Bennetts Castle Limited

Bennetts Castle Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 1 and 2 February 2017 and was unannounced. At the previous inspection of this service in October 2014 we found one breach of regulations. This was because the service did not have effective systems in place for the safe administration of medicines. During this inspection we found this issue had been addressed.

Bennetts Castle Care Centre is registered with the Care Quality Commission to provide accommodation and support with nursing and personal care for up to 64 adults. At the time of our inspection 63 adults lived at the service. The service specialised in providing care to people living with dementia and nursing care needs.

The service had a registered manager in place. 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.

During this inspection we found one breach of regulations. This was because record keeping was not always completed appropriately. You can see what action we have asked the provider to take at the end of this report.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. Medicines were managed safely.

Staff undertook an induction training programme on commencing work at the service and received on-going training after that. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

People's needs were assessed before they began using the service. Care plans were in place which set out how to meet people's individual needs. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the registered manager. Systems were in place to seek the views of people on the running of the service.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role and received induction training on commencing work at the service. Staff had regular one to one supervision meetings.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

People were supported to access relevant health care professionals if required.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Requires Improvement

The service was not always responsive. Peoples care records were not always completed appropriately.

Care plans were in place which were personalised around the needs of individuals and staff were aware of how to meet

people's needs.

People were supported to engage in various activities in the home.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. People and staff told us they found them to be supportive and helpful.

People told us they were routinely consulted about the care and support they received and they were encouraged to express their views.

Bennetts Castle Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on the 1 and 2 February 2017 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor 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.

Before the inspection we reviewed the information we already had about the service. This included details of its registration, previous inspection reports and notifications they had sent us. We contacted the local authority and Healthwatch to seek their views about the service.

During the inspection we spoke with eight people that used the service and 12 relatives. We spoke with 14 staff. This included the registered manager, deputy manager, 2 nurses, six care assistants, two executive directors, the chef and an activities coordinator. We spoke with a social care professional who was visiting the service at the time of our inspection. We observed how staff interacted with people. We reviewed nine sets of care records relating to people including care plans and risk assessments. We looked at staff recruitment, training and supervision records for 12 staff. We examined medicine records and quality assurance systems at the service. We reviewed various policies and procedures including the complaints, safeguarding and whistle blowing procedures. We looked at minutes of various meetings including staff meetings.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "We are all fine here" A relative said, "I trust this place 100%."

The service had appropriate systems in place to safeguard people from abuse. There was a safeguarding adults procedure in place. This made clear the services' responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Records confirmed that the service had followed its procedure with regard to reporting allegations of abuse.

The service had a whistleblowing procedure in place. However, this was not in line with legislation. The procedure stated that if a staff member wanted to whistle blow to an outside agency they should inform the provider first "preferably in writing." Staff have a legal right to whistle blow to outside agencies without informing the provider if they feel this is appropriate. We discussed this with the registered manager who told us they were not aware that the whistle blowing policy included this information and said they would ensure it was amended to be in line with legislation.

Staff had undertaken training about safeguarding adults and had a good understanding of their responsibility for reporting any allegations of abuse. One member of staff said, "I would inform the nurse in charge if I thought there was anything going on. If it was the nurse then I would take it higher, to the manager." Another staff member said, "I would go and tell the manager straight away."

Risk assessments were in place for people. These included information about the risks people faced and about how to mitigate those risks. Risk assessments covered risks associated with falls, moving and handling, the use of bedrails, skin integrity and medicines. Risk assessments included personalised information relating to the risks individuals faced. For example, the risk assessment about falls for one person stated, "Staff to make sure [person] is wearing shoes that fit. Staff to make sure there are not any hazards in his way while he mobilises."

The registered manager and staff told us they did not use any form of physical intervention when working with people who exhibited behaviours that challenged the service. Staff explained how they supported individuals who were anxious or distressed, telling us it depended on the person and the situation. One staff member said, "With different individuals you have to take a different approach with them [when exhibiting behaviours that challenged the service]." They told us about one person who took cutlery from the dining room tables and became upset if challenged about this. But the staff member said the person liked babies and if you asked her to look after a baby for you and gave her a doll she would hand over the cutlery in return. During the inspection we observed a person who was upset and staff intervened in a sensitive manner which helped the person to become settled and calm.

Staff told us there were enough staff working at the service and they had enough time to carry out their duties. One member of staff said, "I think we have enough staff." During the inspection we observed that staff had enough time to carry out their duties in an unhurried manner and were able to respond to people

in a timely way. A relative told us, "Whenever he uses the buzzer they are here."

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that the service carried out checks on prospective staff before they were able to commence working at the service. One member of staff said, "I had to have a DBS (Disclosure and Barring Service) check." Another member of staff said, "I had to wait six and a half months for my DBS. They wouldn't let me start until I had it." A DBS check is to see if a person has any criminal convictions or are on any list that bars them from working with vulnerable adults.

