

Bentley House Limited

Bentley House Care Centre

Inspection report

Twenty One Oaks
Bentley
Atherstone
Warwickshire
CV9 2HQ

Tel: 01827711740

Website: www.bentleyhousecarecentre.co.uk

Date of inspection visit:
19 April 2017

Date of publication:
16 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bentley House Care Centre is registered to provide personal and nursing care for up to 50 older people, including people living with dementia. There were 42 people living at the home when we visited the service.

The home was divided into two units. One section of the home provided accommodation and support for people living with dementia. This area had a separate lounge/diner and conservatory area. People with nursing needs were provided with accommodation and support over the ground and first floors of the home. There was a large lounge, dining room, and conservatory on the ground floor of the home for all to use.

We previously carried out a comprehensive inspection of this service in January 2017, when we found a breach of the legal requirements. This was because medicines management required improvement to ensure people always received their prescribed medicines when they should. As a result of the breach and the impact this had on people who used the service, we rated the key questions of 'Safe' and 'Well-led' as 'Requires Improvement'. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Bentley House Care Centre' on our website at www.cqc.org.uk.

On this inspection visit we found sufficient improvements had been made to medicines procedures for the provider to meet the regulations. However, further improvements needed to be made to ensure medicines management was sustained and improved, to ensure all medicines were ordered, disposed of, stored and administered safely.

There were sufficient staff to meet peoples' needs and care for them safely. Staff were recruited safely, and people were protected against risks.

There was a consistent management team in place to support staff, and the manager had been registered with CQC since our inspection in January 2017.

The provider had invested in a refurbishment programme at the home, and was asking people for their feedback about the quality of care they received.

Quality assurance procedures had been developed since our previous inspection, to monitor the care people received and to review record keeping. The manager planned to introduce further quality monitoring systems to ensure care records were kept up to date.

Although the provider is now meeting the regulations, the service continues to be rated 'requires improvement' in the area of 'Safe'. However, we have adjusted the rating in 'Well-led' to Good. This means the service is now rated as Good overall.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Planned improvements had been made at Bentley House to improve the management of medicines. However, improvements needed to be built upon, to ensure all medicines were managed in accordance with recommended guidance and are stored and disposed of safely.

Risks to people's welfare were identified and managed, and people were supported by sufficient numbers of staff to keep them safe.

Is the service well-led?

Good 

The service was well led.

There was a registered manager in place at Bentley House, who was supported by a management team. The provider continued to improve the environment at the home through a refurbishment programme.

Improvements had been made to auditing procedures to identify areas that required development or improvement. Quality assurance procedures involved obtaining people's feedback about the service they received. Care records had been reviewed and developed to ensure the care people received was recorded and reviewed regularly.

Bentley House Care Centre

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 was 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.

We undertook a focused inspection of Bentley House Care Centre on 17 April 2017. This inspection checked that improvements to meet legal requirements planned by the provider after our comprehensive inspection in January 2017 had been made. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well-led?' This is because the service was not meeting legal requirements in relation to those questions.

The inspection was undertaken by one inspector and a pharmacist and was unannounced.

Before our inspection we reviewed the information we held about the service, this included statutory notifications, information shared with us by the local authority, and the provider's action plans, which set out the actions they would take to meet legal requirements. A statutory notification is information about important events which the provider is required to send us by law.

Before the inspection we received feedback from one relative, and as part of our inspection we spoke with four people who used the service, and two people's relatives. We asked them about the care they received between January 2017 and April 2017, to see whether the service they had received had improved in this period of time.

We spoke with the registered manager, the deputy manager, the provider, two nurses and a member of care staff.

We reviewed a range of records, these included care records for four people, medicine administration records, daily records and quality assurance checks.

Is the service safe?

Our findings

At our previous inspection in January 2017 we identified medicines management needed to be improved to ensure medicines were stored in accordance with manufacturer's guidelines and people always received their medicines as prescribed. This was a breach of regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. At this inspection we found improvements had been made, but further improvements were still required.

