Signature of Hertford (Operations) Limited

Bentley House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Bentley House is a residential care home providing personal and nursing care to people aged 65 and over, some of who were living with dementia at the time of the inspection. The service can support up to 90 people. There were 60 people living at the home at the time of our inspection but only 48 were in receipt of accommodation and personal care.

Bentley House accommodates people across six floors in one purpose-built building. Each floor of the building has separate adapted facilities that accommodate people who require nursing, dementia and residential care.

People's experience of using this service and what we found
Staff told us there were not enough staff deployed in the home to support people. People's risk assessments were not always accurately completed. Incidents that suggested people may have been at risk of harm were investigated but safeguarding concerns were not reported as required. Prior to this inspection people had not received their medicine as the prescriber intended.

Further improvements were required to governance systems to ensure the concerns found during the inspection were identified as part of the home's own auditing systems. Staff told us they did not all feel valued by or engaged with the management of the service.

People felt safe living in Bentley House. Risk to people's health and welfare were identified and staff knew how to support these needs safely. People said there were sufficient staff and were happy living in the home. Infection control procedures were followed and assured safe practices were followed with regards to social distancing and the use of PPE.

Staff told us there was enough training available to support them in their roles, with supervision sessions also held to discuss their work. People told us they received appropriate support to maintain good nutrition and hydration and the home had good links with other health care professionals.

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 received person centred care. People were supported kind and caring staff who they trusted. Staff promoted people's independence and respected their rights, privacy and dignity. Staff knew people well and respected their choices and culture.

People and their relatives were actively involved in the development of their support plans. These were personalised and reflective of how people wished to receive their care. People were supported to pursue

hobbies and interests and supported to avoid social isolation.

People's views about the service were sought individually and through meetings and surveys. People and relatives told us the registered manager and provider were approachable and they were confident concerns would be addressed.

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 12/10/2017].

Why we inspected
This was a planned inspection based on the previous rating.

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.

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was Effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was Caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always Well Led. Details are in our Well Led findings below.	**Good**

Bentley House

Detailed findings

Background to this inspection

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

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
This inspection was carried out by two inspectors and a specialist nurse advisor.

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

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

Notice of inspection
This inspection was unannounced.

This inspection was carried out on 25 May 2021.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider submitted a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff in addition to the provider, registered manager, and regional support manager.

We reviewed a range of records. This included six people's care records and ten people's medication records. We looked at records in relation to recruitment and a variety of records relating to the management of the service

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at care records, incident reports, training data, provider action plans and quality assurance records. We spoke with three further staff to validate evidence found. We met with the provider on 11 June 2021 to provide feedback and understand what actions they had taken in response to our feedback.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

- People told us they felt safe. One person said, "Overall I feel very safe and protected living here. The staff are kind and look after me, they would do anything in their power to keep me well and healthy."
- Staff had received training about signs of abuse to look out for and how to report any concerns they had within the home. Incidents reported to either the clinical or home manager demonstrated these were raised appropriately. However, managers did not always report safeguarding incidents appropriately. A review of incidents had not always prompted management to refer these to the local authority. For example, medicine errors, or where staff had found people with unexplained bruising or injury.
- The provider after this inspection showed us where incidents had been robustly reviewed and considered for referral. Actions were in place to mitigate the likelihood of recurrence.
- Staff had received training around who to report concerns to outside of the organisation. Managers re-iterated this training through supervision and regular catch ups with staff. However, some staff were unaware they could whistle blow anonymously to either the local authority or CQC. One staff member for example said, "I would report internally to managers and HR (human resources), maybe the police. I didn't know about whistleblowing and that I can report anonymously."
- Care staff told us they were not kept informed of incidents reported or the outcome of complaints. Although managers and senior staff members did review any mistakes for lessons learned staff told us this was not shared with them routinely.

Assessing risk and safety management

- People and their relatives told us risks to their health and wellbeing were managed well. One person's relative said, "When things change, staff are straight on it. They look after her really well and if something needs to be done, they keep me informed, ask my views, and change the care plan. It's been this approach that has kept her so well since moving in here."
- Staff regularly monitored areas such as people's skin integrity, weight, risk of falls and nutritional needs. Where people required specialist equipment such as pressure relieving equipment, staff were aware of how to maintain and improve skin integrity. People were supported to reposition; skin cream was applied and pressure relieving equipment was in place and checked.
- People had individual risk assessments and staff demonstrated awareness of those risks. However, risk assessments that were completed were not always accurate. For example, a Malnutrition Universal Screening Tool [MUST] rated a person as low risk. This tool assesses the risk of malnutrition or obesity. A separate nutrition risk assessment which identified the cause of nutrition related health issues rated the person very high risk. For a second person two assessment tools to assess the risk of developing a pressure injury gave a risk of very high for one and moderate risk for the second. The first assessment had been

calculated incorrectly and when checked this changed the overall risk to high, but this still did not corroborate the second assessments risk score. The lack of accurate risk assessments meant people were at risk of receiving care that did not safely meet their assessed needs. The provider took steps to address this issue during the inspection and provided an action plan detailing how assessments would be reviewed to ensure they were reflective of people's needs.

