

Benoni Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Benoni is a nursing home which offers care and support for up to 25 predominantly older people. At the time of the inspection there were 23 people living at the service. Some of these people were living with dementia. The service occupies a detached house over three floors with a passenger lift to assist people to the upper floors.

This unannounced comprehensive inspection took place on 24 April 2018. The last comprehensive inspection took place on 28 April and 3 May 2017 when the service was not meeting the legal requirements. There were four breaches of the regulations. The service was rated as Requires Improvement that time. A warning notice was issued regarding the management of medicines, fire risk management, the provision of hot water and infection control issues. Statutory requirements were issued for the other breaches of the regulations related to staffing levels, the management of risk, lack of effective quality assurance processes and the poor condition of the premises. We carried out a focused inspection on 11 July 2017 to review the actions taken by the provider to address the issues in the warning notice. At that time the provider was found to have addressed the conditions of the warning notice, however the rating remained as Requires Improvement as we needed to see the changes sustained over time and review the outstanding breaches at the next comprehensive inspection.

At this inspection we found the service had taken action to address the breaches of the regulations and improvements were noted. However, some concerns remained and the service has continued to be rated as Requires Improvement.

People in care homes receive accommodation and nursing or 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.

The service is required to 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 associated Regulations about how the service is run. There was a registered manager in post, however they told us and the provider confirmed, that they were stepping down from their post. The provider had begun to put plans in place for the on-going management of the service.

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect. The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes. People told us, "Its the little things the staff do that makes a difference," "The staff are always dropping in to see if I'm alright" and "The staff are very nice people and very caring."

Staffing levels had been increased since the last inspection. People's needs were being met and call bells were answered quickly. There were no staffing vacancies at the time of this inspection.

People received their medicines as prescribed. Systems and processes relating to the administration and storage of medicines helped ensure medicines were managed safely. However, the audit currently carried out was not detailed enough to capture all aspects of medicines management. The provider told us they were in the process of addressing this and templates were shown to inspectors of the new audit to be used in the future.

People and relatives told us, "The safety of the home is very good. There are always plenty of staff about," "The staff made sure we are safe" and "I always get my tablets when I should and that makes me feel safe."

The premises had been improved since the last inspection. The condition of floor covering was improved and areas of damaged paintwork had been redecorated. The service was registered for dementia care however, as seen at the last inspection there continued to be very little pictorial signage at the service to support people who may require additional support with recognising their surroundings. The numbers on some people's bedroom doors had come off and names were displayed in a small typed format which was not easy for people to read and recognise as their own room. One toilet just displayed a number on it.

The premises were regularly checked and maintained by the provider. Equipment used at Benoni, such as hoists, stand aids, stair lifts and passenger lifts were regularly checked by competent people to ensure they were safe to use. There was a new maintenance person working at the service. However, one person who was independent at cleaning their own teeth, did not have any cold water running from the tap in their sink. We were told this must have only just happened as the provider was unaware of the issue and staff had not reported it. We were assured this would be addressed immediately. There were no regular Legionella checks being carried out at the service. We have made a recommendation about this in the Effective section of this report.

Care plans had been changed to a new format since the last inspection. They were organised and contained accurate and up to date information. Care planning was now reviewed regularly and people's changing needs were recorded. However, daily notes were not always completed by staff each day. Records relating to the care people had received were not always completed in a chronological way. This meant it was not always easy to find information in the order in which it took place. Risks in relation to people's daily lives were now clearly identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

At the last inspection the service was found to be not entirely meeting the requirements of the Mental Capacity Act 2005, including the associated Deprivation of Liberty Safeguards (DoLS). At this inspection we found that whilst the registered manager had applied appropriately for people to have potentially restrictive care plans, there was not a robust system in place to monitor any agreed authorisations. There was no evidence of capacity assessments having been carried out or the best interest process having been used prior to DoLS applications being made. This meant it could not be ensured that the decision was in the person's best interests and the least restrictive option available. Family members had been asked to consent on behalf of a relative, before the service had clarity on which power of attorney was held and what legal powers the family member held.