The deputy manager had been given the overall responsibility for the management of medicines at Bentley House. Following their appointment they had introduced a number of improvements to medicines management and auditing procedures. Staff who administered medicines had been re-trained and their competency to administer medicines had been re-checked by the deputy manager.

At our previous inspection in January 2017 we found records of when each person received their medicines (MARs) were not always updated consistently by staff. In response, the deputy manager had introduced a monitoring system to ensure all MARs were checked by a member of staff daily. The member of staff assigned to administer medicines on each shift, had responsibility to check the MARs for any omissions. This was to ensure people always received their prescribed medicine. We saw stock counts of medicines were also recorded on the MAR when medicines were given. This enabled staff to identify whether any omissions were recording errors, or whether a medicine had not been given.

In addition, a 'spot check' system had been introduced, where random checks were conducted on MARs by the deputy manager. A monthly auditing procedure had also been introduced, to ensure each person's MAR was reviewed and audited every month. As part of the monthly audit a stock count of all medicines was undertaken and compared to the outstanding total recorded on MARs. The audits showed a significant improvement in the identification of omissions on MARs and the investigation of any anomalies. At the time of our visit, the most recent audit for April 2017 had not yet been completed.

At our inspection in January 2017 we found the manager did not always ensure medicines were stored at safe or recommended room temperatures. At this inspection, medicine room temperatures were being monitored, and action was being taken when the room temperature rose above the recommended limit. The provider had an improvement plan to purchase air conditioning for the medicines room, to ensure the temperature remained at a recommended level during the summer months.

Some medicines are required to be kept at lower temperatures to ensure their effectiveness. At our previous inspection we found refrigerator temperatures were not always recorded correctly. The measurements did not include maximum and minimum temperatures of the refrigerator in line with good practice. On the day of our inspection in January 2017 the temperature reading was above the maximum recommended limit for the refrigeration of medicines. At this inspection we found a new refrigerator had been purchased and temperature monitoring systems had been updated to include a maximum and minimum temperature range. Staff had been advised to always record the two temperatures, and to monitor when the temperature was above a recommended limit. However, on several occasions since January 2017 only one

temperature reading had been recorded. The temperatures that had been recorded showed the refrigerator was in the recommended range during the period.

At the inspection in January 2017 we found one person had run out of their pain relief medicine. The person's medicine had not been ordered on time and they had not received any for 20 days. Following that inspection, the deputy manager had implemented a new stock ordering system. People's medicines were ordered more than a week before their medicine was required. This gave the nurses at Bentley House time to receive the medicines and check they were all available and correct before they were needed.

Additional charts that supplemented MARs had been reviewed and updated at Bentley House, to ensure procedures for some specialist medicines were clearly understood by staff. For example, charts had been updated to show more clearly the daily dosages for the administration of Warfarin, a blood thinning medicine which requires close monitoring.

At our previous inspection we found some records for people using medicinal patches did not always show where the patches were being applied. At this inspection visit we reviewed patch records and found they had been updated to include a diagram of where patches had been applied to people's skin. For some medicinal patches it is important that the patch is not applied to the same place each day, so accurate recording is important. We found one patch record out of the three we checked was not completed on one day to provide the location of the patch. We checked where it had been applied, and were confident it had been correctly applied by staff. The manager explained this omission would have been picked up in their audit for April 2017. Any such omissions were investigated by the deputy manager, and staff were re-trained or disciplined where required.

At our previous inspection we found people were being given drink thickeners that were not prescribed to them. We found staff were using one person's prescribed thickener for several other people. In response, the deputy manager had introduced a system where staff were instructed to use each person's thickener as prescribed, which was stored with their other medicines. However, we found on the day of our inspection visit only one person's thickener was in use for each unit. This meant we could not be sure people were now receiving thickener that was prescribed to them. We brought this to the attention of the deputy manager who assured us they would look into the issue further.

The manager had introduced new paperwork to detail more clearly when people should receive medicine to be taken "when required", for example pain relief medicine. This was an improvement from our previous inspection where we found there was no information available to staff on why these types of medicines would be needed, how much to give and when. This meant staff now had the information they needed about what medicines were prescribed for, and how to give them consistently and safely.

