

Mr M Mapara

St Bennett's Care Home

Inspection report

346-348 London Road
Leicester
LE2 2PL
Tel: (0116) 274 5959
Website: n/a

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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?

Good 

Is the service well-led?

Good 

Overall summary

Summary of findings

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 safe.

People told us they trusted their staff and felt safe with them.

Staff knew how to recognise and respond to abuse and what to do if they had concerns about the well-being of any of the people they supported.

There were effective systems in place to manage risks to people.

Medicines were safely managed and people given the support they needed to take them.

Good



Is the service effective?

The service was effective.

Staff had the training they needed and a good understanding of people's needs and preferences.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood people's rights in relation to their care and support.

People were encouraged to choose their meals and to eat and drink enough to meet their nutritional needs.

Staff supported people to access healthcare services when they needed to.

Good



Is the service caring?

The service was caring.

People told us that they got on well with the staff and that they were kind, friendly, and interested in the people they supported.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs.

A range of one-to-one and group activities were available to people.

People knew how to make complaints if they needed to and the manager and staff were approachable.

Good



Is the service well-led?

The service was well-led.

The home had a friendly atmosphere and the people using the service and the staff all seemed happy to be there.

Good



Summary of findings

The provider and manager listened to people using the service and relatives and made improvements based on their views.

Audits were carried out to help ensure the home was running smoothly.

St Bennett's Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 1 October 2015 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of older people with dementia.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We also reviewed information from the local authority about this service.

We used a variety of methods to inspect the service. We spoke with ten people using the service, two relatives, the manager, the provider, and three care workers.

Due to communication difficulties not all the people using the service were able to share their views with us so we spent time with them and observed them being supported in the lounges and in the dining areas at lunch time. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Is the service safe?

Our findings

At our last inspection the registered person had not ensured people were protected against the risks of receiving care or treatment that was inappropriate or unsafe. This was because some risk assessments and observation charts were either not in place or hadn't been completed appropriately. This meant there were gaps in records and we could not evidence that safe care had always been provided.

Following that inspection the registered person sent us an action plan stating how they intended to address this issue. This included new risk assessments and improved record keeping. At this inspection we found the registered person had followed their action plan and this breach in regulation was met.

The manager told us she had consulted with health care professionals and, on their advice, replaced observation charts with daily reports and food and fluid chart. They stayed with the people using the service throughout the day and night and made it easier for staff to document their care and check on and record their safety.

We looked at four people's new risk assessments. These gave staff clear instructions on how to care for people safely. For example, one person had their own sling to use in the hoist and this was described to ensure staff used the right one. Another person needed their call bell placed within their reach so they could summon assistance during the night if they needed to. And a further person needed their legs elevated when they were seated to reduce the risk of swelling. Observations and records showed staff had been following these instructions.

During the inspection we saw that people were encouraged to move about the home and out into the garden if they wanted to. Where people needed assistance staff supported them and helped them to move safely. For example, we observed staff using the hoist safely and helping people to lift their feet on the footplates of wheelchairs to make sure they didn't drag on the floor.

The home had had mechanical problems with the passenger lift and it had broken down on one occasion with a member of staff inside. Although it had been fixed there was potential, as with any lift, for it to break down again. One person using the service used the lift independently on occasions and we were concerned about

what might happen if the lift broke down with them inside it. We discussed this with the manager who agreed to write risk assessments to help ensure it was safe for this person to continue doing this. Following our inspection the manager confirmed in writing that this risk assessment was complete.

At our last inspection the registered person had not ensured that, at all times, there were sufficient numbers of staff on duty to meet people's needs.

Following that inspection the registered person sent us an action plan stating how they intended to address this issue. This included increasing staffing levels at certain times of the day and night. At this inspection we found that the registered person had followed their action plan and this breach in regulation was met.

People told us they were satisfied with staffing levels in the home. One person said, "If I need to I ring the bell and the staff respond well and they don't keep me waiting."