● There were systems in place to manage fire safety. Staff training was provided, and fire drills were completed. People had personal emergency evacuation plans (PEEPS). These detailed how people should be evacuated in the event of a fire.

Staffing and recruitment

● People and staff gave conflicting views regarding staffing levels. People said they received support when they required it, and staff did not rush. The atmosphere in the home was calm and staff went about their duties in a responsive manner and carried out their duties professionally.

● Staff however told us there were not enough staff to meet people's needs. They told us people needed care staff to spend more time with them. This was exacerbated by outside visits and social events still being restricted due to COVID precautions. Staff told us the impact of low staffing meant people had to wait at times for staff to support them and that some incidents could be avoided.

● Robust recruitment processes were carried out to ensure staff were suitable. People and their relatives told us people's needs were met by enough suitable trained care and nursing staff. One person said, "I have the support I need from staff when I ask for it." One relative said, "There are enough [staff], we rarely wait for them, they take their time and are usually the same ones giving the care. They are pretty good and I know I can go away now in the knowledge that [person] is safe with enough staff looking after them."

Using medicines safely

● There had been a number of medicines errors in the home in the three months prior to our inspection; 14 errors noted for February 2021, 25 for March 2021 and 34 for April 2021. Of the April 2021 errors, 27 of these were where people had not had their prescribed medicine administered. The themes were around missed doses, stocks not tallying and recording, along with staff finding medicines not given, either on the floor or on a person's chest. This did not demonstrate that people had always received their medicines as prescribed prior to our inspection.

● The provider had responded by identifying staff who would be medicines 'Champions'. They would be responsible for overseeing medicines administration and management. Medicines errors would be discussed at handovers and all staff were at the time undergoing medicine competency checks.

● Medicine administration records [MAR] checked were signed as medicines were administered and we found for those we checked stocks were correct. Medicines were stored securely in a temperature-controlled environment. However, not all staff spoken with were aware of the maximum safe storage temperature.

● Where medicines were given to people covertly, we saw the appropriate procedure had been followed and reviewed by the GP and pharmacist to ensure they were safe to be given in a covert manner.

Preventing and controlling infection

● The infection prevention and control policy and procedure had been updated which took account of the COVID-19 pandemic. Processes were in place to ensure people maintained appropriate distance, visits were conducted following relevant guidance, and people and their visitors were regularly tested.

● Staff had received training in infection control procedures including COVID-19 and knew how to protect people from the risk of infection. Staff told us they had enough supply of PPE and were regularly tested for COVID-19. This assured everyone's safety.

● People were given information about safety procedures being followed due to the pandemic. People and relatives said staff used PPE. The registered manager was responsive to this and took immediate action.

● The provider's COVID-19 contingency plan outlined the arrangements to ensure essential care continued to be provided based on people's individual needs through a risk-based approach.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed prior to them receiving care. Care and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes for people.

Staff support: induction, training, skills and experience

● Staff were supported to obtain the knowledge and skills they needed to provide care. Newly employed staff undertook a full induction which included training and shadowing experienced staff. Staff then only worked unsupervised when assessed as competent. One staff member said, "My induction was two weeks shadowing; they taught me what I needed to do, then the supervisor assessed me. I had weekly meet ups with the nurse and when I passed my provisions of care, they signed me off."

● Staff received regular supervision sessions to discuss performance and any training required. Staff completed a range of training including safeguarding adults, dementia care, infection control, basic life support and mental capacity. Staff had also been able to access training specific to their role. One staff member said, "I have done all the required training and we are given the option to study further to be a supervisor. I have a keen interest in dementia, if I asked for extra dementia training they would try and do something."

● The provider was also supporting three staff to develop their skills with training to become a nurse associate. This role bridges the gap between healthcare support workers and registered nurses, so care staff can be trained to support nurses with clinical care.

● Additional support services were available to staff who did not feel supported. These included mental health first aiders as contacts for staff to reach out to, an employee assistance helpline and ongoing support with mental health.

Supporting people to eat and drink enough to maintain a balanced diet

● People were happy with the quality of food provided. One person told us, "The food is top notch, restaurant standard and I can have anything I want, and chef will cook it."

