caring way. People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs. Activities were organised to provide stimulation for people and they had opportunities to take part in activities in the community if they chose.

People and their relatives told us they would tell staff if they had any concerns and were confident these would be followed up.

People, staff and representatives were satisfied with how the home was run by the registered manager. Management carried out audits and checks to ensure the home was running properly to meet people's needs, though not all essential issues had been comprehensively audited.

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.

Risk assessments to promote people's safety were not always in place. Lessons had not always been learned from past safety incidents. Staff recruitment checks were not fully in place to protect people from unsuitable staff. Staffing levels were sufficient to keep people safe. Medicine had been safely supplied to people. People had largely been protected from infection risks. People and representatives told us that people were safe living in the service. Staff knew how to report any suspected abuse.

Is the service effective?

Good

The service is still effective.

Is the service caring?

Good

The service is still caring.

Is the service responsive?

Good

The service is still responsive.

Is the service well-led?

Good

The service is still well led.

St Bennett's Care Home

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was the second comprehensive inspection of St Bennetts. The inspection was unannounced and undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We also reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We observed how people were supported during individual tasks and activities. We also spoke with five people living in the service, three representatives of people living in the service the registered manager, the provider, three care staff and the cook.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

Requires Improvement

Is the service safe?

Our findings

We saw a care plan and risk assessment for a person with dementia. There was a referral to a relevant outside agency due to the person's pattern of behaviour. A risk assessment was in place which gave staff information on how to manage this behaviour. It stated that staff should give guidance and reassurance to the person during this behaviour. However there was no detail on what this guidance was. The registered manager said this would be followed up and supplied a more detailed risk assessment after the inspection visit to assist staff to manage this behaviour.

The risk assessment to prevent a person from getting pressure sores stated the person needed to be repositioned every two hours. Records indicated this was being carried out, except on a small number of occasions, such as a three hour gap in February 2018, which meant there was a risk of the person's skin being damaged. The assessment also stated the person should not be turned on their left side as this caused them pain. We found a small number of occasions where they had been turned on their left side. The registered manager stated that the district nursing service had advised that they needed to be turned on their left side occasionally. However, she acknowledged this was not in the care plan and said this would be carried out.

A risk assessment for a person with diabetes contained information for staff to ensure they were supplied with appropriate food and drinks. This was only in the form of general, rather than specific advice, such as "monitor my sugar intake at all times." It stated the person needed to follow a diabetic diet, but did not give any more information as to what this constituted. This meant there was a potential risk to the person by staff not being supplied with specific advice to ensure their health was safely protected. The registered manager said this issue would be followed up.

An unlocked cabinet opposite the office contained a substance potentially hazardous to people. The registered manager said this was not unsafe as it was effectively monitored by staff in the office as the office door was kept open with a clear view of the cupboard, so that staff could act if necessary. However, it was agreed that the cupboard would be kept locked in the future to comprehensively protect people's safety by ensuring that no one had access to it at any time.

Staff records showed that before new members of staff were allowed to start, checks had been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, for one staff reference where there were aspects of poor performance, there was no evidence this had been taken up with the potential staff member at interview, or a risk assessment being in place to manage this. This meant a risk that an unsuitable person had been employed. After the inspection visit, the registered manager stated that additional references had been sought for this person which were positive, and therefore other measures had been carried out to ascertain the person's suitability. However, it still would be expected that these issues were explored with the person at the time of the interview in order to thoroughly ascertain whether there were any risks in employing the person.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take action. However, it was not clear that all abuse or suspicion of abuse would be reported to the safeguarding authority as it stated that "Where there is poor, neglectful care or practice, resulting in pressure sores… then an employer led disciplinary response may be more appropriate." In this case it indicated that a referral may not be made to the local authority. This meant that other professionals outside the home were not alerted if there were concerns about people's well-being. There were no contact details for the local authority or CQC. This meant there was a risk that issues involving people safety may not be reported leading people exposed to abuse or the risk of abuse. The provider said this procedure would be amended.

The whistleblowing policy did not contain information about reporting any concerns to relevant agencies such as CQC, local authority or police. The registered manager said this information would be included in the policy.

Infection control procedures were largely in place. Staff wore protective equipment when they went into the kitchen to ensure that food hygiene was maintained. Staff had received infection control training. The registered manager wore protective equipment when medicines were issued to ensure that medicine was not contaminated, to prevent infections being passed to people. However, we saw rubbish bins without lids in toilets and bathrooms, which was potentially an infection risk. The registered manager confirmed after the inspection that bins with lids had been ordered to replace existing bins. This will ensure people are protected from the risk of infection.