A care worker told us, "We are usually well staffed and when the work is done we sit down and talk with people. They mostly have memory books with photographs and things that we can use to talk to them about." This showed that staff could meet people's care needs and also spend time with them on a social basis.

During our inspection there were sufficient staff on duty to care for people safely. While some care workers supported people on an individual basis there was always at least one care worker in the lounge area to ensure people there were safe. The call bell rang several times and staff always responded straight away. If people needed two care workers these were provided.

Records showed that no-one worked in the home without the required background checks being carried out to ensure they were safe to work with the people using the service. We checked two staff recruitment files and both had the appropriate documentation in place. Staff files were in good order and the provider audited them to ensure they were complete.

People told us they felt safe living in the home. One person said, "I like it here. I don't want to leave. I feel safe and better than where I was before." Another person told us, "I trust all the staff here." A relative commented, "It's very safe."

Is the service safe?

[My family member] is settled and the care is very good and that means I don't have to go home and worry about what's happening to [my family member]. I feel at ease with things."

We looked at how the home protected people from abuse. All the staff we spoke with understood safeguarding knew what to do if they had concerns about the welfare of any of the people using the service. Staff were trained to keep people safe and understood the signs of abuse and how to report any concerns they might have.

The provider's safeguarding (protecting people from abuse) policy needed amending to clarify the roles of the local authority in safeguarding investigations. We brought this to the attention of the manager who promptly updated the policy and sent a copy to CQC.

Medicines were safely managed in the home. Records showed that all the people using the service had care plans in place for their medicines. These included information on

how they liked to take their medicines, what they were for, and any side-effects they and the staff needed to look out for. If there were concerns about a person's medicines they were referred to their GP for a review.

Medicines were kept securely and only administered by people trained and assessed as being able to do this safely. We looked at the medication administration records for three people using the service. These showed that medicines had been given on time and staff had signed to confirm this. We observed some people being given their medicines and staff did this safely, allowing people to take their time and have their medicines in the way they wanted them.

Since we last inspected PRN ('as required') medication protocols had been put in place so staff knew when to administer these and the circumstances under which they should be given.

Is the service effective?

Our findings

At our last inspection the registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to their care and treatment. This was because the registered person was not following the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The MCA is a law about making decisions and what to do if people cannot make some decisions for themselves. DoLS are part of the Act. They aim to make sure that people receiving care are looked after in a way that does not unnecessarily restrict them or deprive them of their freedom.

At this inspection we found that this breach in regulation was met. Records showed that since our last inspection the manager and staff had attended MCA and DoLS training. Some people using the service, who might need to have their liberty restricted, had been referred to the DoLS team for assessment. The manager said that if she felt anyone else at the home was being deprived of their liberty she would contact the DoLS team for advice on whether a referral should be made.

Records showed that people who needed them had mental capacity assessments in place so staff were clear where they might need help to make decisions and where they might be able to make decisions for themselves.

At our last inspection the registered person had not ensured that people were protected against the risks of inadequate nutrition. This was because people who were at risk of malnutrition were not being monitored effectively.

Following that inspection the registered person sent us an action plan stating how they intended to address this issue. This included a new system for monitoring people's nutritional needs. At this inspection we found that the registered person had followed their action plan and this breach in regulation was met.

At this inspection we found that the manager had put new eating and drinking plans in place for all the people who used the service. These helped to ensure that people had a healthy diet that was appropriate for them as individuals.

Records showed that people were being weighed monthly and if there were any concerns about their weight, or any other issues about their nutrition or hydration, they were referred to a dietician.

People told us they liked some food and offered some suggestions for improvements. One person said, "I would like more variety with the vegetables, less carrots and peas. I really do like the puddings and we get a good selection." Another person told us, "I would like more vegetables and less mince on the menu and fresh juice if it's possible." We passed these comments on to the manager for her consideration.

