

StBenetsRCG Ltd

St Benets Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Benets Court is a large detached residential home. The service can support up to 32 people. Accommodation is situated over three floors, and almost all bedrooms have en-suite facilities. People have access to communal space, including a garden.

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

The service provided safe care to people. People looked at ease and comfortable in the company of staff. For example, they said, "I like it here, everyone is kind and nice to me" and "Oh yes, I love it here, it's the best place I've been." Relatives said they would recommend the service to other families. For example, 2 relatives said, "It's wonderful here, he's getting good care" and "I'm happy with mum's safety here, I'm very happy mum's here."

Staff told us how they took the complexity of the care needs of people already living at the home into account before deciding if they could meet the care needs of new people. People's care needs were regularly reviewed and updated, when necessary, to ensure they reflected the person's current needs. Where appropriate, care records identified risks in relation to falls, nutrition or pressure care.

The environment and equipment were well maintained to keep people and staff safe. Checks included fire equipment, hot water temperature checks and equipment was routinely serviced. Fire training included practical training and scenarios, which staff said made their responsibility to keep people safe more real. The home was clean, tidy and free from persistent odours. Visitors and people living at the home commented positively on the standard of cleanliness. Medicines were administered and managed safely.

Despite national staffing shortages, the management team had worked hard to ensure they recruited new staff. The staff team met people's care needs. For example, people told us staff responded to call bells in a timely manner. People said, "They come quickly when I ring. It's well run and efficient" and "There's enough staff, sometimes the staff will sit and chat with me, I don't notice any delays with staff when I ring my bell."

Recruitment checks helped ensure staff were suitable to support people. Staff told us shifts were often busy but explained how teamwork enabled them to meet people's needs. People and relatives commented on the calibre of the staff and the new manager, their friendliness and the welcoming atmosphere.

Staff provided personalised care because they knew people well. This was confirmed by feedback from people and relatives, as well as our observations of staff interactions with people.

At our last inspection we recommended the service considered how they can support people to make more meaningful choices at mealtimes. The provider had made improvements. The lunchtime experience was calm and relaxed. Thought had been given by the new manager and staff as to how people were supported to ensure people's dignity and preference were respected. We saw how staff adapted their approach to each

individual when supporting them with their lunch. Menus were clear and choices were available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's quality of life was enhanced by good quality assurance systems and the leadership of the new manager and their commitment to provide good quality care. Feedback from relatives showed the new manager was valued. For example, "[Name] is excellent, an extremely good manager. She's fantastic... She's an extremely responsive manager. She comes out and talks to me." People living, visiting and working at the home said they had or would recommend the home to others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was good (published 5 November 2021).

Why we inspected

We undertook this inspection in response to a concern we had received regarding staffing levels and whether staff had time to assist people with a bath or a shower. Based on this inspection, we found this concern was not substantiated.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service responsive?

Is the service responsive?

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St Benets Court

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector, an assistant inspector and an Expert by Experience who spoke with people living at the home and their families. 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

St Benets Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Benets Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager who was also the area manager. However, a new manager oversaw the day to day running of the home. Since the inspection, the area manager application to de-register has been approved by CQC, and the new manager is due to be registered with the

Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used this information to plan our inspection.

During the inspection

We spoke with 7 people living at the home and 7 relatives to gain their feedback on the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able comment directly on their care.

During the inspection, we also spoke with 7 staff. We also spoke with the new manager and the quality assurance director. We gave staff an opportunity to respond to us by e-mail, and we received 10 responses. We reviewed a range of records. This included care records and people's medication records. We looked at staff files in relation to recruitment and reviewed training. We reviewed a variety of records relating to the management of the service including handover information, audits and safety checks.

The inspection concluded on 5 July 2023 when verbal feedback was provided to the new manager, area manager and quality assurance director.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. People looked at ease and comfortable in the company of staff. For example, 2 people said, "I like it here, everyone is kind and nice to me" and "Oh yes, I love it here, it's the best place I've been."
- Relatives said they would recommend the service to other families. For example, 2 relatives said included, "It's wonderful here, he's getting good care" and "I'm happy with mum's safety here, I'm very happy mum's here."
- Staff had received training on how to safeguard people and were able to identify different types of abuse and explain both internal and external reporting processes. The new manager was clear on their responsibility to ensure there were systems in place to protect people, including one individual where additional oversight was needed by staff to keep them safe.
- The provider had created a software system which enabled staff to easily make abuse alerts; the provider said had made staff more willing to raise concerns.

