Benvarden Residential Care Homes Limited

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Inspection report

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Tel: 02476368354

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14 January 2016

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We inspected Benvarden Care Homes Limited on 14 January 2016. The visit was unannounced and conducted by two Inspectors.

A requirement of the registered provider's registration is that they 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 concerning the way the service is run. There was a registered manager in post at the time of our inspection.

The service is registered to provide accommodation and personal care for up to 14 older people. At the date of the inspection nine people were living at the home all of whom had varying levels of dementia or short term memory loss which meant some people had limited abilities of communication. We therefore spent time observing the provision of care in the communal areas throughout our visit.

We found people were protected against the risk of abuse as the provider had recruitment procedures to employ staff of good character. The provider had safeguarding policies and procedures in place to protect people and had ensured staff had received training and understood how to report allegations of abuse.

There were sufficient members of staff to care for people effectively and safely, and to meet people's individual needs. There were however certain times of the day when additional assistance would be needed from the registered manager.

Daily activities were planned for people that met their individual needs, and people were given the choice whether or not to be involved.

There were records of each person's individual care and support needs but these did not fully reflect the care and support they received from staff on a daily basis. However, staff demonstrated that they knew people well and could describe in detail the care people received and needed.

The registered manager and deputy manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. However decisions made in people's 'best interests' where they could not make decisions for themselves were not always documented in detail in the records. We found there was also a need to consider the application of the Deprivation of Liberty Safeguards for certain people.

People were treated with respect and dignity, and staff supported people to maintain their privacy and independence. Visitors were encouraged, and where possible people made choices about who visited them at the service, which helped them maintain personal and family relationships.

When required and prescribed, people received medicines to maintain their health and wellbeing. The provider ensured and facilitated access to other healthcare services from a range of professionals both inside and outside the service for the benefit of the people.

We saw and were told that people received good quality food and drink throughout the day including any specialist dietary requirements. This provided people with their nutritional needs and helped to maintain their health.

People and their relatives knew how to make a complaint if they needed to. There was a process to ensure complaints or concerns when made were fully investigated and analysed so that the provider could learn from them and make changes.

Quality assurance procedures were in place which identified where the service needed to make improvements. There were regular opportunities for people and their relatives to share their views on how the service was run, and where issues had been identified, the registered manager took action to improve 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.

People received care from staff who had the experience, knowledge, skills and time to meet people's individual assessed needs. Where risks to people's health and welfare had been identified, staff knew how to support people safely. They were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their prescribed medicines from appropriately trained staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People received support from staff who were competent, supervised and trained to meet their needs. People were offered meals and drinks of a good standard that met their dietary needs. Where people did not have capacity to make certain decisions, the records to support decisions made on their behalf were not sufficiently detailed. There was also a risk that some people may have been deprived of their liberty because the provider's application of the deprivation of liberty safeguards was inconsistent.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported by staff who were aware of their needs. Staff had good knowledge and understanding of people's personal preferences and knew how people wanted to spend their time.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in care planning decisions. Staff had access to information which supported them to respond to people's individual needs. There was an effective system in place that responded to people's concerns and

complaints in a timely way and to people's satisfaction.

Is the service well-led?

Good

The service was well led

The registered manager was accessible to people who used the service, their relatives, and to members of staff. People were encouraged to feedback on the service provided and there were quality assurance procedures to identify areas where the service could improve. The provider took account of the information received and had action plans in place to make improvements.

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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.

This inspection took place on 14 January 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection visit we reviewed the information we held about the service such as statutory notifications the registered provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the Local Authority, who provided us with information they held about the service. The local authority did not have any information to share with us that we were not already aware of.

We spoke with four people who lived at the service to ask about their experiences of what it was like living there. We spent time observing how care was provided in the communal areas throughout our visit. We also spoke with five relatives, the registered manager, the deputy manager and three care staff. We looked at four people's care records, and other records including quality assurance checks, medicine administration, complaints, incident and accident records and policies.

Good

Is the service safe?

Our findings

The people we spoke with told us the support and treatment they received from staff and the provider made them feel safe and protected. One relative commented, "I am happy my [relative] is here because I could not look after [relative] at home, I feel that [relative] is safe here".