The service had infection control processes in place and staff used aprons and gloves appropriately. Liquid soap was now used from sealed replacement cartridges and no longer a reservoir that was regularly topped up.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

People had access to activities. An activity co-ordinator was in post. People were supported to go out and supported by staff to attend appointments, have coffee or visit local attractions. People in their rooms were provided with regular one to one activity to help ensure they would not feel isolated.

The use of technology in the delivery of care was limited. Alarmed mats and cushions were used to help improve the delivery of effective care, and people had access to call bells.

Recruitment processes were not entirely robust. Whilst the service carried out Disclosure and Barring checks and requested two references, three new staff had only had one reference received prior to them starting work at Benoni. One staff member's only reference, from their previous employer, was not positive. This meant inappropriate staff could be recruited to work with vulnerable people.

Staff were supported by a system of induction, training, some supervision and staff meetings. Appraisals had not taken place but there was a clear plan to address this in the near future.

The service held appropriate policies. However, some required review to ensure they provided staff with current guidance. Mandatory training was provided to all staff with regular updates provided.

The registered manager was supported by the provider and a team of motivated and long standing staff. The staff team were happy working at the service and told us morale was good. Staff told us, "I am happy here" and "We all work together, it can be difficult when we are short due to sickness though"

There were some quality assurance systems in place to monitor the standards of the care provided. Audits were carried out by the registered manager. This meant the service was seeking people's views and experiences in order to improve the service provided.

Many improvements had been put in place at Benoni since the last comprehensive inspection. However, the registered manager had not identified the concerns found at this inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe. People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement 

The service was not entirely effective.

The management had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and people's rights were protected. However, the recording systems and management processes in use were not effective.

The auditing of the premises was not entirely effective in identifying outstanding tasks.

Staff were well trained and supported.

People had access to a varied and nutritious diet.

Is the service caring?

Good 

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans were well organised, up to date and relevant.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to a variety of activities.

Is the service well-led?

Requires Improvement ●

The service was not well-led. Recording systems and processes were not robust. Care was not always recorded appropriately. Audit systems were not entirely robust.

There were clear lines of responsibility and accountability at the service. Staff morale was good and staff felt well supported

The service had begun to seek the views of people to monitor and improve the quality of the service provided as required.

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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.

The inspection took place on 24 April 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or of caring for a person who has used, this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the service. Not everyone we met who was living at Benoni was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with five care staff, two administrators, the registered manager and the provider. We spoke with one visitor.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for four people living at Benoni, medicines records for 23 people, four staff files, training records and other records relating to the management of the service. Following the inspection we spoke with two families.

Is the service safe?

Our findings

At the last comprehensive inspection we were concerned about the levels of staffing at Benoni. At this inspection staffing levels had been increased. At the time of this inspection there were eight care staff and one nurse on shift in the morning and four care staff and one nurse in the afternoon, caring for 23 dependent people. People's needs were being met and call bells were answered quickly during this inspection.

The service was now meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we were concerned about the medicines management systems. Medicines were not always signed for appropriately. Records relating to pain relieving patches were not always accurate. Medicine audits were not robust. At this inspection we found that the systems and processes relating to the administration and storage of medicines helped ensure medicines were now managed safely. People told us they received their medicines on time. There were no gaps in medicine records and people received their medicines as prescribed. Pain relieving patch records were kept to show the position of patches. However, the medicine audit currently carried out would benefit from being extended to ensure all aspects of medicines management were covered. We were assured this would be addressed immediately and we saw templates of the new audit to be used.

Benoni were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored, but this was not done every day. This meant the service would not know quickly if there was a fault with the refrigerator and did not ensure the safe storage of these medicines could be assured.

Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine was given. Nurses monitored the completion of these records.

