

Jigsaw Care Limited

# Benfield Hall Nursing Home

## 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 4 and 5 May 2016 and was unannounced.

Benfield Hall provides accommodation for people who need nursing and personal care. The service can accommodate up to 20 people, 18 of which live in the home on a permanent basis and two rooms are kept for people who require respite care. This was the first time Benfield Hall had been inspected since the new provider Jigsaw Care Limited bought the home.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager of the service had applied to the CQC to be registered and was awaiting further contact from the commission.

We found the registered provider carried out appropriate checks on people before they started working in the service. This meant the service had in place a robust recruitment procedure.

The registered provider had in place arrangements to carry out safety checks on the building at varying intervals. For example fire alarm checks were carried out weekly whilst portable alarm testing was carried out each year. Maintenance contracts were in place for the lift and the testing of gas and electrical supplies.

People had in place personal emergency evacuation plans (PEEPs) which detailed how people needed to be supported to leave the building in an emergency.

We found there was enough staff on duty during our inspection.

The communal areas of the home were found to be clean and fresh. People were encouraged to keep their own rooms tidy and support was offered from staff to help people if required.

People chose their food from a menu which they had contributed to. We found if one person did not like what was on the menu kitchen staff were prepared to arrange a different alternative meal for them.

We found the manager had put in place communications systems in the home to support improved communication between staff and also between staff and relatives.

Staff told us they felt supported by the manager. Staff had received an induction to the service together with training, supervision and annual appraisals.

We found the registered provider had carried out improvements to both the interior and exterior of the home. People were protected from second hand smoke as a new gazebo had been built in the gardens for people who wished to smoke.

People who used the service were invited to attend a monthly residents meeting where they were asked for their views, their menu preferences and activities they would like to do.

The service supported people to be independent through the use of a communal kitchen, support to keep their rooms clean and tidy and assessments to decide how much a person could be responsible for their own medicines.

We observed staff knock on people's doors and waited for a response before they entered. Staff respected people's privacy.

We found people had in place personalised care plans. This meant people's care plans were written specifically for them and took into account their needs.

The service used the Recovery Star Model to assess with people their needs. The model looks at different aspects of people's lives and asks people to score themselves. Staff also had scored people and there had been discussions held with people about their needs. People were therefore involved in their care plans.

The registered provider had in place a complaints process. We saw the manager had carried out investigations into people's complaints and responded to the complainant with an outcome. This meant people could be reassured their complaints were investigated.

People spoke with us in very positive terms about the manager and described them as "Lovely" and "Fantastic."

The manager had monitored the quality of the service using questionnaires. They had collated the responses to the questionnaires and based on the survey put together a service improvement plan. We saw some of the actions in the plan had been carried out.

We found records used by the service were kept secure, up to date and in good order.

The manager told us they wanted people to feel safe and happy living in Benfield Hall. During our inspection people told us they felt safe and happy living in the home.

## 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.

Staff had received training in safeguarding and told us they felt confident in reporting any concerns to the manager.

People were given their medicines in a safe manner. Staff were checked on annual basis to ensure they were competent to administer people's medicines.

We saw the registered provider carried out safety checks in the home.

### Is the service effective?

Good ●

The service was effective.

People influenced the menu and were given a choice of meals.

Staff told us they received regular supervision. The manager had in place a training matrix which showed staff had received training and the training was updated according to the programme put in place by the registered provider.

People who smoked were requested to use an outside gazebo. This meant people using the service were protected from second hand smoke.

### Is the service caring?

Good ●

The service was caring.

People were invited to a monthly meeting and were asked about aspects of the service. We found evidence to indicate people's involvement in the service had influenced menus.

Staff treated people with respect and kindness.

We found staff respected people's privacy and knocked on their bedroom doors before entering.

### Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans in place informed by staff using the Recovery Star Model of assessing needs.

We saw staff highlighted in people's daily notes information appertaining to care plans. Staff then used the highlighted section to review people's care plans on a regular basis.

The manager had carried out investigations into people's complaints. People who had complained received information from the manager about the outcome of their investigation.

### **Is the service well-led?**

The service was well led.

We found the service had in place a network of other professionals who offered advice and support to staff working in the service. Their advice had been incorporated into people's care plans.

The manager had put into place a service improvement plan after collating the results of surveys they had used to monitor the service.

We found the manager had carried out audits which measured the activities in the service. The manager's comments on the audits indicated they had paid attention to detail.

**Good** ●

# Benfield Hall Nursing 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 4 and 5 May 2016 and was unannounced. At the time of our inspection there were 20 people using the service.