During the morning members of staff went round and sat beside people telling them what was on the menu for lunch and asking them for their choices.

At lunchtime we sat at a table in the dining room with a group of six people. People had a choice of minted lamb or cottage pie served with peas, carrots, and mashed potatoes. We saw staff show the two different options on a plate to people to help them make their choice. The food looked and smelt appetising, there was plenty of it, and people ate well and most plates were cleared.

Staff talked with people as they served the food making lunchtime feel like a sociable occasion. If people needed assistance with their meal staff provided this on a one-to-one basis. We observed a care worker doing this. They talked with the person in a friendly manner and took their time, going at the person's pace. The food was in a special dish that kept the food warm.

People had a choice of three homemade puddings, jam tart, lemon sponge, or fruit salad with either cream or custard. One person didn't want any of these so was offered a yogurt instead which they accepted. Some people chose to eat in the lounge and staff accommodated this and made sure they had what they needed.

There were jugs of fruit squash and water at lunchtime and staff poured people a drink of their choice. During the morning and afternoon staff took a trolley round with hot drinks. However there were no drinks left out in the lounge or dining room at other times so people could help themselves if they wanted to. We reported this to the manager who said she would look into making drinks available at all times.

Is the service effective?

Records showed that the service's training programme had been improved and extended since we last inspected. Staff had completed a range of courses designed to provide people working in social care with the skills they needed. These included courses on health and safety, moving and handling, and diversity and equality. Training that was specific to particular people using the service was also provided, for example dementia care and end of life care.

Staff were knowledgeable about the people they cared for and had a good understanding of how best to meet their needs. They told us they were satisfied with the training they'd had. One care worker told us they were doing a nationally recognised care qualification which they said was helping them improve their performance at work.

Staff also told us they enjoyed the challenges of working with people with different needs. One care worker said, "I find looking after people who need end of life care very rewarding. I recognise that some people might only be here for a short time and I will do my best for them to keep them comfortable and safe." Another staff member told us, "I like to work with people who have mental health problems because I can give them time and support and help them." This demonstrated staff were committed to giving people effective care.

Staff were knowledgeable about people's health care needs and ensured they saw healthcare professionals when they needed to. During the inspection two community nurses visited the home to provide medical attention to one person. The person told us, "They come twice a week to see to me and they'll come more often if they need them to."

The manager told us the home had links with a local health centre and staff and the people using the service had got to know the community nurses there. She told us, "We have a good relationship with them and they are always available for advice and support."

People's health care needs were recorded in their care plans and risk assessments so staff knew how to meet these. If people needed to go to a GP appointment or to hospital and had no family member who could take them, staff from the home accompanied them. The manager said, "No-one here goes to hospital on their own."

Records showed the manager and staff advocated for people to help them get the health care they needed. For example the service was supporting one person with complex needs. So this person got the best care possible staff had contacted a number of agencies, both statutory and voluntary, to ensure everything necessary was in place for this person to make them comfortable. Getting these resources in place had not always been easy for the staff but they had persisted until they were sure the person in question was being cared for effectively by all involved.

One person had an ongoing health issue which needed attention. We discussed this with the manager who agreed to discuss this with the community nurses. Following the inspection the manager contacted us to say this had been done.

Is the service caring?

Our findings

All the people using the service that we met spoke positively about the staff. One person told us, “The staff are all very good and help me with whatever I need.” Another person commented, “I’ve got a nice warm bedroom, they are nice people here, the staff are very friendly and best of all I love to sit and chat with [staff member’s name].”

This was a home where, as part of their normal duties, staff continually engaged and interacted with the people using the service. Nothing was done without a friendly word, a smile, or a hug. Staff were consistently caring in their approach to the people they supported. They evidently knew and understood the people they supported well.

As well as meeting people’s needs we observed staff conversing with people, discussing the day’s menu and activities with them, and asking them for their opinions and what they would like to do. One staff member told us, “I just love talking to people here, it’s so interesting to hear about their lives.” The staff were kind and compassionate and treated people with dignity and respect at all times.