Staff training records showed all staff who supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

At the last inspection we found that risks to people's health and welfare had not been consistently identified, assessed and monitored and there was a lack of sufficient guidance to help staff safely manage risks. At this inspection we found the service had improved their risk assessment processes. Items that posed a risk to people had been removed. Risks in relation to people's daily lives were now clearly identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible. The service had taken action to ensure the service was fully complying with the fire regulations. Fire drills were regularly carried out and people living at the service all had personal evacuation plans.

At the last inspection we found soap dispensers were topped up repeatedly posing a risk of bacteria developing within the soap. Continence products were stored openly in communal bathrooms. At this

inspection we looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy. Staff received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access PPE and these were used appropriately throughout the inspection visit. Liquid soap dispensers now used replacement sealed cartridges and continence pads were stored appropriately in people's rooms. Colour coded laundry baskets were used to prevent any risk of cross contamination.

The service was now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us, "The safety of the home is very good. There are always plenty of staff about," "The staff made sure we are safe" and "I always get my tablets when I should and that makes me feel safe."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults. The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

The service did not hold a policy on equality and diversity, this was in the process of being introduced to the staff so that they were aware of this legislation. Staff training on equality and diversity had been completed by some staff and further training was being planned. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service. This meant staff were aware of how to protect people from any type of discrimination.

Equipment used in the service such as moving and handling aids, passenger lifts etc., were regularly checked and serviced by external contractors to ensure they were always safe to use.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions taken to help reduce risk in the future.

Care records were stored securely but accessible to staff and visiting professionals when required. They were accurate, legible and contained details of people's current needs and wishes.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five star rating.

Recruitment processes were not entirely robust. Whilst the service carried out Disclosure and Barring

checks, three new staff had commenced working at the service when only one of two references requested had been received. One staff member's only reference, from their previous employer, was not positive. The service had requested a second reference but this had not been received. This meant that people living at the service were not protected from potentially inappropriate staff being recruited.

The registered manager was open and transparent and always available for staff, people, relatives, and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action.

Is the service effective?

Our findings

At the last inspection we found the premises were not in good order. We saw maintenance issues throughout the service. For example, there was damage to wood work around the walls in one person's room, in another room a double electric plug socket was broken but was still being used. At this inspection the maintenance of the service was improved. Floor covering was in good condition and areas of damaged paintwork had been redecorated. The service was registered to provide dementia care. However, people's bedrooms were not marked with the person's name or pictures that would be meaningful to the person. There was no pictorial signage throughout the service indicating bathrooms and toilets.

At this inspection we found there had been improvements to the condition of the premises. Flooring was in good condition and paintwork had been redecorated. People's bedrooms were well decorated. There continued to be little pictorial signage at the service to support people who may require additional support with recognising their surroundings. One toilet just had a number on it. This toilet did not have a lock to protect people's privacy. The numbers on some people's bedroom doors had come off and names were displayed in a small typed format which was not easy for people to read and recognise as their own room. The provider assured us they were in the process of ordering larger name and number plates for people's doors.

The premises were regularly checked and maintained by the provider. There was an audit of the premises in place and a fault book where staff could report issues that needed attention. The service had recently appointed a new maintenance person who was a trained plumber. However, one person, who was independent at cleaning their own teeth, did not have any cold water running from the tap in their sink. We were told this must have only just happened as the provider was unaware of the issue and staff had not reported it. We were assured this would be addressed immediately. There were regular water temperature checks recorded and water in people's rooms and bathrooms was of a suitable temperature and did not pose any risk of scalding. However, there were no regular Legionella checks being carried out at the service which would identify any potential Legionella bacteria in the water source. Two days after this inspection the service sent us evidence of these issues having been addressed.

A sluice room was observed to be unlocked, on two separate occasions. A notice on the door displayed that the door must be kept locked due to Health and Safety policy. The inspector locked the door on both occasions.

Equipment used at Benoni, such as hoists, stand aids, stair lifts and passenger lifts were regularly checked by competent people to ensure they were safe to use.