Assessing risk, safety monitoring and management

- People's care needs were assessed and their health risks well managed. Before people moved to St Benets Court an assessment was completed to identify the level of support they needed. This assessment included risks to their health and well-being. For example, the purchase of a specialist chair and support from staff had enabled one person to interact with others through activities, including accessing the garden. This reduced their risk of social isolation.
- Staff told us how they took the complexity of the care needs of people already living at the home into account before deciding if they could meet the care needs of new people. The service used a staffing tool to help them decide how many staff worked on each shift. This was also used to help them assess if they could meet the needs of people.
- People's care needs were regularly reviewed and updated, when necessary, to ensure they reflected the person's current needs. Where appropriate, care records identified risks in relation to falls, nutrition or pressure care. For example, internal skin care training had equipped staff with the knowledge to address skin damage in a responsive manner to help reduce the risk of further harm.
- Staff confirmed they were updated on each shift through verbal handovers and written records, for example if people's care needs had changed. Staff said the quality of shared information was good, which enabled them to provide appropriate monitoring and support to everyone. The service's software enabled them to pick up on trends in incidents, for example falls, and take steps to reduce them by making referrals for falls assessments and increased staff monitoring in communal areas.
- The environment and equipment were well maintained to keep people and staff safe. Checks included fire equipment, hot water temperature checks and equipment was routinely serviced. Fire training included

practical training and scenarios, which staff said made their responsibility to keep people safe more real.

- In recognition of hotter summers, the provider had decided to install air-conditioning in all communal areas to ensure people remained cool, comfortable, and safe. This was fitted after our inspection.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Deprivation of liberties applications had been applied for appropriately, including when alarmed mats were used for people at risk of falls.
- Staff demonstrated their understanding of the principles in their conversations with us.

Staffing and recruitment

- There were sufficient staff to meet people's care needs. For example, people told us staff responded to call bells in a timely manner. During our visit, an emergency bell was activated, and we saw staff quickly responded to address the risk. The new manager told us how they monitored call bell response times to ensure people were kept safe. 2 people said, "They come quickly when I ring. It's well run and efficient" and "There's enough staff, sometimes the staff will sit and chat with me, I don't notice any delays with staff when I ring my bell."
- Staff told us shifts were often busy but explained how teamwork enabled them to meet people's needs. For example, they said, "I do feel there is enough staff, and everyone is really flexible and if someone sees something is taking a bit longer, they will step in and help you so between us all it works really well." Relatives told us there were enough staff; a relative told us, "There's always plenty of staff about." People and relatives commented on the calibre of the staff and new manager, which included their friendliness and the welcoming atmosphere.
- The provider told us they had created a bespoke dependency tool to use at the service, which included the individual needs of people living at the home. They explained this meant they could "increase and decrease the staffing level to accommodate for settling in periods, disorientation through infection and real time working care plans." It enabled tasks, such as a GP referral, to remain flagged until they were resolved.
- People told us they could have a shower or a bath when they wanted, although some preferred a wash instead. This indicated there were enough staff were available to assist them. Staff confirmed there was time to assist people with a bath or shower. They said, "Anyone can have a bath or shower when they want – we do have a routine for when they have baths/showers just so we can keep an eye on it but if someone wants one, they just request it."
- Despite national staffing shortages, the management team and provider had worked hard to attract new recruits, while also keeping a core stable team of staff. The staff team had worked hard to ensure staffing levels were suitable to meet people's needs and worked well as a team. When needed, for example staff sickness, the new manager and the deputy manager worked alongside staff. Our conversations with staff showed they knew the people they supported well.
- Relevant checks were completed to ensure staff were suitable to work in a care setting and there was a thorough recruitment process. The provider said their advanced care home management software had

enhanced their recruitment processes.

Using medicines safely

- Medicines were administered and managed safely. Current records showed people received their medicines in the way prescribed for them. People told us they received their medicine in a timely way and described how staff watched to ensure they took their medicine, which was good practice. Relatives said medicines were well managed and they were informed, where appropriate, of any changes or concerns.
- Specific staff administered medicines, they were trained and had their competency checked. Records showed staff were up to date in their training, which was at different levels depending on their role. For example, a staff member said their medication training was "very thorough" which included observations by the management team and regular refresher training.
- Monthly audits were completed. Where necessary, action was taken to make any improvements needed. There were well completed medicine administration records.

