

Bentley Lodge Care Home Ltd

Bentley Lodge Care Home

Inspection report

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Date of inspection visit:
27 April 2021
28 April 2021

Date of publication:
01 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bentley Lodge Care Home is a nursing home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 56 people. The service supports older people who may have a physical disability, sensory impairment or who are living with dementia. People are accommodated either within the main building or in the new purpose-built extension.

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

People told us there had been improvements and changes in the service. They liked the new manager and said, "The staff are happy, it makes it jolly" and "We always have a laugh." They told us staff were kind, gentle and caring.

People and their relatives told us they were safe in the care of staff. Processes and practices were in place to safeguard people from the risk of abuse and staff understood the need to report any concerns. Risks to people had been assessed and their safety managed. Measures had been taken to ensure the environment and equipment were maintained and in full working order. It will take further time to fully complete all of the provider's planned actions in response to their new fire risk assessment, completed following the last inspection.

The provider employed sufficient staff in all roles to meet people's needs and support them safely. Staff had been re-trained since the last inspection to ensure they had the required knowledge and skills. The manager had recruited new staff with sufficient verbal fluency in English and provided support to those staff who needed to further develop these skills. The provider's pre-employment checks were not fully robust during the period of the home's COVID-19 outbreak and we have recommended the provider reviews the guidance on staff recruitment during the pandemic.

People's medicines were managed safely. We identified two issues regards medicines recording which were brought to the manager's attention and addressed. Processes were in place to protect people from the risk of acquiring an infection. A relative confirmed, "The home is always very clean."

Staff treated people with kindness and compassion. They had sufficient time to spend with people as they provided their care. Staff involved people in decisions about their day to day care. People's privacy, dignity and independence were upheld during the provision of their care.

People and their relatives told us there had been improvements in the management of the service. A relative said, "The manager is professional, and his communication is much better." Quality assurance arrangements were consistent and effective at driving improvements within the service. The manager had led positive improvements in the culture of the service for people. Processes were in place to seek people's feedback on the service. The manager worked openly with statutory services in the provision of people's care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 January 2021) and there were six breaches of regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 26 November 2020, breaches of legal requirements were found. Two Warning Notices were issued in relation to safe care and treatment and good governance. The provider completed an action plan to show what they would do and by when to improve person centred care, dignity, safeguarding and staffing.

We undertook this focused inspection to check they had met the requirements of the two Warning Notices and to confirm they met legal requirements for the other four breaches of legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Caring and Well-led which contain these requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bentley Lodge Care Home on our website at www.cqc.org.uk.

In January 2021, the home had an outbreak of COVID-19. 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bentley Lodge Care Home

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 Safe care and treatment and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to specific concerns we had about infection control, safety, medicines, oversight and quality. We also checked if the provider had met their action plan in relation to the remaining breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

The site visit was completed by two inspectors. An Expert by Experience spoke with people's relatives off-site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bentley Lodge Care Home 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 had applied to register with the Care Quality Commission. This means that 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 gathered this information as part of the inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with ten staff, including care staff, nurses, activity staff, the clinical lead and the manager. We reviewed a range of records. This included four people's care records and medication records. We looked at four 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

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to prevent the use of restrictive practices. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were supported to stay safe by staff and their human rights were protected. Once people newly admitted had completed their period of self-isolation, as per government guidance, they had freedom of movement throughout the service. A relative confirmed, "They are actually getting him out of his room and into the lounge with other people." Processes were in place to ensure staff were aware of the date people had been admitted and the date their period of self-isolation ended.
- Deprivation of Liberty Safeguards applications had been made for people who required constant supervision and who could not consent.
- Staff had completed the provider's safeguarding training and had access to relevant safeguarding and whistleblowing guidance and contact numbers. The manager had introduced processes to test staff's safeguarding knowledge during their supervisions. Staff spoken with understood the signs of abuse and to whom they should report concerns. A relative confirmed, "100% she is safe."
- Staff had been issued with new, clear name badges, which ensured people could easily identify with whom they were speaking. People and their relatives told us they were safe in the care of staff.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the environment and equipment provided for people were safe and properly maintained and had failed to mitigate identified risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The manager had ensured equipment people required to manage identified risks to them was provided. Staff told us, "We have new hoists and enough sensor mats." New processes had been introduced, to ensure

daily safety checks on the equipment used by people took place, to ensure it was safe and in working order. People's call bells were seen to be placed within their reach. Communal bathrooms and showers were in full working order.