Additional information was being recorded on people's care records to show staff where topical cream should be applied to people's skin, and trained staff were recording when they applied topical medicines.

Overall, we found the manager had made significant improvements to how medicines were stored and managed at Bentley House. The manager and provider were now meeting the legal requirements of the regulations.

However, the manager still needed to make some improvements to medicines storage and disposal procedures, as some medicines were 'in stock' which had exceeded their recommended expiry date. For example, we found thickener and two liquid medicines that were outside their recommended expiry date. In addition, we found one medicine in storage that was prescribed to a person who was deceased. This

medicine should have been disposed of within seven days of the person's death, and was overdue for disposal.

We also found that medicines packaging was being disposed of in standard waste disposal bins. The names of patients and their medicines had not been removed from the packaging, which is not in line with good practice and recommended guidelines.

All the people we spoke with told us they felt safe at the home. One person said, "Before I came here I was on my own, here I like it because I feel safe."

Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. They explained they would not hesitate to report concerns to the nurse or manager, who they were confident would act appropriately to protect people. Staff were able to give examples of what might be cause for concern, what signs they would look out for and what action they would take. One staff member commented, "I would report things straight away if I had any concerns."

The provider protected people against the risk of abuse and safeguarded people from harm. The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required to safeguard people from harm. They kept us informed with the outcome of the referral and actions they had taken.

Staff told us and records confirmed, people were protected from the risk of abuse because the provider checked the character and suitability of staff prior to them working at Bentley House. For example, criminal record checks, identification checks and references were sought before staff were employed to support people.

The provider had taken measures to minimise the impact of some unexpected events happening at the home. For example, emergencies such as fire and flood were planned for so any disruption to people's care and support was reduced. Staff were given clear information about how each person should be evacuated in the event of fire.

The manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce those risks. Risk assessments we reviewed in the newest format of care records were detailed, up to date and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. Staff we spoke with had a good understanding of the risks related to each person's care.

Everyone we spoke with told us there were enough staff at the home to meet their needs. We observed there were enough staff during our inspection visit to care for people safely. Staff were available to respond to people's requests for assistance in the communal areas of the home. We saw that in addition to the nurses and care staff on shift, there was a care supervisor, team leaders, the deputy manager and manager available to cover care duties at the home when needed.

We asked staff whether they felt there were enough staff at the home to meet people's needs safely. All the staff told us there were enough care staff. The manager told us, and our observations confirmed, in one area of the home where people had a diagnosis of dementia, there was always one member of staff in the area to ensure people were safe.

We asked the manager how they ensured there were enough staff to meet people's needs safely. They told

us staffing levels were determined by the number of people at the home, their needs and their dependency level. The manager had introduced a new tool for each person to establish their dependency levels. The tool assisted them in assessing how much care and support each person required. The manager used this information to ensure staffing numbers were adequate at the home. The manager had increased staffing levels since our previous inspection during the early evening and early morning as they had identified these times were particularly busy.

We asked the manager about the number of staff vacancies at the home. They told us they currently only had one vacancy on their night shift which they were recruiting to. They added, "We have recently employed several new staff, including staff for team leader positions." Where they were short of staff to fill all the rotas at the home, the manager used agency staff who always worked alongside experienced members of staff.

Is the service well-led?

Our findings

At our previous inspection in January 2017 there was not a registered manager at the service. At our inspection visit in April 2017 the manager was now registered with the CQC.

The manager operated an 'open door policy' and encouraged staff and visitors to approach them. People knew who the manager was, and told us they were approachable and visible in the home. One person's relative said, "The staff in the home are fantastic and the new manager is putting improvements in place."

At our previous inspection we found that some quality checks had not identified where improvements needed to be made. For example, although new care records were being developed for everyone at the home, some of the older type care records that were still in use were not being kept up to date by staff during the transition. Therefore records did not always show a complete and contemporaneous record of the care people needed, or received. On this inspection we reviewed four people's care records, this included records in the newer format and in the older style. All the records we reviewed were up to date. The manager told us they planned to complete the updating of all care records by the end of April 2017.