The registered manager told us that any lessons learned as a result of incidents or accidents were discussed by the staff team, either in handovers or staff meetings. However, action had not always been recorded to highlight any lessons learned for accidents. For example, a person had a fall in July 2017. The section on the form stating, "Details of action taken and measures introduced to reduce the risk of accident happening again" had not been completed. The registered manager said this would always be carried out in the future.

The registered manager told us that sufficient staffing levels were in place to keep people safe. If more staff were needed because of an increase in people living in the service or dependency needs increased, then more staff would be employed.

People, their representatives and staff said that there were enough staff on duty to ensure people were always safe, and their needs were met. A staff member said lounges were supervised at all times when people were in them. We observed lounge areas during the inspection and found staff present to ensure people were safe.

Staff were aware of how to keep people safe. For example, staff told us that they would check equipment before it was used, such as hoists, to ensure they worked properly to move people safely. Staff were aware of the need to wear personal protective equipment and regularly wash their hands to ensure infections were not passed on to people. Safety measures were in place such as checking that hot water temperatures did not scald people, and effective window restrictors were in place so people did not fall out of windows.

All the people we spoke with said they felt safe in the service. One person said, "Staff are fantastic… makes you feel safe."

Another person said they felt, "Very safe - the whole atmosphere, the staff are nice and very obliging I couldn't praise them any more..." Their representatives also felt that people were safe living in the home. One representative said, "When I am here they [staff] are always attentive."

People felt that their rights and opinions were respected. One person said, "Yes, I've never had anybody interfere with my opinions."

Risk assessments were available to identified safety issues in the premises. For example the use of specialist beds, protecting people from hot water, protecting people from falls from windows, safely moving and handling people and preventing trips.

Fire records showed that fire precautions were in place. Fire drills had taken place regularly. Fire tests such as testing fire bells and emergency lighting had been carried out. A fire risk assessment was in place. This had been recently reviewed to ensure any fire risks were managed and prevented. Personal evacuation procedures were in place to ensure the risks to people were individually assessed.

Staff told us they had never witnessed any abuse towards people living in the service. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the home, or to relevant external agencies if needed.

People confirmed that they received their medicine from staff. One person confirmed they had always received their medicine and said, "Yes, I take it when they give it to me." We observed medicines administration. The registered manager administered medicine, encouraged the person to take it and stayed with the person until they had done so. Another staff member supplied eye drops to a person. The person was reassured and this was done carefully so that the person was comfortable in having their medicine.

Medicine records showed that people received their medicine as prescribed. Medicines were securely locked with medicine keys held by the person in charge. The medicine trolley was kept in a locked room and the room temperature was recorded to ensure medicines were kept at the assessed temperature to ensure their effectiveness. Liquid medicines were labelled with their date of opening to ensure they were effective and not administered past their expiration date. Protocols for supplying medicines to people when they needed them were in place. This assists to ensure that all medicines are safely supplied to people.

Good

Is the service effective?

Our findings

People told us that their needs were met and they received effective care to meet their needs. They confirmed that staff appeared to be well trained. One person said, "Yes, they don't seem to lose their cool and they are patient." Representatives also agreed that staff appeared to be well trained. One representative said that new staff always received a lot of training, "Yes, when there's a new one [staff member] there's always training. They are being guided and mentored."

Staff continually assessed people's needs. People and their representatives confirmed they were involved in decisions regarding their care. Records showed assessments covered people's physical, mental health and social care preferences.

People continued to receive care from staff that had the knowledge and skills to carry out their roles and responsibilities. Staff confirmed new staff completed induction training and worked alongside experienced staff members when they first started working at the service. A member of staff said, "We have had a lot of training. We get refresher training every year as well."

Staff had undertaken induction training in order to provide effective care to people. The registered manager said that Care Certificate induction training would be used if new staff had not received relevant training in the past. This is nationally recognised as providing comprehensive induction training to ensure staff had the right skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records showed that staff had training in relevant issues such as medicines administration, health and safety and dealing with behaviour that challenged the service. There was evidence that staff had been provided with information about people's health conditions such as dementia. Other training on people's conditions such as hearing impairment had not been provided. The registered manager stated this would be reviewed to ensure staff had the proper knowledge to be able to effectively meet people's needs. She later sent us confirmation of this training to be provided to staff.