● People's individual preferences were met and they were supported to maintain a balanced diet. The chef and catering team had undertaken specialised training to support people's nutritional needs and took an innovative approach. For example, where people were on pureed diets, they moulded snacks to appear more appetising in the shape of a biscuit or sandwich.

● Specific dietary needs, such as a diabetic diet or pureed diet due to swallowing difficulties, were catered for. If people needed support with drinking staff monitored this although fluid targets were not in place to give staff a specific amount to aim for.

● Staff monitored people's weight and if there were concerns people were referred to the GP for review. We

saw where people had lost weight they had been seen by a dietician who advised staff how to assist people with their food, which led to increased weight gain shortly after.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff worked with other health professionals to support people's healthcare needs, such as the GP, district nurse, dietician and mental health team.
● People were supported to attend health appointments when required and care records were updated with any changes.

Adapting service, design, decoration to meet people's needs
● The service was well maintained, spacious and had a number of different communal areas people could use such as lounges and a coffee shop area as well as well-maintained outside spaces.
● Adaptations had been made to the layout of the home to allow for social distancing if needed.
● The service was fully accessible to ensure people with physical disabilities were able to move around the home easily.

Ensuring consent to care and treatment in line with law and guidance
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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
● Appropriate applications had been made to the local authority for DoLS assessments and best interest assessments had been completed. The manager worked within the principles of least restrictive practices and demonstrated people were supported to make their own decisions and choices.
●Staff had received training in MCA and DoLS. They knew how to support people in making decisions and how to help give them choice over day to day decisions and activities.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed caring relationships with people. People and relatives were all complimentary about the care they or their family member received. One person said, "I wouldn't live here if I didn't like it. The care is excellent, they [staff] treat me like one of the family and look after me so well."
- People's equality was promoted, and their diverse needs met by a committed staff team. Staff placed an emphasis on supporting people in a person-centred way. One relative confirmed this approach by saying, "[Person] has some really complex health needs, they need help with everything but for the past five years has hardly deteriorated at all. They treat [person] the same as anyone else, and even though it can be a challenge at times the carers just get on with it. [Person] is smiley, laughs, and it helps me because I can see they still have a quality of life. The inclusive and dignified way they support us both is why it is meaningful care."
- People were cared for by a staff team who were passionate and committed to providing good care to the people they supported. One relative said, "Staff at every level here enjoy what they do. It is a hard job, made harder in COVID but they never gave up, kept coming and were determined to do their very best for us all."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views. One person said, "Staff always talk to me or [relative] if anything needs to change and never do anything without me agreeing to it." Staff knew people's communication needs and we saw people being encouraged to make decisions, being provided with options and the required information.
- People were encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, staff supported them to access an advocate or advocacy service.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People told us they felt comfortable when staff assisted them. Staff respected people's privacy and were flexible in their approach to accommodate this. One person said, "I like very much to be on my own, I sit here, the staff will come and ask me if I need any help and if I don't, they leave me alone. I am a private person and they respect that."
- Staff supported people to maintain their independence. For example, staff told us care provided to one person varied day by day depending on how much the person was able to do themselves.
- Records containing people's confidential information were being stored securely.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- People and their relatives all told us that the care provided was flexible and responsive to their changing needs and wants.
- Care and support was personalised. Although assessment tools were not accurate, we found that care records described people's specific emotional, physical and financial needs, personal preferences, and how staff should support them to ensure their wellbeing.
- Staff were aware of people's changing needs and were able to describe to us comprehensively how people liked to have their care delivered. People had an array of choices, that changed daily around when they got up and went to bed, foods to choose from at mealtimes and where to eat.

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

- People told us there were activities organized in the home and they could participate if they wanted. We observed a flower arranging activity where four people enjoyed themselves and conversation was flowing about the flowers, their gardens and other topics. A second person was returning from a daily walk accompanied by staff and their relative. This was a daily routine that we were told had benefitted this person's mental health needs greatly.
- Activity groups were organised that supported people's interests, such as gardening or cooking. Also, staff encouraged people to engage in more specific groups such as topical debates or a men's group.
- People were also able to spend time on their own if they wished. One person said, "I am very happy in my room, I go down to be social at times, but I've also got used to my own company throughout Covid-19." Where people chose to not join others, or were unable to due to ill health, staff spent time with them on a 1:1 basis. However, staff did say that due to people choosing to spend time alone during COVID, spending time 1:1 with was more difficult as they also were required to carry out their regular duties.
- People were supported to communicate with their families during the current COVID-19 pandemic. This included window and garden visits and more recently visits within the service itself.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. People were given information in a way they could understand, and information was available in different formats if required.