- Following the last inspection, the provider had commissioned a new fire risk assessment for the building, the outcome of which, was received shortly before the site visit. The new assessment identified a number of actions which were recommended for completion within three months. In response, the manager had prepared an action plan and was liaising with contractors to complete the required works. It will take further time to fully complete these planned works.
- The provider had appropriately managed the risks related to Legionella. This is a bacteria that causes Legionnaires' disease. They had ensured relevant risk assessments and water quality tests had been completed. Records showed required water temperature checks had been completed.
- Risks to people had been assessed and measures were in place to mitigate them. Records showed people had been consulted about how they wanted any identified risks to them to be managed. One person's risk assessment did not accurately reflect their current risks. The manager was aware of this issue, which was being addressed. People's care plans were being transferred to a new electronic records system and reviewed to ensure their accuracy, through the newly introduced, 'Resident of the Day' process. It will take further time to fully complete this work. Resident of the Day, was a process whereby people's care plans and risk assessments were reviewed and systematically updated each month.
- When concerns were raised, records showed the manager completed thorough investigations and took the required actions to ensure people's safety.

Staffing and recruitment

At our last inspection the provider had failed to provide sufficient suitable staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was a staffing dependency tool in use which used people's dependency needs to calculate their required staffing level. There were sufficient staff rostered to keep people safe and to meet their needs, in an unrushed manner. We observed the atmosphere in the home was calm and people's call bells did not ring for excessive periods of time. People told us, "There are enough staff" and staff responded to call bells promptly.
- There were sufficient staff in managerial roles, to support the manager in leading the service. There were also enough staff in ancillary roles, such as, activities, laundry, administration and maintenance. The manager ensured the new staff recruited had the required level of verbal fluency in English to enable them to communicate with people effectively.
- Staff told us since the last inspection, they had been supported to update their training to enable them to carry out their role effectively. For example, staff had updated their training in areas such as dementia care and equality and diversity. We observed overall, people were calm and not showing signs of distress.
- At our November 2020 inspection, we had not identified any issues with staff's pre-employment checks. We found records for staff recruited during the home's COVID-19 outbreak lacked some pre-employment checks. One lacked a Disclosure and Barring Service check and references, whilst two others lacked a full employment history. We brought this to the manager's attention, who told us they thought these checks had been completed. They took action immediately to complete these checks. No harm had been caused to people and the checks completed did not identify any issues with these staff. The manager also checked the files of other staff recruited at this time and introduced new measures to prevent any risk of repetition.

We recommend the provider review the guidance on pre-employment checks during the COVID-19 pandemic.

Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely by appropriately trained staff. Where people were on time-specific medication, for conditions such as Parkinson's disease, processes were in place to ensure they received them on time. A relative confirmed staff were, "very aware" of the time their loved one's medicines needed to be administered and they felt, "assured" they received them at the correct time.
- People's liquid medicines were dated when opened, to ensure they were only administered for the recommended time after opening. People's medicine administration records (MARs) had been fully completed without gaps. Any handwritten entries, were double signed by staff, as required.
- Not all people's topical cream MARs had been signed by care staff following the application of their creams, as required. Although staff were able to demonstrate from people's daily care notes their creams had been applied, the MAR had not been consistently completed. We brought this to the attention of the manager, who immediately took action to address this with staff. They were already in the process of introducing an audit of people's topical cream charts, which was due to be introduced the week of the site visit.
- People's medicines were stored in locked cabinets, which were stored either in the clinical room or were chained to the wall when not in use. We noted the temperature of the clinical room and fridge containing medicines were monitored daily. However, there was no temperature check on the two trolleys which were not stored in the clinical room. We brought this to the attention of the manager who took the relevant action to ensure this was addressed.