The inspection team consisted of one adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We found no concerns had been raised with us about the service.

During our inspection we spoke with seven people who used the service and four of their family and friends. We also spoke with the registered manager, the nurse on duty, three care staff, administration, kitchen and maintenance staff.

We reviewed the care records of four people and looked at four staff records.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

## Is the service safe?

### Our findings

People told us they felt safe at the services. One person who used the respite service said, "I feel very safe here and look forward to coming here." Another person in response to being asked if they felt safe at Benfield Hall told us, "I like living here."

The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. We looked at staff files and found the service carried out these checks on staff members before they started working in the service. Prospective staff members also completed an application form detailing their qualifications and training and were required to provide two referees to the service. We saw the service had written to the referees and sought written evidence staff members were suitable for the posts in the home. Checks were carried out on nurses who worked in the service to ensure they were registered with the Nursing and Midwifery Council and were fit to practice nursing. This meant the registered provider had in place a robust recruitment process.

We looked at the safety checks carried out in the building to keep people safe. We saw there were up to date gas and electricity safety checks carried out. Portable appliance testing (PAT) was carried out annually. Water temperature checks were carried out and the recorded temperatures were within the recommended health and safety guidance. We saw the lift in the building had an annual check in March 2016. Weekly fire alarm tests were also carried out and fire drills had taken place; firefighting equipment was checked within the last year. This meant the registered provider had in place arrangements to keep people safe whilst living at Benfield Hall.

The registered provider had in place health and safety checks which managed potential risks in the building. People also had their own personalised risk assessments in place. For example one person had been assessed as at risk if they tried to make a hot drink for themselves. Staff were required to offer support or alternatively make a drink for the person to reduce the risks.

Each person had a personal emergency evacuation plan (PEEP) in place. We found this information was personalised for example one person had a hearing deficit and their PEEP stated they might not hear the alarm and needed to be escorted to leave the building. A summary of the plans was held in an emergency bag together with emergency equipment for example a torch. Because people were free to leave the building they told staff they were going out. The service had in place two metal holders where they placed cards with people's names to state if they were in or out of the building. These could be carried outside in the case of an emergency and staff could see at a glance which people were in the building and needed to be evacuated.

Staff had received training in safeguarding and confirmed to us they felt confident to approach the manager and raise any concerns. One staff member said, "We get safeguarding drummed into us." We found safeguarding concerns had been raised in the staff team about people and the manager had responded by making alerts to the local authority. Safeguarding was an agenda item for staff meetings. This meant staff

were aware of the need to report any concerns and the manager responded appropriately.

The manager told us there were no on-going disciplinary investigations in the service and there were no current investigations to any one whistle-blowing. Whistle-blowing is where staff members tell someone about their worries. We spoke to staff who told us they felt confident in talking to the manager about concerns they might have.

We saw accidents and incidents in the home were recorded by staff and reviewed by the manager to ensure if any actions could be taken to prevent any re-occurrences.

We checked to see if there were enough staff on duty and saw the rota consistently reflected the staffing levels outlined to us by the manager. One staff member told us the care staff were always busy. Another member of the care team told us they had time to have chats with people. The service had recently installed a new nurse call system and we found staff were able to promptly respond to people's care needs. This meant during our inspection there were sufficient staff on duty.

We checked to see if people's medicines were safe and we found them in a locked cabinet. Controlled drugs which are drugs that could be misused were kept safe in a further locked cabinet. We checked these drugs and found the records which showed the amount remaining for each person was accurate. People who required medicines known as PRN (as and when required) had arrangements in place to describe when the medicines should be given to people. We observed one person who was in pain have a discussion about their pain management with the manager and the nurse on duty before deciding they needed to use PRN. Staff had received training in the management of medicines and the registered provider had in place annual staff competency checks to ensure people were given their medicines in a safe manner.

We looked at the people's Medication Administration Records (MAR) and found these were up to date and accurate. There were no gaps in the MAR charts. We saw people's known allergies were listed and could be seen at a glance at the front of their MAR charts. We found the manager had recent discussions with the local pharmacy to request computer generated MAR charts which avoided the need for staff to transcribe people's current prescription medicines onto the MAR. The manager and the nurse on duty explained to us this alleviated the risk of human error. Fridge temperature checks to ensure people's medicines were stored at the correct temperature were also in place. At the time of our inspection there was no one using the service who were given their medicines covertly, however we saw the service had put in place arrangements for people to be given their medicines in different ways, A staff member explained to us this enabled people who from time to time may experience difficulty in taking their medicines

We saw people had been prescribed topical medicines and found there were no body maps in place to describe where staff were to put the creams. However one member of staff advised us people who were prescribed topical medicines had capacity and were able to ask staff for assistance if required to apply their topical medicines.