● Care plans were in place for people's communication needs and staff were observed communicating with people in an individual way to ensure this was effective.

Improving care quality in response to complaints or concerns

● People and their relatives knew how to complain if they needed to. One person said, "We don't have complaints here because I just see the managers and they stop it before it becomes a complaint." A relative said, "If I need to speak with the manager, I just go in. Any complaints are exceptionally well dealt with."

● A complaints policy was in place and complaints had been dealt with effectively by the provider and registered manager.

End of life care and support

● People were fully supported at the end of their lives with care and support to ensure they were comfortable and pain free wherever possible. Healthcare professionals supported the staff team with managing people's end of life care, which ensured people received the care they needed.

● Staff were observed being very attentive and showed considerable understanding and kindness. Some people had end of life plans in place which included their preferences, cultural requirements and their wishes following their death.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

●Regular audits were carried out to measure the quality of the service.

● Clinical risk meetings were held weekly among the clinical team and management to review areas such as incidents, injuries and medicine errors. Although these reviewed the care or the incident, they did not seek to identify emerging trends or patterns. For example, given the number of medicine errors, managers did not consider staffing levels on the days in question as impacting staff time to administer safely. With unexplained falls, managers did not consider the deployment of staff, review call responses or look for other patterns. The falls steering group reviewed the total numbers of falls but did not carry out further analysis to identify emerging trends. Referrals to professionals were made, but managers did not consider the times of the day people fell, the staffing levels or other factors other than the clinical issues.

● Incidents, although logged by staff and reviewed by the registered manager, did not robustly explore how the incident had occurred, how these would be safely managed and how the risks in the future would be managed. Analysis of themes and trends around incidents, injuries or safeguarding was not robust. Although we did not find that people had experienced harm because concerns were not raised, but this placed people at risk of harm.

● Registered managers and providers are required to submit certain information to CQC relating to the care and management of the service. These are called statutory notifications. Notifications were submitted to CQC in a timely manner when the registered manager was made aware of the incident. However, we were not assured that all incidents were notified when required, as investigations of some incidents did not evidence clearly the outcome of those. The provider was aware of the improvement required around clearly documenting investigations and ensuring notifications were submitted if required, and took immediate action.

● The registered manager and provider demonstrated their commitment to improve this promptly. During this inspection the provider and their human resources team visited the service to carry out their own review. An action plan was developed which drew on all findings and which offered assurances that the issues identified were being managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Staff were committed to providing person centred care to people to ensure good outcomes.
● Not all staff we spoke with felt engaged with the management team. The provider's human resources team explored this with staff and found that there were areas that could be improved. For example, developing the recognition and reward program for staff and improving communication.
● Staff survey results reflected the mixed opinions of staff. For example, half of staff felt their opinion mattered, and the other half felt they had not received recognition for the work they did. More than 70% of staff who completed the survey confirmed they were satisfied with Signature as a place to work.
● Care staff told us they did not have face to face meetings regularly to be kept informed of changes or to raise their own concerns. This was in part due to the restrictions imposed from COVID-19 and to keep staff safe. Staff meetings were replaced by individual emails and organisational emailed newsletters. Minutes of meetings seen showed smaller meetings were held after March 2021 within the kitchen, restaurant, housekeeping and reception teams. However, these smaller team meetings were not restarted for care staff. Although daily handover meetings were held, staff told us they did not feel informed or connected to the management team throughout this period.
● People and their relatives told us they felt fully involved and kept informed. Regular meetings were held, and they told us they were able to freely speak with the provider or management team. One relative said, "I have found that the meetings we have are really helpful, they are very open. There have been occasions when they have been really supportive to me, I keep in touch with the provider, and they have been brilliant at Signature [company] level."

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 registered manager and provider were aware of the need to be open and transparent with people and their relatives when mistakes happened.
● People and their relatives told us when an error was made management informed them of the incident and involved them in reviewing what went wrong.

Continuous learning and improving care
● The provider and registered manager were responsive and open to all feedback from this inspection. They took appropriate actions to immediately respond to the issues raised and developed an improvement plan which addressed the shortfalls found.
● People and their relatives told us that when things went wrong the provider and management team were open and transparent with them. They told us that they looked at what went wrong and how to mitigate the risks of it occurring again.
● We found the provider and registered manager understood and worked to the ethos of openness and transparency.

Working in partnership with others
● The staff team worked in partnership with healthcare professionals to ensure people received appropriate care with good outcomes.
● The service had established links in the local community, including with schools, various activity groups and religious groups. Although COVID had impacted the partnership work that could be provided in the home recently, staff continued to find ways to develop this. For example, by organising for an ice cream van to visit the home and serve people from outside the home.