The service was now meeting the Breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014. However, we recommend the service take advice and guidance from a reputable source regarding the robust auditing of premises, and adopt appropriate signage to assist people living with dementia.

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. The service held an appropriate MCA policy. However, this needed updating to ensure it provided staff with current accurate guidance. Most staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 service had applied appropriately for some people to have restricted care plans authorised. However, there were no capacity assessments held on people's care files to demonstrate that a formal capacity assessment had been carried out, or any evidence of the best interests process having been used before the DoLS application was made. This meant it could not be evidenced that the decision to apply for a DoLS was in their best interests and the least restrictive option. There was one, recently approved, authorisation in place at the time of this inspection. There was no copy of this authorisation in this person's care plan. This meant that if any conditions had been set with the authorisation the registered manager would not have been monitored it and may not have been upheld. The DoLS team told us there was a recommendation set with this authorisation regarding the covert medicines policy and procedures at the service. The DoLS team had written to the service on 9 March 2018 to advise them that this authorisation required review in the coming weeks. The registered manager was not aware of this authorisation. This meant that there was not a robust system in place for the service to monitor the implementation and management of this legislation.

People were asked to consent, where they were able, to their care and to have photographs of them displayed in their records. Where people were unable to consent themselves due to their healthcare needs, family members were asked to sign on their behalf. The service was in the process of completing records of which family members were appointed power of attorney, and therefore had the power to consent on another person's behalf. This was an action point noted, in the service's local authority quality assurance action plan, as completed in March 2018. We reviewed care plans and checked when family had signed consent forms. We found the service did not yet have clarity on which power of attorney was held by a family member, who had signed consent for a person to have care. There was no documentation in the care plan to prove what legal powers they held. This meant they could be asked to make decisions they had no legal powers to make.

At the last inspection we made a recommendation that the service follow the requirements of the Mental Capacity Act 2005, and whilst the service had made improvements in this regard, there was still a lack of clear process in how this legislation was being implemented and how information relating to the protection of people's rights was being managed.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were supported to eat a healthy and varied diet. Staff regularly monitored people's food and drink intake to ensure all people received sufficient each day. However, these records were not totalled each night and there was no evidence of these records being monitored to ensure people had sufficient. We judged this did not have an impact on people's well-being and was a recording issue.

People's needs and choices were assessed prior to the service commencing. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

We saw people had seen their GP, optician and podiatrist as necessary. Care plans contained records of healthcare professionals visits.

The use of technology to support the effective delivery of care and support and promote independence was limited. However, Pressure alarm mats and cushions were used to alert staff when people were moving around if they had been assessed as being at risk of falling. Call bells were available to people to call for assistance.

Training records showed staff were provided with mandatory training and regular updates. Staff had also undertaken a variety of further training related to people's specific care needs such as catheter care, end of life and tissue viability. People felt the staff had the appropriate skills and knowledge to meet their needs.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff received support from the management team in the form of meetings and some supervision. Staff told us they had not all had regular supervision till recently but that new processes were improving this. They told us they felt supported by the registered manager and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "We get a lot of training, it is good."

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. The service did not have an equality and diversity policy in place. However, this was in the process of being identified and introduced to staff. The registered manager told training would be provided to all staff to ensure it helped protect people who lived at the service from the risk of discrimination.

In care files we saw there was specific guidance provided for staff. For example, diabetes care and cataracts information. This meant staff had access to relevant information that supported best practice in the care of individual's needs.

People ate their meals in their lounge chairs or in their rooms. There was one dining table available in another room which was not used. People told us they did not mind eating in the chairs they sat in during the day. The atmosphere during lunch was subdued as people ate on tray tables and were not sat at a table together in a social arrangement to encourage conversation. A choice of main course was offered. One desert was offered to people. Staff monitored people's weight regularly to ensure they had sufficient food.

Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. The response to a recent survey showed one person had asked for certain foods to be provided. This had been done and showed the service listened to people's views.