Preventing and controlling infection

- The home was clean, tidy and free from persistent odours. Visitors and people living at the home commented positively on the standard of cleanliness. Staff who oversaw the cleaning and the laundry recognised the importance of their role and felt valued by others. They took a pride in their job.
- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors commented positively on the home's refurbishment instigated by the new manager stating "(New manager) in the last few months spruced it up, nice and bright and light" and "Very much clean and tidy, smells lovely, much more organised since the (new manager) has been there."
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. People said, "It's very clean" and "It's always clean here."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting. Visitors said they were welcomed by staff.

Learning lessons when things go wrong

- There were audits in place to ensure accidents, incidents or near misses were reviewed by the management team and remedial action was taken to reduce any identified or emerging risk. Where necessary, changes to practice to reduce the likelihood of a reoccurrence were made.
- Regular manager meetings face-to-face or via teams were used to share lessons learnt or findings to share ways to improve. For example, a training course on 'managing stress in care', to help managers and their teams.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

At our last inspection we recommended the service considered how they can support people to make more meaningful choices at mealtimes. The provider had made improvements.

- Staff provided personalised care because they knew people well. This was confirmed by feedback from people and relatives, as well as our observations of staff interactions with people. Staff training included considering the needs of the people they supported, which made the training experience practical and meaningful, as well as promoting person centred practice.
- The lunchtime experience was calm and relaxed. Thought had been given by the new manager and staff as to how people were supported to ensure people's dignity and preference were respected. We saw how staff adapted their approach to each individual when supporting them with their lunch. For example, knowing when to offer practical support, and when to prompt, and when to give the person space to eat in their chosen manner.
- Menus were clear and showed the choices available. A staff member told us, "We keep people involved... on Tuesdays we have taster sessions like curries, crepes, fritters, satay sticks, so anything a little different to see if they like it, and then we could put it on the full menu if we get good feedback." However, staff also knew people's individual preferences so would adapt the menu to suit them. Staff were quick to pick up on when people would like an extra helping or an alternative.
- Care plans helped staff provide personalised care and support as they included personal information and identified the relevant professionals involved in people's care. Appropriate assessments were completed and up to date, from initial planning through to on-going reviews of care. All care staff were part of an on-going review for individuals. For example, care staff documented discussions called 'comfort meetings' with each person to make sure they were happy or whether there were any issues needing to be addressed. A series of audits meant issues could be tracked to ensure they were resolved.
- People's care plans covered relevant areas such as mobility, personal care and eating and drinking. Where appropriate, people's relatives were involved in reviews; they told us their relatives' care plans reflected their relative and showed how well staff knew individuals. The provider told us, "We are now taking family outreach even further and have created a buzzing Facebook group where family members can interact. They truly love this."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The new manager and the deputy manager recognised the importance of ensuring staff understood how to communicate well with people living with dementia. They provided good role models and where necessary worked with staff to enhance their skills in communication. For example, taking time to ensure individuals understood, slowing the pace of conversation and being aware of their body language. This helped people to relax and so they were less likely to become anxious or angry.
- The provider had sourced specialist training for some staff, which mimicked the everyday hurdles for people living with dementia, including communication barriers. This gave staff further insight into the challenges of people's everyday lives, including daily communication. The provider said the change in the approach of staff was noticeable following this training which benefited the people living at the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The new manager planned to develop activities further to stimulate people with the support of an experienced staff member, who was popular with people living and working at the home, and the new resident enabler.
 - People were supported to maintain relationships and friendships were valued. People could choose to attend social events at another local care home, which people commented favourably upon. External performers also visited the home, for example singers and musicians, and trips took place, although a few people said they would like more. Some people said they preferred to stay in their own surroundings, or in their room, and this choice was respected.
 - Staff recognised when some people became restless, and their mood was low and responded appropriately by engaging with them. For example, going outside for a walk to provide a change of scenery. People told us they enjoyed being able to walk in the garden which was also used for social events, such as a planned summer fete. Staff said they recognised people "wanted to do more meaningful things with their time." This led to a 'Living with Purpose' programme, which included people making cards for chosen charities, which were for sale in the home.
 - Several staff were enrolled on Positive Behaviour Support training provided by Older People's Mental Health. Initially, additional support was provided for 2 people over 3 months. Their well-being improved, which also had a positive impact on other people living and working in the home. Following this success, the project was widened to other people. For example, a person who regularly tried to leave the service. Based on the new approach the provider recognised the individual was an active person with an active mind. Once staff met this need, the person became calmer, happier, and more engaged. Staff said they were "incredibly proud" of the results of their new approach.