In addition, we found that records for people who required regular checks, for example, re-positioning to prevent skin damage or their food and fluid intake to be monitored had been developed and improved. Charts were now being used by staff to record the care people received each day. At the end of each day charts were reviewed by nursing staff, to identify any health concerns.

The manager told us a care records auditing procedure, following the introduction of all new paperwork, would commence in May 2017.

At our previous inspection we found the provider did not regularly gather feedback from people who used the service or their relatives. The provider had not completed a recent quality assurance survey so that people could comment on the service they received. At this inspection we found the provider had sent out a quality assurance survey to people and their relatives to ask them for their feedback. We reviewed some of the comments people made, these included; "We look forward to more involvement", "I now feel changes are happening and I am happy." The manager told us they intended to review all the feedback they received to identify any areas for improvement.

In addition the manager had introduced monthly relatives meetings, although the attendance at such meetings had not been successful. The manager explained, "No-one has yet attended any of the meetings. However, people can see me at any time with any concerns."

The manager and provider had involved people in a recent consultation to re-name some of the units at Bentley House. New signs had been put on display, with the new names chosen. The provider was advertising an 'Open Day' at the home, for relatives and people to meet with the kitchen staff. This was to discuss the menu options at the home, and the food on offer. This demonstrated the provider was keen to involve people in decisions about the home and the environment they lived in.

At our previous inspection we found audits around medicines were not effective as they did not identify all the issues we found. On this inspection we found medicines auditing procedures had been improved, however some improvements still needed to be made to ensure medicines were stored, administered and disposed of safely. The manager told us about their plans to develop the medicines audits in the future saying, "We have now implemented a new audit tool that includes the checking of expiry dates for medicines in storage. The new audit tool also monitors the rotation of medicine stocks."

There was a clear management structure within Bentley House to support staff. The manager was part of a management team which included the deputy manager who was a trained nurse, and a care supervisor. Team leaders and nurses worked alongside care staff at the home to provide support and supervision to staff during their shift. Staff told us they received regular support and advice from supervisors and nurses to enable them to do their work. Staff told us there was an 'on call' telephone number they could call outside office hours to speak with a manager if they needed to. The deputy manager also worked alongside staff several shifts each week to keep staff and themselves up to date with what was happening in the home. In addition, the manager and deputy manager conducted 'spot checks' on staff performance, day and night.

The provider was investing in the quality of their service and in a refurbishment plan of the premises. The manager told us, "We are implementing some refurbishment plans to improve areas of the home. This includes a redecoration programme, storage areas for equipment, and replacement flooring in some parts of the home." We saw the provider had also invested in the development of the garden area, following feedback from people at the home. For example, one person was keen to grow their own vegetables. New raised flower and vegetable beds had been installed in one area of the garden so that people could grow their own plants.

The provider completed regular checks on the quality of the service they provided. The provider visited the home daily and conducted a regular 'walk around' as part of their quality checks. The provider directed the manager and deputy manager to conduct regular quality checks on different aspects of the service. Regular checks included health and safety checks, infection control audits and medicines checks. Where these had highlighted any areas of improvement, action plans were drawn up to make changes. For example, a recent care records review had highlighted the need to improve some record keeping. In response, the manager had introduced new care records. At the time of our inspection visit the manager had completed their review of more than 80% of care records.

Staff had regular team meetings with the manager and other senior team members, to discuss how things could be improved at the home. Staff meetings were held within teams. For example, nursing staff met to discuss clinical information. An agenda was drawn up before each meeting and staff were able to contribute their suggestions for discussion.

The provider had sent statutory notifications to us about important events and incidents that occurred at the home. They also shared information with local authorities and other regulators when required. They had kept us informed of the progress and the outcomes of investigations they carried out. For example, in response to incidents or safeguarding alerts, the manager completed an investigation to learn from these incidents. The investigations showed the manager acted to improve the service and to minimise the chance of them happening again.