People and relatives told us, "I just feel so relaxed around the home," "I don't fancy a full meal, so they are making me some soup instead," "On the whole the food is good" and "My relative always enjoys what she eats."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies in the service supported this practice. There were not however robust systems in place to ensure consistent good practice. People chose when they got up and went to bed, what and when they ate and how they spent their time. People were able to go out in the grounds and local area as they chose. Some people required support to do this and this was provided by staff.

Is the service caring?

Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. Thank you cards were displayed expressing comments such as "Thank you for making mums 100th birthday so lovely," and "To the fantastic staff for the wonderful attention, care and affection shown to (person's name)." People told us, "Its the little things the staff do that makes a difference," "The staff are always dropping in to see if I'm alright" and "The staff are very nice people and very caring."

We saw many positive interactions between staff and people living at Benoni. Relatives told us staff and management were kind and caring. One person became anxious, in the lounge, and asked staff to help them. This was done quickly with no fuss and lots of patience. One staff member was seen going to people's rooms to talk and ask how they were feeling. This staff member was also heard to be encouraging people to take a drink while they present.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. However due to people's capacity involvement this was often limited, and consultation could only occur with people's representatives such as their relatives.

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

When people came to live at the service, the registered manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable. However, staff did help to complete this information with people if they were able to participate in this exercise. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

Care files and information related to people who used the service were stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for.

Families told us they knew about their relatives care plans and they could attend any care plan review meeting if they wished.

Is the service responsive?

Our findings

People and their relatives were positive about living at Benoni, and about the staff and management. People told us, "I've only been here a while, but the staff have made me feel at home" and "All the staff are very approachable."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and reflected any changes in people's needs.

At the last comprehensive inspection we were concerned that the records in relation to people's risks, care and treatment were not reliable. Weight management was not responsive. For example, when a person lost weight it was difficult to establish what action had been taken. At this inspection we found care records were more comprehensive and accurate and weight management was more responsive. Records were kept of people's weights and the person's GP was involved when there were any concerns. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met. However, we found this was not always clearly recorded in the care plans. We judged that this did not impact on people's well-being and people were well cared for, but this was a recording issue. We have covered this concern in more detail in the well-led section of this report.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. We checked the mattresses which were in use at the time of this inspection. All but one were set correctly for the person using them. The registered manager confirmed there were regular checks of these devices and we saw evidence of this, with stickers placed on each mattress pump stating the correct setting for the staff to check.

Staff used pressure mats on the floor and on chairs which set off an alarm to help alert staff when a person, who could be at risk of falls, was up and so staff could respond in a timely manner.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends. One person told us, "When I was ill a few months ago, they got extra staff in to look after me."

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. Handover information had recently been improved and increased and this helped ensure there was a consistent approach between different staff.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. We were told there were no complaints that had needed to be formally responded to.

People had access to a range of activities both within the service and outside. An activities co-ordinator was employed who organised programme of events including singing, exercises and visits from entertainers. The activity co-ordinator provided one to one activity for people in their rooms to help ensure they were not isolated. The service had obtained dominos, as a person enjoyed this game. The dominos were dementia friendly with different colours representing the numbers. Another person was seen enjoying a colouring book. A hairdresser visited once a month. People told us, "I don't like to join in the activities, but that's my choice," "The exercises are good , it keeps me fit," "I'm quite happy in my room filling in my colouring book" and "I really enjoy joining in the activities. "

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses.

Other people had limited communication skills and there was guidance for staff on how to support people. For example, one person was only able to use facial expressions to communicate with staff and this was clearly detailed in the care plan.

People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day for the next day's meals.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan.

Is the service well-led?

Our findings

The service is required to 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 2008 and associated Regulations about how the service is run. The service had a registered manager in post. However, the registered manager told us they were stepping down from their post in the near future. The provider had already begun to make arrangements for the on-going management of the service.