Staff told us, and records showed they received regular one to one supervision and an annual appraisal of their performance. They confirmed that the registered manager was approachable and they could speak with her at any time. We observed during the inspection that the registered manager was available to support staff, offering advice and guidance.

People said that they enjoyed the home's food. We saw that drinks were readily available at all times. This prevented people suffering from dehydration. The meal we observed was a choice of two main dishes with vegetables, with a choice of dessert and soft drink. Specialist equipment was provided to meet individual needs such as a cup with two handles and spout to make it easier for the person to drink. Another person had a specially adapted plate. The staff member provided support by putting food on the spoon and giving guidance and instruction to enable the person to eat independently.

Staff were aware of nutritional needs. For example, they checked that a person had the ability to swallow

food, so they did not choke. Staff assisting people who needed support to eat their food were gentle and patient in their approach, supplying support at the pace people were comfortable with. Food record shows that there were choices to each meal. The Food Hygiene Agency had awarded the service a food hygiene rating of five (very good). One person said they would appreciate food that met their cultural needs. The registered manager said the person had not mentioned this before but it would be provided.

Staff ensured that people with specialist needs received their specialist check-ups with health professionals. People told us their health needs were met. A staff member said, "If we see someone is not very well we tell the manager and we get the GP out when needed." People said staff contacted other agencies when needed. One person said, "I had this bug that's been going round and the doctor came and put me on antibiotics." Another person told us, "The chiropodist comes in and she [staff member] will book the next appointment."

We saw in people's records that their health needs were met. Each person had a clear list of all the health professionals. This contained detail about a variety of relevant health appointments people that people had attended. For example, there was evidence of people seeing specialist nursing staff.

A community nurse who told us that staff had ensured people's health needs had been met. They made proper referrals and followed any instructions needed. We looked at accident records. If the person had been injured, staff had made proper contact with emergency services to ensure that they were treated. This showed that people were provided with an effective service to meet their health needs.

The premises were accessible to people. Signs were displayed on people's bedrooms to give people direction as to where their bedrooms were. The provider told us that they were currently refurbishing the second floor of the home. Records showed that routine safety checks took place on the fire, water, gas and electrical systems.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The registered manager understood their responsibilities to work in line with the MCA and DoLS legislation. Records showed that DoLS applications had been appropriately submitted to the Local Authority and restrictions on people's liberty were the least restrictive.

One person said that staff asked their consent when supplying personal care; "They [staff] always explain everything." The registered manager said that she was in the process of making other Dols applications to the local authority. Staff ensured they sought people's consent before carrying out any care tasks and they understood the importance of always respecting people's decisions, although there was one instance where staff directed a person rather than asked their consent or explained what they were doing. The registered manager said this would be followed up with staff so that all staff understood that they always needed to check with people as to whether or not they wanted to receive care from staff.

Good

Is the service caring?

Our findings

People at St Bennett's told us they continued to experience positive caring relationships with staff. They confirmed staff were caring and supportive towards them. One person said, "They treat me nice." One representative said that people's dignity and privacy were maintained; "He is given the dignity that he deserves."
Another representative commented that staff were kind: "[staff] are very helpful." The visiting health professional said that staff were friendly and kind and there was a relaxed atmosphere in the home.
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Throughout the inspection we saw staff and the registered manager chatting to people, having a joke with them, reassuring them when they were anxious and greeting them when they came into communal rooms. They called people by their first names. They asked people if they wanted a drink and gave them a choice of drink. People said that staff stopped to speak with them when they had time and we observed this. Staff got down to level of people so that they could communicate with them more effectively. This showed that people were treated with kindness, friendliness and respect.

Staff spoke of people they supported in a caring and respectful manner. We observed during the inspection they discreetly provided personal care in private, behind closed doors and did not enter people's rooms before being invited. One representative said, "When I bring her communion we come in here with three of us and we have been into her room with her and it is private. I think they treat her with respect." However, there was one instance where a person was assisted to use a hoist with no blanket over their knees. This compromised their dignity. The registered manager quickly followed this up and sent us information after the inspection visit this had been followed up with staff.

People's care plans were written in a person centred way that explained how people preferred their care to be provided. The staff were able to tell us in detail about the needs of the people they provided cared for; their likes and dislikes and the specific support they required, which demonstrated knowledge of people.

People said that they were involved in planning for their own care. One person said, "I was able to say I needed someone to cream my legs and to wash my back." One representative told us, "Yes [there is] a care plan. I was involved with drawing it up …it does cover his [person's] needs and wishes."