Improving care quality in response to complaints or concerns

- Complaints were taken seriously, and information was clear. The new manager recognised the importance of building people's trust and getting to know people living at the home and their relatives. From our conversations during the inspection, it was clear this had been achieved by working alongside families and ensuring they felt listened to and their views respected.
- The new manager had ensured there were current photos of the staff working at St Benets to help enable people to identify staff if they had concerns or wanted to pass on compliments.
- The provider recognised an annual survey delayed responding to concerns or queries, so they increased them to quarterly. They said, "The insight and ability to nip issues in the bud has been amazing. We have been able to react to issues that have been raised before they become... As a result of consistent work, our

satisfaction levels are now the highest they have ever been."

End of life care and support

- People were supported to have a comfortable and dignified end of life care by the care team, who worked closely with the community nursing team, GPs and family to ensure people's needs and wishes were met in a timely way. Some staff had more experience than others in this area of care, and therefore took the lead in monitoring people's well-being and liaising with relatives.
- Staff described how they changed their approach to support people nearing the end of their life, for example the way food and drink was offered and prepared. They were also mindful of people's religious beliefs or faith. We reviewed written compliments from relatives, which included the feedback, "It's a real comfort being so far away to know there are great people around her who clearly care."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's quality of life was enhanced by a well-led staff team and good provider oversight who showed a commitment to provide good quality care. We saw the new manager and deputy manager were observant as they walked around the home, checking with staff about the support they were providing and chatting to individuals living at the home. It was obvious they knew people well and monitored the care regularly, as well as through written audits by the quality assurance team. People's responses to them also showed they knew them and felt at ease with them.
- Relatives commented on the positive friendly feeling when they visited. Feedback from relatives showed the new manager was valued. For example, "[Name] is excellent, an extremely good manager. She's fantastic... She's an extremely responsive manager. She comes out and talks to me." And "The manager is nice, it's [name]. [Name] is the deputy, they are lovely."
- People living, visiting and working at the home said they had or would recommend the home to others. They commented positively on the ethos, appearance and the atmosphere of St Benets.

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

- The quality assurance team, the new manager and their staff team had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and oversight of the services they managed. Audits were comprehensive and at each stage staff were focused on the outcome for people living at the home.
- The provider told us they had incorporated research from other industries to set effective monthly goals to achieve change.
 - Strong working relationships between the provider's representatives, the new manager and the staff team ensured a consistent approach and a clear understanding of their responsibilities.
 - The management team understood the importance of duty of candour and working in an open way. The CQC rating for the service was on display and statutory notifications regarding events in the home were sent appropriately.

Continuous learning and improving care

- Staff training was well-organised, and staff were confident, appreciating the range of training, and how it was delivered. The quality assurance director also provided in-house comprehensive skin care training to

meet the different levels of responsibility within the staff group. This was informative and meaningful to ensure staff understood the impact of poor skin care for individuals. They plan to devise further courses to cover other aspects of care. Staff were encouraged to advance their careers through vocational training.

- Staff commented on the new manager and deputy manager's dedication, their caring attitude and said they were very supportive. For example, they said, "It is so nice to see (the manager) and (the deputy) out of the office and spending time with the residents and talking to them. They are both on the ball and if something needs doing - it gets done. Everything is always fixable, and it is fixed quickly. It is just done."
- Families shared with us how their relative's well-being and health had improved since moving to the home. For example, people eating and drinking well, accepting help with personal care and the improvement in their general mood.
- The provider told us, "We believe in promoting a culture that puts people at the heart of the service." This also included staff by using different methods to engage with them and check on their well-being. We were told, "After a comprehensive audit tool review, audits have been redesigned to increase time spent shadowing staff, spending time on the floor and talking with staff and residents" in order to help monitor practice and people's well-being.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was constructive engagement with staff, people using the service and family members in order to provide person-centred care and promote positive outcomes for people's well-being and reassure relatives.
- Staff were treated with respect which positively influenced their own approach with people living at the home. Staff told us how they received regular supervision and training, as well as working alongside experienced staff who acted as role models to help them put their training into practice. A staff member said, "(The manager) and (deputy manager) have been very supportive, and they will come on the floor and help us ... and they have done an amazing job...if you need to see them with a problem, they would sort it out immediately."
- We saw through staff interactions how all staff roles were valued and recognised as contributing to the well-being of people living at the home; all staff regularly interacted with people living at the home. They felt included in the staff team and responsible for the well-being of people living at the home.
- Relatives told us there was good communication, particularly under the influence of the new manager, including reviews, meetings and regular e-mails. This was confirmed by increased positive feedback from surveys.
- The service worked well in partnership with other health and social care organisations, which was evidenced through records, discussion and feedback.