Preventing and controlling infection

At our last inspection processes, systems and staff practices to protect people from the risk of acquiring an infection were not adequate. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were partially assured that the provider was using PPE effectively and safely. We did observe isolated occasions when individual staff did not use their PPE effectively. These observations were shared with the manager who immediately addressed this.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to further develop their approach.

Learning lessons when things go wrong

- The manager had highlighted with staff at meetings their responsibility to report any concerns and staff spoken with understood what and to inform. Records showed staff had reported incidents which were then reviewed by the manager to identify any required actions. A staff member told us, "We are informed of incidents at handover and the app (used to electronically record people's notes) shows any specific risks for people." A relative confirmed, "They ring us straight away if there are any problems."

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. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider had failed to ensure people received person centred care. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff were observed to treat people with kindness and compassion. One person told us, "They are very good here, patient." Staff were sensitive to any signs of distress people exhibited and responded promptly. We observed a person became distressed by the sound of some works being completed and staff responded immediately and provided them with reassurance. A nurse told us how they had explained a person's personal history to professionals during an incident, which had positively influenced the outcome for the person. Following this, the person's relative had written to the staff member, to thank them.
- A relative said, "[Name of manager], understands the relatives and residents, does all he can to make the residents more relaxed now. The staff give the impression they actually want to be here." People were observed to be happy and calm in the company of staff.
- There were sufficient staff scheduled to enable them not to rush care and to spend time talking and interacting with people, as they provided their care. We observed staff chatting with people as they assisted them at lunch.
- Three relatives told us they felt there could be more stimulation for people, however, six relatives and four people said there was enough to do. The activities staff member attended the service three days a week and the provider was looking to increase this to five days. Records showed people, including those cared for in their bedroom, had been provided with a range of activities, daily. Care staff were observed to spend time engaging people in activities in the lounge. People were stimulated and work was underway to further increase provision.
- Staff's record keeping in relation to people's daily emotional well-being and whether they had spent time with them had improved, although they would benefit from a greater level of detail, to support the monitoring of people's moods. The manager was already aware of this and working on it with staff.
- People's care plans were in the process of being transferred to the new electronic records system. People's care plans were more centred on their needs and preferences about their care and how these should be achieved for them. Staff were encouraged to contribute their knowledge of people and their preferences to the care plans. The manager planned to introduce 'quizzes' to test staff's knowledge of peoples' care plans once they had all been transferred.

- New staff's verbal fluency in English was sufficient to communicate effectively with people. Those existing staff whose verbal English skills were not so effective, told us they had been offered assistance to further develop them. Relevant action had been taken to ensure staff had the required skills to communicate with people effectively.

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

At our last inspection the provider had failed to ensure people were enabled to participate in decisions about their care. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- We heard staff across the day of the site visit staff consulting people about their daily care and responding to their requests. A relative confirmed, "They [staff] always explain what they are going to do." A person's records noted, "Staff to seek her consent with all aspects of her care and explain to her what they are doing."
- People's preferences about their care had been documented, for example, in relation to whether they preferred a shower or bath and how often.
- We observed people's bedrooms were personalised, one person told us how they had brought with them an item of furniture which was of sentimental value to them and they had all of their photos displayed. Another person's relative told us how they had been consulted about what colour their loved one would like in their new bedroom.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's relationships and independence were maintained, this was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People had visits from their families both indoors and outdoors in accordance with national guidance. One person told us their spouse visited daily and a relative confirmed they saw their loved one in their bedroom. We observed throughout the site visit, a number of relatives visiting their loved ones. People were also able to go out of the service with their relative's as part of their visit, as per national guidance.
- People were supported to maintain their independence. The home's physiotherapist visited, twice a week. A person confirmed, "Physio comes to do my arms and legs." People who were mobile were encouraged to remain active and we saw one person taking regular walks around the service across the site visit. People were observed to be doing things for themselves, where they could.
- Improvements had been made to the environment, to make it easier for people living with dementia to move around. For example, each corridor was now clearly labelled and named after a local road in the village and it was planned they would be painted different colours to aid people's orientation. The manager was also planning to place 'memory' boxes outside people's bedrooms, filed with personal items to aid their orientation.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to assess, monitor and mitigate risks relating to the health and safety of people, this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was now robust accountability and oversight of the service. The manager had a good understanding of risks related to people's health and safety. There was written evidence to demonstrate the provider and the manager had jointly agreed the identified risks and actions required in order to drive improvements for people. They met monthly and documented the issues discussed, priorities and actions. For example, in March 2021 it was agreed some of the flooring needed to be replaced. We saw at the site visit; this work was being completed. Action had been taken to address the issues identified at the last inspection.
- Quality and safety risks had been assessed and where issues were identified actions had been taken to address them. For example, actions had been taken to replace equipment and ensure required safety checks were completed.
- The manager monitored incidents within the service and ensured relevant action was taken to address any issues. There had been a reduction in the number of incidents people experienced.
- The manager was fully supported in their role, by their leadership team, the provider and the new administrator. This meant they were able to fully focus on their role and duties, leading the staff team and driving improvements in the service. The leadership team were more visible on the floor, observing how people's care was provided.
- Relatives were overall satisfied with the new manager. One told us, "Management seem very efficient and very professional. He always answers your questions, and he comes back to you if he doesn't know the answer." Another said, "I met [name of manager] a couple of times. He seems on the ball."
- The manager had submitted their application to CQC to become the registered manager of the service and this was being processed.

Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality of the service provided, this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance arrangements were consistent and effective at driving improvements within the service. The manager had reviewed the existing audits, re-written them where required and produced new audits. For example, they had produced a new mattress and bed audit to assess both their safety and condition. They had also introduced a new premises audit, which gave them oversight of the safety of the service. They had also shared relevant audits with health care professionals, in order to seek their input prior to implementation. The audits were effective at identifying risks and areas for improvement.
- Processes were in place to monitor what training staff had completed to ensure staff with the right skill mix were deployed on each shift. The manager told us and staff confirmed, there had been a focus on ensuring staff were up to date with their training. Staff had been re-trained on the provider's required training to ensure their understanding. The manager was making arrangements to support staff to gain professional qualifications in social care. Staff had an assigned supervisor and the supervision format had been reviewed to support meaningful conversations.
- Staff champions had been appointed to lead on specific areas of care within the home. Champions were expected to attend the Clinical Commissioning Group's 'Home Champions Training Programme,' to enable them to keep themselves updated on good practice and to share this information across the staff team.
- The provider had made improvements to the WIFI and invested in a new electronic care planning system. Staff told us this ensured information recorded was clearer and more accessible. It also made it easier for staff to document the care they provided.

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

- The manager had led positive improvements in the culture of the service. They were clear with staff about the attitudes, values and behaviours they required from them. They had taken robust action to address any poor practice and to ensure staff's practice upheld people's human rights.
- Staff now spent more time with people and their care plans overall reflected how to provide care which met their needs and preferences. Outcomes for people had improved, we saw people were visibly happier, relaxed and more occupied. Health professionals told us people's mental and physical welfare had improved and they were more active.
- There had been an increase in visits from both relatives and professionals. This provided external oversight of the service and the standards of care provided.
- Day and night staff told us the manager was a good listener and a good leader, whom they felt able to approach about any issues. Staff valued the new manager's leadership style and this was demonstrated in a thank you card the staff team had recently sent him.
- The manager recognised the diverse backgrounds of the staff team and whilst they supported all staff to attain the expected standard of verbal fluency in English and reinforced with staff the need to only speak English in the service. They also ensured information was provided to staff in their first language where required, to support their understanding.

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

- The manager understood the Duty of Candour and relatives confirmed they had been informed of events.

Relatives feedback included, "They are very informative; they tell me what's going on" and "[Name of manager] sounds really on the ball. He emails me with any changes, which is helpful."

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

- The manager planned to circulate a survey shortly to seek people's views and those of their relatives on the service and to identify further areas for development. People's views and those of their relatives were sought through their reviews and informal discussions during visits.
- Staff told us they felt able to speak with the manager. One staff member said, "You can speak to him about anything." There were also opportunities for staff to provide their feedback during staff meetings and supervisions.

Working in partnership with others

- The manager had established good working relationships with a range of statutory stakeholders, including the GP, commissioners and Social Services. Health care professionals involved with the service provided positive feedback about the level of partnership working and the improvements put in place following the last inspection.