Staff told us that they encouraged people's independence. One representative commented, "I think it's nice because there is space for [person] to walk around... able to go upstairs." All people we spoke with said they had freedom to do what they wanted in the home. One person told us they were able to go out when they wanted. People told us that they could see family out in the community when they wanted.

People told us that their religious needs were respected. One representative said, "I bring her [person] holy communion and we have private space and are able to say prayers."

Good

Is the service responsive?

Our findings

People were very positive about the personal care they received from staff. Representatives were also very complimentary about the personal care people received. One person said, "I can't fault them."

People continued to receive personalised care that met their needs. People and representatives said that they worked with staff to create care plans.

People were supported to take part in activities. The care plans contained information about people's backgrounds, hobbies and interests and staff used the information to deliver care and support. People told us about activities, which included one to one and group activities and visiting entertainers. Photographs of activities were displayed and it was evident that people enjoyed the activities. When we observed people living with dementia, some people had no activity apart from the TV which no one was watching at that time. We discussed with the provider and registered manager of people having tactile objects to occupy them. The registered manager said that it had been planned that staff would be trained in providing activities for people living with dementia.

People had the opportunity to worship according to their faith and beliefs. People were free to see religious leaders from local churches, who regularly visited to support people in practicing their faith.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Pictures were available to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard.

Residents meetings took place and the registered manager took time to talk to people and give them opportunities to comment on the service.

People said the registered manager was very approachable and if they had any concerns they would speak directly with them. One person said if they had any concerns; "See the boss [provider] or manager. I think that's the way to go." Another person told us that staff listened to their concerns.

Formal complaints received since the last inspection had been dealt with by detailed investigation and feedback to the complainant. There was a complaints procedure that people were aware of. The procedure, however, implied that CQC would investigate if they did not think their complaint had been investigated properly. This is not the legal situation. There was no explanation of the role of the ombudsman, which people can go to if they did not think the local authority had properly investigated their complaint. After the inspection, the registered manager sent us an amended procedure, which explained the role of CQC. People were directed to the local authority, the proper complaints authority.

The service provided end of life care and staff had received appropriate training to provide such care. At the time of the inspection, no people were receiving end of life care, though one person was cared for in bed

due to their frailty. The registered manager respected people's end of life wishes and made every effort to ensure people could remain at the home if this is what they wanted.

Good

Is the service well-led?

Our findings

People said that they liked living at the service. Representatives also told us that they thought there was a positive culture of promoting people's interests at the service.

People said they had confidence that management would listen to their concerns. One person told us, "Yes, I'm sure they would [listen] if I had any concerns." Another person said, "I'm sure they would listen to me if I've got a suggestion." A person said about the registered manager, "She always talks to us. She's a nice lady, she's lovely."

Everyone said that they would recommend the home. One person said, "Yes, definitely, definitely. A representative said, "I think that it runs smoothly because of the management setup. Everybody knows what they have to do."

The registered provider was also the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was aware of their responsibility to submit notifications and other required information.

It was clear from the positive feedback we received from people, representatives, staff and the health professional we spoke with that people were at the heart of the service. The registered manager adopted a positive open culture and worked closely with people using the service and their representatives. Representatives expressed confidence in the registered manager and the staff team.

The service was committed to ensuring on-going development and improvement. The registered manager carried out regular quality assurance audits to monitor the effectiveness of the service. The audits included checks on care plans, staff recruitment and medicines, although audits had not always identified issues that needed action. The staff recruitment check had not identified action to be taken with regard to a poor staff reference. The infection control audit had not identified the risks from open rubbish bins in toilets and did not include observation of staff practice. The registered manager later sent us information after the inspection visit replying to these issues.

Where any improvements were identified, timely action was usually but not always evident. For example, a residents' meeting in February 2018 had included suggestions for more activities and different foods. There was no action plan in place to take forward the suggestions. The registered manager said these issues were being taken forward and there would be action plans in place in the future to evidence this.

Staff told us, and records showed they had regular one to one meetings and team meetings with the registered manager. They said the registered manager and provider were very approachable, felt they could contact them at any time and were always given good and timely advice.

The service worked in partnership with commissioners and the local authority safeguarding authority to ensure that people received care that was consistent with their assessed needs.

The registered manager was aware of their responsibility to have on
display the rating from their last inspection. We saw the rating was clearly on display on the provider website and within the service. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.