At the last inspection we found records were not held securely. At this inspection we found people's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had access the records to help ensure the care plans were kept up to date with changing situations

The importance of staff accurately recording all care and support provided had been raised at staff meetings by the provider. Daily notes are important as they enable staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. We identified concerns with the care records held at Benoni. Systems to assess, monitor and improve the quality of the service provided had not sufficiently reviewed the day-to-day culture of the staff team. Records completed by care staff were not always made at the time care should have been provided, according to the direction in the care plan. We found that staff did not always document the care they provided on every shift. Some care records were not completed by night staff such as re positioning records. Fluid charts were not totalled at night. Relatives of a person told us they had noticed that records were not always an accurate reflection of care provided.

It was difficult to review care records. Some care records were not documented in order. Staff had moved from one page of records to another then back again which made it difficult to see when care was provided. We judged that this did not impact on people's well-being but that it was a recording issue. We discussed this with the provider who agreed it was not acceptable and that they would address this concern immediately with the staff concerned.

At the last inspection we found the service did not have an effective quality assurance process in place. Audits had not been regularly carried out. At this inspection we were told one residents meeting had taken place, where people's views and experiences were sought. We were sent the minutes of the meeting, which was held in March 2018, two days after the inspection. Some people had raised some issues. It was not clear what action had been taken following any concerns that arose from the meetings. Families we spoke with were not aware of these meetings. From the minutes of the meeting we saw one relative attended. A survey had been sent out recently to seek people's views of the service. We saw eight people had responded to this. However, these responses had not yet been audited. This meant that the service was not regularly and effectively seeking the views of people, their families and healthcare professionals in order to continuously improve the service provided.

The registered manager was not aware that a second reference requested for three members of recently recruited staff had not yet been received. As one member of staff's only reference was not positive, we were concerned about the safety of the recruitment processes in place at Benoni.

We found some policies needed reviewing. For example, the Mental Capacity Act 2008 policy did not clearly detail the Cheshire West case which changed the criteria for when a person should be identified as appropriate for a Deprivation of Liberty Safeguards authorisation. This meant staff were not provided with current guidance.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed. However, the registered manager had not notified CQC of the DoLS authorisation which was in place at the time of this inspection, as they are legally required to do.

The audit processes and monitoring systems in place at Benoni were not entirely effective. The concerns found at this inspection had not been identified by the registered manager prior to this inspection.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and staff told us the registered manager was approachable and friendly. Comments included, "If I have any worries, I know there's always someone to talk to," "The manager is wonderful and very on the ball" and "There is one particular staff member that I am full of praise for."

Staff told us despite the recent increase in staffing levels they felt they did not always have time to complete all the paperwork required. Some staff told us they felt the manager found dealing with staff discipline issue challenging.

The registered manager spent time within the service so was aware of day to day issues. The registered manager was passionate about caring well for people. They believed it was important to make themselves available so staff could talk with them, and to be accessible to them. Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. Staff had mixed views on the effectiveness of the registered manager but felt supported and could ask for help when needed.

There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by a long standing team of care staff, seniors and nurses. The management structure at Benoni was changing due to the registered manager stepping down.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. The provider held a staff meeting on the day of this inspection with the intention of trying to change a culture at the service to be more positive and supportive of each other. The role of the senior carer was being reviewed and champions were being sought from the staff team to lead on specific areas of service improvement.

There was a maintenance person with responsibility for the maintenance, repair and auditing of the premises. The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to

use. However, there had been no Legionella testing carried out at the service. We were sent evidence two days after the inspection to show the service had ordered the necessary equipment for this to be done.

The provider was open and transparent, they accepted the feedback from this inspection was a fair judgement of the service at this time. Some issues identified at this inspection had been addressed by the end of the week. The provider was motivated and committed to improving the service provided at Benoni.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider did not ensure that all staff are familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005 and were able to apply them when appropriate for any of the people they are caring for.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems and processes in place to monitor the records held at the service to ensure they are complete and accurate. Information held at the service was not always up to date, accurate and properly analysed and reviewed. Audit processes were not continually reviewed to make sure they remain fit for purpose.