Medicines were stored securely in locked medicines cabinets that were located in the locked treatment room. The treatment room was temperature controlled and the temperature was checked daily to make sure it was within the temperature range for the safe storage of medicines. Controlled drugs were stored in a designated controlled drugs cabinet and the controlled drugs register was accurately maintained. Two staff signed each time a controlled drug was administered.

Records were kept of the amounts of medicines held in stock. We checked these records and found they tallied with the actual amounts of medicines held at the service. Medicine administration record (MAR) charts were maintained. These included details of the name, strength, dose and time of each medicine to be administered and staff signed the MAR charts each time they administered a medicine. We checked the MAR charts and found them to be accurately completed and up to date.

The service maintained records of medicines entering the home and of those that were returned to the pharmacist. However, a representative of the pharmacist had not signed to acknowledge receipt of medicines which meant there was not a complete audit trail to account for all medicines at the service. We discussed this with the deputy manager who told us they would address this issue with all of the nurses during supervisions and team meetings.

Good

Is the service effective?

Our findings

People and their relatives told us the service was effective in meeting people's needs. One person said, "All the staff know what they are doing. They are fully committed." One relative said, "They [care and nursing staff] have managed to work with the doctors and her blood pressure has stabilised." The same relative told us about the care their family member received for a pressure ulcer, saying, "They cleaned it and dressed it every three days, got the doctor in when needed and healed the impossible."

Staff received support to do their job effectively through training and supervision. Staff told us that on commencing work at the service they were provided with induction training. This included shadowing experienced members of staff as they carried out their duties to learn how to support individuals. One member of staff told us, "I had two days induction working with a carer, like shadowing."

Staff told us and records confirmed they had access to regular training. One staff member said, "I have had loads [of training]. Health and safety, food handling, infection control, safeguarding." Another member of staff said, "I've done all my courses, moving and handling, personal care, oral care, health and safety." A third member of staff said, "I had moving and handling, Deprivation of Liberty, health and safety, fire safety, food hygiene, COSHH and safeguarding."

Training records showed staff had access to regular training, including positive support behaviour, food hygiene, and infection control and fire safety. However, records showed that not all staff were up to date with dementia care training. We discussed this with the registered manager who told us that all staff, including non-care and nursing staff, were scheduled to have dementia care training by the end of May 2017.

Staff told us and records confirmed that they had regular supervision with a senior member of staff. One staff member said of their supervision, "We talk about if I have any issues, how I am getting on, if there is any need for improvement." The same staff member added, "It [supervision] can be very helpful." Another staff member said that in supervision they discussed, "How to improve yourself, how to look after the residents, so many things."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Most staff we spoke with had a good understanding of DoLS and the MCA. However, two staff were not aware of which people had a DoLS authorisation in place. We discussed this with the registered manager

who told us they would address this issue with all staff during the next staff team meeting. Where DoLS authorisation were in place the service had acted in accordance with legislation and notified CQC of all such authorisations. Mental capacity assessments had been carried out to determine if people were able to make decisions for themselves and wherever possible people were supported to make choices over their daily lives.

Staff had a good understanding of how to support people to make choices about their daily lives. For example, by asking people what they wanted. One staff member said, "I show them clothes and ask them what they like." People or their relatives had signed consent forms. This was to consent to the service sharing confidential information about them with relevant persons and to allow them to take photographs of them for clinical reasons.

People told us they were happy with the food. One person said, "They look after me here. Food is enough and the staff are good to me." A relative told us, "Whatever he wants they give to him. One day he wanted mushrooms, they didn't have, the next day he was given." Another relative said, "Food is good but if my mum doesn't like something they give her sandwiches or other alternatives."

Where people had medical conditions that were affected by their diet this was recorded in care plans, including details of food stuffs that were unsafe for the person to eat. Risk assessments were in place to monitor if people were at risk of malnutrition or dehydration. We saw that where there was a risk people's weight was routinely checked and where there were concerns referrals were made to the GP.

People were offered three cooked meals a day and were given choices about what they ate, including vegetarian options and food that reflected people's ethnicity and culture. Food served on the day of inspection appeared appetising and nutritious. The chef had a good understanding of people's food likes and dislikes and of any special dietary requirements people had. Care plans included detailed information about people's food preferences in relation to most food groups, including meat, dairy, fruit, vegetables, fish, sauces and desserts.

People and their relatives told us they were supported to access health care professionals and to attend appointments. A relative said, "They inform us when the hospital appointments are. The staff go with her and they feedback." Another relative told us, "The GP comes every week but if you need they can call him, anytime."

The service supported people to access relevant health care professionals. A GP visited the service weekly and records showed people had access to other healthcare professionals. These included speech and language therapists, physiotherapists, dentists, opticians and chiropodists.