On arrival at the home, everyone was out of bed and sitting in the communal area. One person we spoke to was generally happy with the level of staff but commented, "There were not enough staff in the morning when everybody is on the move". A relative also informed us that, "Some-days staff can be rushed when everyone needs to go to the toilet at the same time".

The registered manager acknowledged there were times when people may have to wait, but stated the reason would be explained to the person and either the registered manager or the deputy manager would assist if available.

All of the staff had worked for the provider for a number of years, a few having returned after being employed by other care homes. Each of the three daily shifts had two staff allocated. The provider confirmed they do not need to engage agency staff due to the number of experienced staff available to them. In addition the service had a number of volunteers who also attended on 3 days per week to help with activities.

Records reviewed demonstrated that the provider followed a thorough recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived at the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references. DBS assists employers to ensure safety by checking people's backgrounds to prevent unsuitable people from working with people who use services.

Staff told us how they made sure people who lived at the home were safe and protected. Staff had received training in safeguarding. They were able to demonstrate how to recognise abuse and knew who to report concerns to. The registered manager and deputy manager understood the safeguarding procedures and confirmed the actions they would take in the event of any allegations received. In the 12 months before the visit we had not received a notification of a safeguarding concern.

Risk assessments and care records identified where people were potentially at risk, and actions were identified to manage or reduce those risks. The care records we reviewed identified that further detail was necessary to fully explain the action staff should take. One of the records referred to the person having "challenging behaviour". The registered manager explained the challenging behaviour included the use of inappropriate language. We were informed the person's behaviour had been discussed at team meetings and a range of tactics had been developed including leaving the person alone for a period of time. This information was not contained in the person's care record.

Staff however understood the risks associated with people's individual care needs and were aware of the

actions to be taken. Staff explained how they supported people who had behaviours that challenged others and described the approach that would be taken to reduce the effect of the person's behaviour in a number of different circumstances. For example one staff member said "I know if [resident] calls me [person's name] I need to keep my distance".

Staff said they had enough time to provide the care and support people required at the pace people preferred. One relative informed us that, "I come in everyday, staff treat people very well. [relative] needs assistance, they [staff] try to walk with [relative] rather than use a wheelchair". By staff spending time with this person it helped to ensure the person remained mobile and physically active.

Medicines were stored securely and when no longer required, were disposed of safely. Some people received medicine 'as required' and there was a procedure for this, explaining when it should be given and why.

Decisions for the covert administration of medicines followed a clear process to determine best interests involving the local authority, the person's family and the GP. 'Covert' is the term used when medicines are administered in a disguised manner, for example in food or in a drink, without the knowledge or consent of the person receiving them. The decisions were subject to regular review which ensured covert medicines were administered safely and continued to be effective to manage people's health conditions.

We looked at three people's medicine administration records (MAR) and found medicines had been administered and signed for at the appropriate time. People received their medicines from experienced staff who had all completed medication training. The staff were subject to regular supervision and six monthly competency assessments which made sure they continued to administer medicines to people safely. The completion of MARs were checked weekly by the registered manager and deputy manager to make sure people continued to receive their medicines as prescribed.

A maintenance person completed maintenance checks of the building and equipment regularly to ensure the environment remained safe and the equipment remained in good working order. During our visit we identified a number of maintenance issues that required attention because they presented potential risks to people. The provider acknowledged this and following our visit, they told us actions had been taken to protect people from potential harm.

The provider had plans to ensure people were kept safe in the event of an emergency or unforeseen situation. Fire emergency equipment was checked regularly and staff knew what action to take in emergency situations.

Requires Improvement

Is the service effective?

Our findings

The provider confirmed all staff were National Vocational Qualified or were currently undertaking the process. The provider also completed a training schedule which made sure staff received refresher training at the required intervals which helped keep staff knowledge updated. Training records reviewed confirmed staff had received refresher training at the required times which helped maintain staff's knowledge and skills.

We asked the registered manager and deputy manager how they determined whether staff put their knowledge and training into practice to effectively support people. They told us they completed regular observations of staff and did a daily walk around, talking to people and staff. They said they observed staff when they provided care and they told us staff had opportunities to identify any training needs or opportunities at their supervision meetings.

Staff told us the registered manager and deputy manager encouraged them to keep their training and skills up to date. Staff confirmed they had access to appropriate training to meet their learning needs and to cover the scope of their work. One staff member said "training is very good, I feel equipped. I can ask for a course, for example end of life, and they will sort it out." On-going support for staff was provided during one-to-one supervision meetings which took place bi-monthly, regular appraisals and team meetings.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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).