We found the communal areas of the home were clean and fresh. During our day time inspection we observed cleaning being carried and found there were night shift cleaning tasks in place. This meant the home had in place arrangements to reduce the risks of cross infection.



## Is the service effective?

### Our findings

One person said, "Well it is a really nice home to be in." Another person said, "I am very satisfied living here." One staff member told us, "The place has improved."

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff had been trained in the MCA and understood about people's capacity. Assessments and care plans were in place which described what decisions people were able to make. No one at the time of our inspection had a current DoLS in place. The manager had begun to make applications to the appropriate authority to ensure the service was acting in people's best interests.

One staff member told us if a person is admitted with a condition new to the service, "The training is not long in coming through." We saw the manager maintained a training matrix which showed the registered provider's mandatory training and if staff had completed the training. The matrix showed staff had been allocated training which was due to be updated. The registered provider had determined that fire training needed to be every 12 weeks, whilst other training such as moving and handling needed to be done on an annual basis. Other training for example food hygiene, health and safety and first aid were on a three year cycle. The manager told us in the PIR, "All our staff have achieved the minimum NVQ level 2 and 80% have achieved or are working towards NVQ level 3." Staff confirmed they had completed the training and we found documentation in their files which confirmed this.

We looked at staff supervision. A supervision meeting takes place between a staff member and their line manager to discuss their progress raise any concerns and consider the training needs. We saw staff received regular supervision. The manager had in place an annual plan for the delivery of supervision meetings and staff had appraisals in place.

We spoke with people about the meals at Benfield Hall. One person told us, "I will ask for eggs and they will knock a couple up." We found there was a menu board in the lounge with the menu for that day displayed. Staff were given a menu list for the next day and people were given options by staff. In the April meeting for people who used the service people were asked what kinds of food they would like to see on the menu. The minutes of the meeting recorded, "Service Users asked for suggestions for new meals and types of foods

they would like to see on the menu. Pizza, dumplings, gammon and pineapple, lamb chops, kippers, smoked fish, quiche, salads, fruit flan, chicken dishes, turkey dishes, savoury rice, poached egg on toast, omelettes, scotch eggs, jelly and ice cream were the suggestions. All suggestions will be passed onto [name] the Chef and [they] will be happy to accommodate if possible." We spoke to kitchen staff about the menu and they showed us they had been given the list. We saw some of the foods on the list were incorporated into the menus. The kitchen staff had a list on the wall of people's dietary needs and were able to tell us about people's preferences. One person asked for a particular sandwich for their lunch the next day; the kitchen staff were aware of their sandwich preferences. We saw there was fresh fruit available for people to access in the home. A communal kitchen was available to people who could make their own drinks. Staff made drinks for people who were unable to do so for themselves. This meant the service had arrangements in place to support people's nutritional and hydrational needs.

We saw people living in the home were weighed on a regular basis and their weight losses and gains were measured. Most people who used the service had minor fluctuations of weight. However we found one person had lost weight over a number of weeks and we spoke to the staff member on duty. They told us the person still had a BMI within the accepted parameters. We passed our concerns onto the manager who agreed to look into the person's weight loss.

We spoke with people and their relatives about communication in the service. One relative spoke to us about communication with them in the service and wanted the communication to improve to keep them up to date with their relative's needs. We saw in a team meeting the manager had encouraged staff to communicate with relatives and let them know if their family members had experienced a bad day. The minutes recorded the manager had asked, "Could all staff be open and honest with family members when they ask about service users." We found there was a night time report in place; night staff were required to complete the report and hand the information over to day staff to make them aware of any issues which had arisen overnight about people's care needs.

Since our last visit we found the new registered provider had made improvements to the exterior and interior of the building. People who smoked were now requested to use an external gazebo to reduce the risk of people inhaling second hand smoke. We saw one person with a diagnosed dementia type condition who used the service had their door painted red with their name written on it. The manager explained the person had previously lived in a house with a red door and this was to help them orientate themselves to their room. In the dining room we saw a dining table had been raised to allow people using high wheelchairs to eat their meal at a dining table in the dining room with other people who used the service. This meant the service had adapted the building and its contents to meet people's needs.