We observed one care worker assist a person to the dining room at lunchtime. This was done in a caring manner. The care worker told the person, “I’m going to guide you to the table,” so the person knew what was happening. As they made their way the care worker said, “Go at your own pace [person’s name] – there’s no rush.” And when they reached the dining room the care worker told the person, “You can sit at this table or at that table – the choice is yours.”

This type of assistance preserved this person’s independence and dignity (using a wheelchair would have been quicker but, in this case, less empowering for the person) and made them feel cared for. When we spoke to the person once they were seated they told us, “Look at this – the staff have helped me find a super place to have my lunch.”

We also observed staff supporting a person who was intermittently distressed. Every time staff heard or noticed some change in the person’s behaviour they would go and sit with them to provide reassurance. They were quick to act and sensitive in how they supported this person and were able to diffuse what could have been a difficult situation.

Staff involved people in their own care and informed them when they were about to do something so the person could, if possible, play an active part. We heard staff give people clear explanations about what they were about to do and involve them as much as possible, for example when settling someone in a wheelchair a care worker was heard to say, “I just need to lift your feet up, can you help me? Is that comfortable?”

A relative told us they had been involved in discussions about the care of their family member. They told us, “I’m happy that [my family member] is in a lovely home with very kind caring staff. [My family member] has a lovely room and we’re bringing some personal things in to make it feel more like home.”

Is the service responsive?

Our findings

At our last inspection the registered person had not ensured that that care was planned and delivered so as to meet people's individual needs. This was because care plans were not personalised and some records were incomplete.

Following that inspection the registered person sent us an action plan stating how they intended to address this issue. This included a new system for care planning which emphasised individualised care. At this inspection we found that the registered person had followed their action plan and this breach in regulation was met.

We looked at care plans for four people using the service. These included personalised information to help staff get to know people and understand how they wanted their care provided. Each person had a document called 'My circle' which introduced them and the significant others in their lives.

These provided insight into the person in question. For example, one person's told of their profession and stated, 'I like to talk about my days as a [previous profession].' And cultural needs were included, for example, 'I would like to make sure there is somewhere quiet I can go and [practice my religion].' This meant that staff had a more rounded view of the people they were supporting.

Care plans set out what support people needed and their communication needs. For example, one read, 'You need to listen carefully to what I am saying and give me plenty of time, you may need to show me pictures.' Another stated, 'I wear spectacles at all times. Staff to remind me to put them on each morning if I forget. And another read, 'If I am in pain I am able to tell you.' This type of information helped to ensure that staff provided personalised care.

Activities were a big part of life in the home and both the people using the service and staff were enthusiastic about this part of the service. One staff member told us, "In the summer we helped people to plant and look after a sunflower each in the garden. They really enjoyed that, it was good." One of the people using the service took us out into the garden to show us the patch where the sunflowers were growing.

Since we last inspected a computer had been installed in the dining area and this was popular with people,

particularly for listening to music on. One person told us, "I like to sing to the computer I love Whitney Houston best." Another person was listening to Bob Marley on the computer during the afternoon of our inspection. They said, "This reggae music sounds good and I'm just dancing to the music and happy here."

People told us about the range of activities they did at the home. One person said, "I love to do colouring and word searches and my friends and the staff get me the books when I need them." Other people told us they enjoyed painting, card making, shopping, going out for meals, and being in the garden. Another person, referring to the activities, commented, "We have a happy time here."

Activities were provided every afternoon on weekdays. Two members of staff were responsible for these, although on Fridays all staff took part to bring everyone in the home together. Records showed people had recently enjoyed carpet bowls, nail painting, a memory board game, painting, watering plants, sowing, chair exercises, and a film show.