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The registered manager and deputy manager were able to explain to us the principles relating to the MCA and DoLS, which showed they had an understanding of the legislation. The registered manager said no-one had a DoLS in place at the time of our inspection. During discussions with the registered manager and deputy manager they acknowledged there were people at the home where a DoLS application could have been considered. The registered manager confirmed contact would be made with the local authority for further guidance regarding submitting the necessary applications to them.

One care record reviewed, confirmed that where a person could not make an important decision for themselves, a decision had been made in their 'best interests' in consultation with relevant health professionals, family members and the Local Authority. Other care records reviewed did not fully detail people's capacity to make decisions although it had been identified that they may lack mental capacity. The records did not give staff clear instructions regarding which decisions people could make for themselves, and which decisions needed to be made in their 'best interests'.

The staff we spoke with demonstrated they understood the principles of the MCA and DoLS. They gave us examples of how they applied these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. Throughout the visit we observed staff undertaking personal tasks and saw that they asked people for consent before undertaking the task and explained what they were doing.

Most people told us they enjoyed the food in the home and we saw they were offered choice of food and drinks during our visit. One person however suggested the food could be made spicier because of their deteriorating health condition. Another person said "The food is plain but good". The registered manager told us if people did not want the choices on the menu, alternatives would be provided. The registered manager and deputy manager confirmed if people expressed a desire for a particular choice of food that could not be made available on the day; they would ensure a supply was available in readiness for a future request. The registered manager told us about a request made for tinned salmon and confirmed stock had been purchased for the person.

Specialist diets were catered for and each person was weighed each month to help identify if there were any concerns with food intake. At the date of our visit only one person was on a specialist diet. Staff were aware of the food types the person was allowed to eat and which would be detrimental to their wellbeing.

People confirmed they received care and treatment from health care professionals such as dentists, opticians, chiropodist, and the GP when needed. Staff told us they were made aware of and followed any changes in people's care and treatment following other healthcare professional's recommendations.

Staff demonstrated they were persistent and at times forceful with other professionals to ensure people received treatment at the right time. One staff member said "If a service user has a urinary tract infection then I call the GP, if they [GP] keep saying no you have to persevere". The registered manager and deputy manager confirmed they were proactive with the local GP practices to ensure people remained with the GP practice of their choice, and that doctors came out to see people.

Good

Is the service caring?

Our findings

People were supported to maintain relationships with those closest to them. We spoke with five relatives on the day of our visit. They told us they were comfortable visiting the service and were involved in providing care and support to their family member. One relative stated, "No problem with coming down at any-time, a cup of tea is always offered by staff".

The provider's statement of purpose for the service states "At Benvarden we aim to create a homely atmosphere similar to that which most of our residents are used to." We asked the relatives about their view of the service. One relative described the service as "perfect, homely, and they only have nine to ten people here, I'm welcomed in and get taken to [relative], offered a cup of tea and made to feel at home". Another relative said "It's small, homely, that's what so good".

People and relatives were complimentary about the staff who they described as 'kind' and 'caring' and who did their best to support their needs. People said they got on well with other people living in the service. We observed throughout the day that there was a calm and friendly atmosphere.
Staff explained that the registered manager had tried to encourage more interaction between people. The tables in the dining area were rearranged to achieve this by creating one long dining table rather than individual tables. Staff said the change had been positive and people found it easier to talk with each other.

We spent time in the communal areas of the home and observed the interactions between people and staff who provided care and support. Staff addressed people by their preferred names. Staff were friendly and people and visitors appeared relaxed in their company. We saw staff were caring and compassionate towards people. One staff member said, "I love it, the staff, residents, I get on with everyone. Staff do care, we look after people properly. We speak to people; if it's busy you still find time to speak to people".

Staff supported people at their preferred pace and helped people maintain their independence. We observed one person being assisted to walk to a chair by a staff member. Considerable patience was shown, with clear instruction being given when necessary to help the person move with the assistance of a walking frame. This was all done at a pace that was unhurried. The relative of the person informed us "[relative] can walk with help, she gets better the more she walks" and commented, "I can't see how they could do any better with the care of my [relative]".