## Is the service caring?

### Our findings

One person said, "Lovely staff especially [staff name]. Should have a pay rise." Another person described staff as, "Marvellous" and told us the, "Staff are lovely." Relatives of one person had recently sent the service a card thanking the staff for the care they had shown to their family member. In the manager's survey used to monitor the quality of the service the manager found the "Majority of returned questionnaires state staff are caring and skilled in their work." On professional we spoke with said, "The staff are caring." One person told us of an event during our inspection where the staff had looked after them "Very well" and maintained their dignity.

People who used the service were encouraged to be involved in its development through the use of monthly meetings. We saw in the minutes of the meetings for people who used the service people were asked which activities they would like to be involved in within the forthcoming months, "Once the weather picks up." People had made suggestions for day trips such as, "South Shields, Hancock Museum, Alnwick Gardens, Linsford Garden Centre, Beamish, Scarborough, Harrogate, Blackpool Illuminations."

Each person in the service had been assessed regarding their ability to self-medicate. One member of staff told us this made sure people were able to be as independently as possible. We saw the minutes of people's meetings asked people to support themselves by keeping their rooms tidy. Support was offered to people to do the bigger jobs like vacuum cleaning. A rota was in place for people who lived in the home to share the work in keeping the communal kitchen clean and tidy. One person told us about when it was their turn to clean the kitchen and what they did.

Staff knew people well, their likes and dislikes and were able to describe to us people's needs. Staff were also aware of people's capacity and ensured they were including people in decisions. We found staff used humour to get along with people and people responded positively to staff. The relationships between staff and people receiving support demonstrated dignity and respect. We observed staff knock on people's doors and waited for a response before they entered. Staff respected people's privacy. One person spoke with us about living in a communal home and said, "You are not alone unless you are in your room." We discussed having privacy with the person and they felt they could have privacy when in their room.

The service had applied to achieve the Gold Standards Framework in End of Life Care. A champion in the home had been identified for this work and staff were to be trained in the framework. The manager expected the home to achieve this standard later in 2016.

During our inspection the home experienced an unpredicted incident. Staff spoke to us about the incident and expressed their concern about the impact of the incident on people who used the service. People also spoke to us in caring tones about the person involved and the manager was concerned about how people were feeling when speaking to the inspector. We found the care shown between staff and service users to be exemplary under difficult circumstances

People's bedrooms were personalised; this meant people were surrounded by possessions which had

meaning to them. We saw staff had put people's photographs up on their bedroom wall

We found people in the service were able to self-advocate and staff had listened to them. Relatives had also acted as advocates for family members and spoke to the manager about issues. One relative told us they felt confident in speaking to the manager about their family member's needs. People also had care managers in post who advocated on their behalf. The manager was aware of the circumstances where an independent advocate would be needed including Independent Mental Health Advocates.

We found people's well-being was monitored by the registered provider using the Recovery Star model. The manager had alerted us before the inspection to circumstances where the service was unable to support a person's well-being due to their chosen lifestyle. The manager spoke to us about what actions they had taken including jointly working with other professionals. This meant the service had worked with other professionals to try to ensure a person's well-being was promoted.

## Is the service responsive?

### Our findings

One person said, "You can go to staff and they help solve your problems." One person told us they "Like baking very week" and listed for us their other activities during the week. Another person told us they were going shopping. We saw people were supported to prevent them from becoming socially isolated.

Discussions had taken place in the monthly meetings about activities for the service. The manager explained that because of such a diverse group of people it was not always possible to arrange group activities. People preferred to be in small groups or have the support of the activities coordinator to carry out individual activities. We saw people were encouraged to book time with the activities coordinator. One person told us they were going shopping for clothes and new boots. Another person said, "I make cards." We saw there were craft sessions provided for people.

In the minutes of the monthly meeting with people who use the service we saw people were invited to make suggestions about activities. The activities coordinator had in place a weekly planner where we saw there were some group activities and individual time spent with people for example going to the barbers.

The service carried out pre-admission assessments. We found the assessments were detailed and allowed the service to identify if it could meet the needs of the person.

The service used the 'Recovery Star' model to identify people's needs. The model looked at each person's ability to manage their mental health, their physical health and self-care, their living skills, social networks, their work, relationships and their addictive behaviour. The model also included looking at each person's responsibilities, their identity & self-esteem as well as trust and hope. Staff spent time with people looking at these aspects of their lives. People scored themselves between one to ten marks along with staff who also scored people. The end result was a discussion between staff and people who used the service about their needs. We saw people's care plans were developed using the Recovery Star model. We checked to see if the care plans people who came into the home for periods of respite were different to those who lived permanently at Benfield Hall. We found staff were given the same detailed guidance on how to care for people irrespective of their status.