During the inspection with spoke with a visiting social care professional who told us they had no concerns about the service. They said the people they worked with were happy living at the home and that the service was good at meeting people's needs.

Good

Is the service caring?

Our findings

People and their relatives told us they were treated in a kind and caring manner. A relative said, "All of them [staff] are nice." Another relative said, "So far I'm very impressed, the staff are excellent, very attentive." Another relative said, "I am glad we chose this place. I am confident the way he's looked after. The staff are kind, they do things with the heart more than professionally."

Staff had a good understanding of how to promote people's dignity and privacy. One staff member said of supporting people with personal care, "I would knock on their door and ask permission to go in. Explain what I am going to do. Asking them, gaining consent if I can do that. Close the door, close the curtains." The same staff member added that when they supported a person to go between their bedroom and the bathroom they made sure they were covered up. Another member of staff said of providing support with personal care, "Explain to them what you are doing so they understand and will be comfortable. Everything you have to do you have to ask their permission. Sometimes they refuse and you have to go and come back." Another staff member told us their routine with people when supporting them to get up in the morning, saying, "First I go to the room and knock on the door. I check to see if they are awake. If they are not I leave them till later. I have a little chat with them when I go in. I bring clothes out and they choose what they want."

The service supported people to maintain their independence. Care plans reflected this. For example, the care plan for one person stated, [Person] to be encouraged to wash herself as much as she can." A member of staff told us how they promoted people's independence when providing support with personal care. They said, "I give them the flannel to wash their face themselves. Putting clothes on I ask them to put their arms in. Whatever they can do I try to let them do it."

Care plans included information about people's life history, for example about where they grew up, their family and employment. Some of this was personalised. For example, the care plan for one person stated, "My best memory was going to football with my dad." This information helped staff to get a better understanding of people to help them build good relations with them.

The service employed a counsellor who visited once a fortnight. This was to provide therapeutic support to both people using the service and relatives and to help them deal with their emotions and feelings when people using the service died or other issues. A relative said, "[Registered manager] brought in a counsellor and I have seen him three times to help me understand about dementia [which her family member was living with]."

Each person had their own bedrooms which included an ensuite toilet and wash basin. Rooms were personalised around people's individual tastes, for example with family photographs. Bedrooms were seen to be homely and people told us they liked their rooms. Communal bathrooms and toilets at the service had a lock fitted which included an emergency override device. This promoted people's privacy and safety.

Requires Improvement

Is the service responsive?

Our findings

People's care records were not always completed in a timely manner. The care plan for one person gave clear guidelines that the person needed to be re-positioned in bed every two hours to relieve pressure on their skin to reduce the risk of developing pressure ulcers. When we checked the re-positioning charts they had not been completed for five hours. Staff told us the person had been re-positioned but the charts had not been completed. We later noted that the charts had been completed retrospectively. The same person was at risk of dehydration and their care plan contained guidance about completing fluid intake charts for the person so it was possible to monitor how much they were drinking. Again, we saw that this chart had not been completed on the day of inspection. Staff told us the person had drunk fluids but the charts were not completed. We saw these charts were later completed retrospectively.

Poor record keeping of the care and treatment provided to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the service was responsive to their needs and they were involved in care plans. A relative said, "Care plans are with the nurse, everything is written down. They just show you the book and you read."

The registered manager told us after receiving an initial referral they examined the relevant paperwork to determine if the service was likely to be able to meet the person's needs. They told us relatives were encouraged to visit the home to help them make a decision, saying, "We will invite the relatives to the home to have a look round." If the relatives thought it would be a suitable placement the clinical lead staff at the service met with people to carry out an assessment of their needs so a decision could be made as to whether or not the service was able to meet their needs. The registered manager told us on occasions they had declined people because the service was not able to meet their needs. For example, one person used a tracheostomy and the service was not equipped to support their needs.

The registered manager told us that nurses were responsible for developing care plans and risk assessments for people within 48 hours of them moving into the service and we found care plans were in place for people. They told us that care plans were reviewed on a monthly basis and records confirmed this. This meant care plans were able to reflect people's needs as they changed over time. Daily records were maintained which meant the service was able to monitor the support given to people on a continuous basis.

People told us they enjoyed the activities provided. One person said, "I get very active here. I do enjoy the activities." A relative told us, "The activities staff are first class, there are no other words for them. They [people] are occupied all day." The service employed two full time activities coordinators, one of whom worked at weekends. One of the activities coordinators summed up their role like this, "We're employed to make everyone's day a little bit brighter." They said they had responsibility for planning activities for the week, telling us, "We know what our residents like. Everyone likes bingo so we do that." Other activities included a 'boys day' where people watched war documentaries, knit and natter sessions, bible readings, games with a giant inflatable ball and sandwich making sessions. On the day of inspection a professional singer visited the home and sang songs from an era appropriate to the age range of people using the service.