We spoke with the registered manager and deputy manager and reviewed the policy relating to the care provided to people who were 'at end of life'. The deputy manager confirmed the end of life care planning was to be further reviewed to ensure people's needs were fully met. The registered manager said "every effort was made to maintain dignity and respect for the deceased and their relatives".

Good

Is the service responsive?

Our findings

People told us staff knew how to provide the care and support they needed. A relative said "staff are interested, supportive; they look after people as individuals." One person said "Staff always make sure I am ok".

People and their relatives were involved in care planning where possible, and made decisions about how they were cared for and supported. A staff member said, "We treat relatives as part of the family and try to get them organised and involved". The staff we spoke with knew about people's interests and said this helped them have conversations with people when they provided support.

The registered manager confirmed at the start of each shift there was a 15 minute handover, to make sure that all staff knew when people's needs changed. A staff member said "I have a handover. Tells you what goes on, how everyone is, any problems, it's useful".

Staff updated people's care records every day. The registered manager acknowledged that the records needed to reflect the person centred care being provided and include more detail, for example regarding medical history, types of challenging behaviours and life histories. From speaking with people and relatives we were able to find out some facts regarding peoples' interests and family history. The care records reviewed did not contain this information which would have assisted the provider in care planning.

The provider had arranged regular activities for people, based on their varying levels of ability. These activities included reminiscing sessions, music and movement and a cinema club. Each person was given the choice whether to be involved. One person said "I do knitting, drawing and painting". A relative said "they play bingo once or twice a week [relative] can't see, but staff check [relative] numbers to make sure [relative] doesn't miss out".

Staff members told us they took part in fund raising activities to assist in the provision of trips out requested by people. Relatives told us about the recent trips to Skegness, the canal and to the Civic Hall.

People's personal and sensitive information was managed so people could be assured their records were kept confidential. Records were kept securely in the main office and only those staff who needed it could access the records.
People and their relatives knew how to make a complaint. Information was available in the home for people and relatives about how they could make a complaint and who they should contact if they were not satisfied with the response. The provider told us complaints would be taken seriously; however we were informed that no written complaints had been received in the 12 months prior to the inspection.

The registered manager and deputy manager said they were always available should anyone want to make a complaint or raise a concern, and confirmed the door to their office was always open. Speaking with the registered manager and staff, we found any concerns people or relatives had were usually addressed, which may have avoided the need for a formal written complaint being made. A relative told us he had spoken to

the registered manager about a concern regarding medical treatment for a person at the service. The relative said the registered manager resolved the issue satisfactorily without the need for a written complaint by arranging for the District Nurse to attend twice a week.

Good

Is the service well-led?

Our findings

The registered manager and deputy manager are both directors of the provider company. The provider demonstrated their management team had the experience, capacity and commitment to manage the service and ensure people received compassionate care. The registered manager stated, "I wouldn't be able to sleep at night if the care was not being provided at a good level".

People and relatives we spoke with had no concerns about the quality of care provided. People and relatives were complimentary about the registered manager and said they were visible and walked the 'floor' on a regular basis which gave them an opportunity to discuss any issues.

People and relatives said they found the management and staff easy to speak to. One staff member said "I speak to the managers directly. [the registered manager and deputy manager] are both approachable and will sit and listen to views".

There were systems to monitor the quality of the service which were regularly completed by the registered manager, deputy manager and staff. This was through a programme of audits and reviews. We examined the audit which showed the types of incidents and accidents that had been recorded and noted where appropriate; people received the support they needed.

There were systems to monitor the safety of the service. We looked at examples of audits for health and safety, infection control and fire safety, which monitored the quality of service people received. Audits were being undertaken but the resulting action plans were not being formally completed. This made it difficult for the provider to ensure the progress of improvements, and to evidence that lessons had been learnt. The provider acknowledged this and said their systems would be improved to ensure their monitoring would establish what progress had been made to complete the improvements identified.

The provider had sent statutory notifications to us about important events and incidents that occurred at the service. Discussions with the provider demonstrated they understood the types of incidents which needed to be notified to us which meant they complied with their legal requirements.

The registered manager and deputy manager both acknowledged there were certain areas of the service that needed improvement, For example introducing daily information boards and better signage around the building, and had prepared an action plan with identified priorities which they planned to follow.