People who did not take part in group activities due to illness or because they didn't want to had one-to-one activities provided. For example, records showed that one person being cared for mostly in bed had activities every day. These including hand massages, manicures, looking at family photos, sing-a-longs with staff, walks round the garden in a wheelchair, and smelling lavender.

The manager was also involved in providing activities. Prior to our inspection she had taken three people into Leicester for breakfast, they had then thrown coins in a fountain, gone clothes shopping, and visited the clock tower. One person told us they had enjoyed this outing and would like to do it again. The manager said she would organise this.

People told us they didn't have any complaints but if there was anything bothering them they would tell the manager or another member of staff.

The manager told us she had an 'open door' policy and people and relatives could come and see her at any time if they had a complaint. She said that if someone wanted to complain at the weekend, when she didn't normally work, staff had been told to contact her anyway. She said, "If anything's wrong I want to know so I can sort it out, even if it happens when I'm not working."

Is the service responsive?

The provider's complaints procedure needed amending to clarify the roles of the local authority in safeguarding investigations. When we brought this to the attention of the manager this was done as a matter of priority and a copy sent to CQC.

Is the service well-led?

Our findings

The home had a friendly atmosphere and the people using the service and the staff all seemed happy to be there. Relatives and visitors who were made welcome and offered drinks. One relative told us, “The visiting’s flexible we can come any time we want.” Staff told us they enjoyed working at the home and were well-supported by the manager.

We looked at the results of the last quality assurance survey which the manager sent earlier this year to people using the service, relatives, and health and social care professionals. Results showed that most people rated the home as ‘good’ or ‘excellent’. Respondents had also been asked to make suggestions on how to improve the service. They had asked for extra staff, more activities, and changes to the menu. These had all been agreed and actioned. A copy of the analysis of the survey results was on display in the home so people could see what had been done in response to their comments.

The manager held three monthly residents meetings, which relatives were invited to, and three monthly staff meetings. This gave people involved with the service the opportunity to comment on it and make further suggestions for improvement if they wanted to.

The manager had 15 years’ experience in nursing and social care and qualifications in care and management. She told us her vision for the home was to see it continuing to improve so the people using the service and the staff were as happy as possible living and working there. She said she was in the process of developing the dementia side of the service and staff were having further training in delivering quality care to people living with dementia.

The manager told us activities were also being developed to help the people using the service to lead full and active lives. She told us, “We’re trying to get people out as much as possible and broaden their horizons. Sometimes they have lost their confidence so we start by encouraging them to just to go out into the garden, and then out to the local shop. Planting the sunflowers, which we did this summer, was a good way to get people involved in the outside world.”

The manager was actively involved in all aspects of the home. During the inspection she spent time in the lounge and dining areas, talking with people using the service and helping to care for them. She served meals at lunch time as part of the staff team. This meant she had an overview of the care and attention people were receiving. She was enthusiastic about her role as manager and knowledgeable about the care needs of the people being supported.

The provider came to the home during our inspection and we saw him socialising with the people using the service, who were pleased to see him, and talking with staff. The manager told us the provider came to the home almost every day and was supportive of the people using the service and staff. He also carried out maintenance to the building which gave him a further opportunity to observe how well the home was running.

The manager and provider carried out daily, weekly, and monthly audits to help ensure the home was running smoothly. These covered all aspects of the service including the environment, care records, medicines, and infection control. Records showed that if improvements were required the manager and provider identified these and addressed them via action plans.

The environment was clean and fresh. Since our last inspection it had been made more suitable for people living with dementia and others. Following consultation with a dementia charity some areas of the home had been redecorated. Heavily patterned wallpaper had been replaced with a simpler colour scheme. Paintwork had been colour-coded to make it easier for people to find their way around, and new pictorial signage indicated where toilets and bathrooms were.

The home had a new washing machine and dryer, computer, and activity board. People using the service had helped to choose new pictures and painting to hang on the walls. The result was a more homely and relaxing environment for the people using the service.