We saw this was well attended and people were obviously enjoying themselves. A production company also visited the service on occasions that performed plays, pantomimes and musicals and representatives from a local church visited once a month to provide spiritual guidance.

The home had various animals that were used in activities including rabbits, cats and budgerigars. People were able to pet them and be involved in looking after them and some people who were bed bound were supported to interact with the pets by the activity coordinators.

People told us they knew how to raise concerns and that they were dealt with appropriately. One relative said, "If I raise a concern, they sort it out immediately. Management is here anytime."

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. Records of complaints showed they were investigated in line with the complaints procedure.

Copies of the complaints procedure were on display in communal areas of the home. However, the complaints procedure was not included in the information that was provided to people and relatives when they commenced using the service. We discussed this with the registered manager who told us they would ensure that in future all new people and relatives to the service would be provided with their own copy of the complaints procedure.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the way the service was managed and that senior staff were responsive to any issues they raised.

A relative said, "If I have been unhappy with anything I go to [registered manager] and it's sorted immediately. I feel there is nothing that can't be sorted." Another relative said, "[Registered manager] is brilliant and the assistant manager is really on the ball." Another relative said, "The manager is brilliant, someone who listens to you, very approachable." A third relative told us, "They advertise about the residents' forum but if you have an issue I feel to go directly to them one to one. What you request you usually get it."

The service had a registered manager who was supported by a deputy manager. Staff spoke positively of the senior staff at the service. One member of staff said of their line manager, "I think she is brilliant. You can go to her with a personal problem or a work problem and she is always willing to help." The same staff member said of the registered manager, "Again, I think he is brilliant" and described his management style as, "Open door." The staff member also praised the working atmosphere at the service, saying, "It's a very good home and I love working here." Another member of staff said, "I think he [registered manager] is brilliant, he is a good listener." The same member of staff added, "This is the best place I've worked in, it's a really good team." A third member of staff sad of the senior staff, "They are very helpful and easy to talk to." Likewise, the registered manager was full of praise for the staff team, telling us, "I have never seen a more dedicated set of staff." A further member of staff told us, "It's a good place to work. The manager and deputy [manager] are always trying to ensure we are doing the work the way it should be done."

Staff told us and records confirmed that the service held regular staff meetings. One staff member said of staff meetings, "It's for all staff. [Registered manager] discusses anything going on in the home, anything we should know. We are asked if we want to raise any issues." Another member of staff said of team meetings, "We talk about people's needs, what's happened through the month, if anything is going wrong." Records showed staff meetings included discussions about filling in accident and incident reports correctly and how to conduct effective shift handovers.

Relatives meetings were held by the service which gave relatives the opportunity to have a say in the running of the service. We looked at records of relatives meeting which included discussions about refurbishment in the home, activities and mealtimes. To further seek the views of relatives and also of people using the service, surveys were carried out. The most recent survey was conducted from November to December 2016. The registered manager told us results had yet to be collated and analysed at the time of our inspection. However, we were able to view some completed survey questionnaires from people which contained generally positive feedback. For example, one person had written, "Activities have got much better."

The deputy manager told us they carried out various clinical audits. This included audits of medicines, weight recording charts and blood sugar monitoring charts. Records showed that when the deputy manager found an issue of concern during their audits they raised this with the relevant staff member. We noted that

some of the audits were not dated. We discussed this with the registered and deputy managers who said they would amend the auditing form so that it was clear they needed to be dated.

The registered manager told us they carried out periodic night spot checks at the service. This involved them arriving with a colleague unannounced during the night. They said this was to check staff were working as appropriate and that people's needs were being met. Records of these spot checks showed they included a check to make sure all staff were awake and that alarm call bells were in reach for people. The spot checks were also used as an opportunity to have a discussion with the night staff, for example about safeguarding, whistleblowing and the night time cleaning duties.

The registered manager carried out a three monthly environmental audit. Record showed this included an audit of the cleanliness of bedrooms, the standard of furniture, if alarm call bells were in working order and if there was adequate lighting around the service.

All accidents and incidents at the service were recorded and these were analysed to see if there were any patterns and to see what learning opportunities there were to reduce the risk of further accidents and incidents occurring. For example, the recording of incidents revealed that one person had a number of falls in a short space of time. In response, a falls sensor was put in place in the person's bedroom and increased monitoring of the person was introduced. The person was also referred to the falls clinic and seen by their GP who reviewed their medicines.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have systems or processes established and operated effectively to enable the registered person to maintain an accurate, complete and contemporaneous record of each service user, including a record of the care and treatment provided to the service user. Regulation 17 (1) (2) (c)