

# Amore Elderly Care (Wednesfield) Limited

## Bentley Court Care Home

### Inspection report

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### Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bentley Court Care Home is a nursing home providing personal and nursing care to 43 older adults. Care is provided on two floors. Some of the people are living with dementia. The service can support up to 77 people.

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

Bentley Court Care Home continues to be rated as requires improvement. The provider had identified areas of improvement and continued to work through these actions. Further improvements were needed to ensure consistency and to demonstrate these improvements can be sustained.

People felt safe living at the home and risks assessments were in place and reviewed. Staff understood people's risks and how to support them in a safe way. Infection control procedures were in place and followed. Lessons were being learnt when things had gone wrong. There were enough staff available for people. Staff understood safeguarding and how to protect people from potential harm. Medicines were managed in a safe way.

Audits were carried out in the home, so improvements could be identified. People and relatives were involved with care and the provider was seeking feedback. We were notified of significant events as needed. Staff felt supported and listened to.

### Rating at last inspection and update

The last rating for this service was Inadequate. This service has been rated Inadequate or requires improvement for the last seven consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 22 February 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

After the last inspection a decision was made to inspect this home within 3 months of the last inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bentley Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to Regulation 17 at this inspection as the home has continued to be rated as requires Improvement.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Bentley Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection visit was carried out by two inspectors 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.

#### Service and service type

Bentley Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality monitoring team, who have conducted several unannounced visits since our last inspection. We used the information the provider sent us in the last provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and four relatives. We also spoke with seven members of care staff, a house keeper, two nurses, a clinical lead, the deputy manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for four people in detail. In addition, we looked at 17 people's records in relation to specific needs. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question had improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

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

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

- Since our last inspection we saw significant improvements had been made to ensure people were safe and risks were understood and managed. People told us they felt safe living in the home. One person said, "I do, yes, to the extent I have accepted this is my home now and get on with it, but I won't put up with anything. I get on with most of the staff here."
- However further improvements were needed to ensure consistency and to demonstrate these improvements can be sustained. For example, one person had a red area to their body, we identified this as part of our last inspection. Since our inspection the provider had taken action, and this was now treated with a dressing. Although this dressing was in situ, there was no reference to this in the persons care plan or risk assessment. The registered manager took immediate action to resolve this during our inspection.
- When people had behaviours that may challenge we saw more comprehensive plans had been completed. These plans included potential triggers for individuals' behaviours. When incidents occurred, staff documented these on 'ABC' charts and this information was monitored and reviewed by members of the nursing and management team. However, some of the information that was documented on the 'ABC' could be considered not a behaviour, such as red marks where someone had rubbed their hand. This meant further work was needed to ensure staff fully understood people's individual behaviours and when they were displaying these. The registered manager acknowledged this was an area they were working on and improving.
- Staff told us they were more confident in how they managed behaviours. One staff member said, "We have revisited people's behaviours since the last inspection and the importance of recording what happens. This way senior staff can consider this and review it. I think we are getting better at this"
- During our inspection when we observed people displaying behaviours that may challenge, we saw staff managed these behaviours in a safe way and in line with people's plans. People living on the upper floor were calm and relaxed throughout our inspection.
- When other people had pressure areas or wounds we saw there were detailed plans in place. These identified when the wound had occurred, when it should be photographed and how it should be cleaned

and dressed. There was also information stating when action should be taken to involve other professionals such as the GP. We saw evidence these plans were being followed and nursing staff could provide us with a detailed account of these.

- When other people had specific health needs such as diabetes, we saw plans were in place and followed. There was guidance stating how blood sugar levels should be monitored and the range of these for individuals. When people had been out of their range, we saw action had been taken. For example, one person's blood sugar level was high. Staff followed the action plan in place. An additional reading of the blood sugar level was taken later that evening and they had returned in range.
- When people needed support to transfer using equipment such as hoists. We saw this was completed in a safe way in line with people's risks assessment and guidance. The conversations we observed between staff and people demonstrated staff understood how this needed to be completed to ensure people were safe. The provider had maintained equipment to ensure it was safe to use.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that all safeguarding concerns were identified and reported. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training. One staff member said, "It is having a duty of care to people. If I see anything that I am concerned about such as someone pushing someone else or a bruise that appears. I would document it and make sure I tell the nurse straight away."
- When staff were unable to provide a detailed account, they showed us prompts cards that they carried around which helped them make decisions.
- The nurses we spoke with during our inspection had a good understanding of safeguarding and were able to tell us how they would report concerns externally.
- There were procedures in place to ensure people were protected from potential harm. We saw when incidents had occurred in the home it was clearly documented if it had been raised as safeguarding or not, when it had not the rationale was clearly recorded.
- During our inspection we saw all concerns had been appropriately reported.

### Learning lessons when things go wrong

- When incidents and accidents occurred in the home these were reviewed and considered.
- After each incident occurred, a debrief was completed with staff and this was consistently documented. Nurses and members of the management team were responsible for completing these. These considered what had occurred, how it could be prevented in the future and if any lessons could be learnt. There was an emphasis on care staff considering these and being involved with the process.
- Staff told us these were now consistently completed and had helped with their learning. One staff member said, "I have found it helpful particularly with people's behaviours. You can read the care plan and do the training, but this is more practical, and it makes you understand it much better."
- Alongside these debriefs the registered manager had ensured a review of the person's care had taken place and risk assessments and care plans were reviewed alongside this process. People's capacity had also been considered.
- The registered manager had also used findings from our last inspection so that lessons could be learnt.