Plans were prefaced by agreed outcomes for each person. For example one person's diet and nutrition plan stated the outcome for the person was, "[Person] to be provided with a diabetic choice and a diet that is appropriate to his needs." The plan described what the person was able to do for themselves including advice from other professionals. In this person's case the Speech and Language Therapy (SALT) team had been involved and they had identified the person had no swallowing difficulties. In another column we read what the person has difficulty with choosing meals due to memory loss. We found one person where the staff were concerned the person might not remember to use the nurse call system and had put in place checks for the person during the night. We also found some people who used the service had in place food and fluid charts where there were concerns about the person's dietary intake or the amount they drank. This meant people's care plans were personalised and specific to each person.

We read people's daily notes and found in the notes words or sentences were marked in red. We asked why this was the case. One member of staff explained to us where they wrote something down about a person which appertained to their care plan they wrote it in red. This meant when care plans were reviewed information which needed to be accessed by the reviewer was highlighted in their daily notes. We found people's care plans were reviewed on a monthly basis.

The registered provider had in place a complaints policy and procedures. We saw the registered manager had investigated complaints made about the service. We saw the manager had spoken to the staff concerned and put in actions to improve the service. This meant people who wished to make a complaint could be confident their complaints would be addressed

We saw the staff had assisted people to obtain concessionary bus travel which allowed them to travel in the community at a cheaper rate and be supported by a carer.

The service had in place hospital passports which are used when a person is admitted to hospital to give medical staff pertinent information about a person, their diagnosed conditions and how they liked to be cared for. We found not only did the service have in place transition support between the home and hospital but were also willing to adapt to support people's transition into the home. During our visit one person was admitted to the home and the manager had permitted them to bring along their pets. This eased their transition into the home and ensured the person was more comfortable.

## Is the service well-led?

### Our findings

The service did not have a registered manager in post, however the manager employed in the home had submitted their application to CQC to become registered. The manager's application had been accepted by CQC and they were awaiting the next stage of the process.

Without exception everyone spoke highly of the manager. People told us the manager was 'Lovely.' One person said, "I have the utmost respect for [manager] who works hard." One person told us the manager, "Was like a friend." One staff member described the manager as "Fantastic" and staff told us they felt supported by the management.

The manager told us it was important to them that people felt safe and happy whilst living at Benfield Hall. We saw the values underpinning the managers wish were prevalent in the home. People reported to us they felt safe and happy living at Benfield Hall.

We found the manager had notified CQC of any events in the service and of safeguarding issues which had come to light whilst they were in post. We saw the manager had followed the correct procedures to safeguard people.

A file audit had been carried out of staff files and actions noted. This included the service updating people's DBS checks and ensuring all staff files had photographs. This meant the registered provider had ensured staff files were kept up to date.

We saw the manager had carried out surveys to monitor the quality of the service. The manager had collected and responded to the results. Nine people who used the service had responded to the questionnaire, seven people were very satisfied, one person was satisfied and one person was neutral. The collected results included measures to be taken and the manager had put in place a service improvement plan based on the results. One of these measures included involving people in menu discussions and we found this had been carried out. A person using the service had requested one to one care, the manager had responded by saying this was not possible however one to one time could be arranged with the activities coordinator to carry out what any person wanted to do. Again we found this had been offered to people during a meeting.

A theme which emerged from the staff responses was communication. The manager had sought ways to improve the communication and had stated, "Effective communication to be supported by Communication Book, Staff Meeting minutes – staff are now to sign minutes to evidence they have read them. White board to be purchased to help with visual prompts." This meant the manager listened to what people who used the service and staff had to say and provided responses.

The local Prevention and Infection Control team had recently visited Benfield Hall and had made recommendations to reduce the spread of infections in the home. We found the manager had put in place arrangements to meet the recommendations. This meant the manager had taken action when

improvements had been recommended.

We saw the manager carried out a range of audits to ensure the quality of the service. We saw there were medicine audits in place. The manager paid attention to detail and had noted that some currants in the kitchen required decanting into an appropriate container. They were also concerned the new nurse call system recently installed in the home was not sufficiently loud enough to attract the attention of staff and adjusted the volume to see what impact that would have.

Staff told us they felt supported by the manager. We saw the manager had in place monthly staff meetings which included set agenda items. Staff also added agenda items for discussion to the list. We saw agenda items included CQC inspection, health and safety, supervision, appraisals and training. Decisions about the management of the home were also recorded in the minutes for example the delegation of daily tasks by nurses. This meant staff were able to be involved in the home.

The service had in place a network of other professionals in place including psychiatrists, care managers, GP's, district nurses and SALT. We found the advice of other professionals had been incorporated into people's care plans.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.