For example, protocols had been changed so that after a choking incident occurred a referral was made to speech and language therapists straight away. We saw this had been implemented.

#### Using medicines safely

- People were happy with how their medicines were managed. One person said, "Yes I get my tablets, but I don't know all the names. I take them every four hours."
- We saw staff administer medicines to people individually. Time was taken to explain what the medicine was for and staff stayed with people to ensure they had taken them.
- Since our last inspection the provider had introduced pain assessments for people who were unable to tell them, when they were in pain. One of the nurses told us they considered this for people at each medicines round.
- Distress plans had also been introduced for people which identified when people may be displaying episodes of distress or pain. The nurse also told us these were followed when people appeared distressed and used to consider if people needed 'as required' medicines.
- We saw people were offered 'as required medicines' when needed. When people received as required medicines we saw there was detailed guidance in place for staff to follow.
- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

#### Staffing and recruitment

- People and relatives raised no concerns with staffing levels within the home. One person said, "It only takes a minute or two, I don't walk, they come and turn me three or four times a night and day. I've got my buzzer, so I call them."
- During our inspection we saw there were enough staff available for people and they did not have to wait for support. In communal areas staff were present when people needed support and buzzers were answered and responded to in a timely manner.
- Pre-employment checks were completed before staff could start working in the home.

#### Preventing and controlling infection

- There were infection control procedures in place and these were followed. The home was clean and tidy. People or relatives raised no concerns.
- Staff told us they had access to gloves and aprons which we saw they used during our inspection.
- The provider completed an infection control audit which identified compliance in this area.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question had improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the service had continually been rated as Inadequate. There were no effective governance systems in place. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although Bentley Court Care Home remained rated as requires improvement. The home had improved since the last inspection. As this was a focused inspection the home remained in Breach of regulation 9 and 11 as these areas were not reviewed.
- Good care is the minimum that people receiving service should expect and deserve to receive. The service had been rated 'Inadequate or Requires Improvement' on seven consecutive inspections.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were various audits in place which identified areas of improvement within the home. We saw accidents and incidents were monitored and reviewed. Checks were completed in relation to infection control, medicines management and health and safety.
- Since the last inspection the provider had introduced a 'dashboard'. This was an overview of people's clinical needs. This recorded when people had last had their bowels open, their daily fluid intake, their skin integrity and medicines check. This was a working document that helped nurses and the management team have an overview of what was happening in the home, including people's health needs and conditions. One nurse told us, "It's good, it pulls all the information together so it's much easier to see if someone hasn't drunk enough or had their bowels open."
- There was a weight matrix in place which recorded people's individual weights. This showed if this was an increase or decrease [in the last week or month] and the action they had taken. For example, if the GP or dietician had been contacted. When people who had capacity had lost weight this had been discussed with them and recorded. People confirmed this to us.
- There were systems in place to ensure medicines were managed in a safe way. The provider completed a medicine audit and checks which identified concerns or areas of improvement. When errors had occurred, these had been identified through the providers audit process and a reflective review had been completed by staff.

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

At our last inspection all statutory notifications were not submitted. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

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

- The registered manager had ensured that we received notifications about important events that had occurred since our last inspection, so that we could check that appropriate action had been taken.
- All staff understood their roles and responsibilities and there were clear lines of delegation. Prior to our inspection the local authority told us this was an area that had improved within the home and nurses and members of the management team were more accountable within the home.
- We saw staff were responsible for recording incidents that occurred within the home.
- Staff felt supported. They had the opportunity to raise concerns by attending team meetings and individual supervisions. One staff member said, "The manager is very good, they genuinely listen and take on board our concerns".
- The rating from the previous inspection was displayed in the home and on the providers website in line with legal requirements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the registered manager and provider.
- The registered manager was open and honest with us during our inspection. They recognised the work that had been undertaken and the importance of now imbedding changes into the culture of the home.
- The registered manager and providers representative attended our feedback. They were receptive to this and assured us that further improvements would be made to the service.

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

- People's relatives and staff spoke positively about the management team and the support they received. One person said, "Yes there's lots of improvements." A relative told us, "The new manager is very good, they are making the changes needed."

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

- The registered manager had worked to involve people and relatives in their care and reviews.
- A relatives meeting had been arranged since our last inspection, however as no one had attended an informal discussion had been held with people living in the home, this had been documented.
- When reviews for people had taken place there was evidence they had been involved and where appropriate so had the relatives.

Working in partnership with others

- The local authority offered us feedback prior to our inspection. They told us they had conducted a number of unannounced visits at the home since our last inspection. They had noted improvements in a variety of areas and were positive about the progress the home had made.
- The service worked collaboratively with other agencies to ensure people received the care they needed.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Bentley Court Care Home continues to be rated as requires improvement. The provider had identified areas of improvement and continued to work through these actions. Further improvements were needed to ensure consistency and to demonstrate these improvements can be sustained.