

# Benslow Management Company Limited

## Highbury Rise

### Inspection report

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Date of inspection visit:  
10 October 2017

Date of publication:  
20 October 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 10 October 2017 and was unannounced. At their last inspection on 20 October 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Highbury Rise provides accommodation for up to 23 older people, some of whom live with dementia. The home is not registered to provide nursing care. At the time of the inspection there were 21 people living there.

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

People felt staff and staff were aware of individual risks. There were sufficient staff to meet people's needs and these were recruited appropriately. Staff felt trained and supported for their role. Medicines were managed safely, however, further monitoring was needed to help ensure records were consistently accurate.

People were supported to eat and drink and had regular access to health and social care professionals. Staff worked in accordance with the principles of the Mental Capacity Act 2005 (MCA) and promoted choice and involvement. Staff knew people well, were caring and respected people's preferences.

People received care that met their needs in a way they liked and care plans contained up to date, clear information. Activities were provided however, some further development was needed for the activity organiser to ensure these met everyone's needs. There were no recent complaints and feedback was sought from people, their relatives, staff and visiting professionals.

People, relatives and staff were positive about the management of the home. There were effective quality assurance systems in the home and there was visible leadership for staff. The ethos of the home was person centred and the environment was homely.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well led.

# Highbury Rise

## **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 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by one inspector, an inspection manager and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with eight people who used the service, and two relatives to obtain their views on the service people experienced. We spoke with four staff members, the regional manager and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of 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 could not talk with us due to their complex health needs.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. One person said, "I always feel safe here, I don't fall here but I did before." Another person told us, "Its safe here, they look after you." Relatives told us that they felt people were safe. One relative told us, "[Person] is definitely safe here, [they] wouldn't be here if I wasn't completely comfortable that [person] is kept safe all the time."

People were supported by staff who knew how to recognise and report abuse. Information on safeguarding people from abuse was displayed. We noted that the registered manager had reported any concerns appropriately.

Accidents and incidents were recorded and reviewed. This helped the management team ensure that all remedial action to mitigate further risk had been completed and to help them identify themes or trends. Individual risks were assessed and the staff team were aware of how to support people safely.

The fire safety checks and personal evacuation plans were completed. There had been a recent fire drill. However, we noted that the staff who worked at night had not had a fire drill since 2015. Night time is when staff numbers are at their lowest and people are in bed so it is necessary that staff working at night practice what to do in the event of a fire. The registered manager contacted us following the inspection stating this had been completed.

People were supported by sufficient numbers of staff. One person told us, "They always come, sometimes in the morning they might be a bit busy though." Relatives also felt that there were enough staff to meet people's needs. One relative said, "There are enough people (staff) here, the residents are well looked after." We noted that the home was calm throughout the inspection and people's needs were met in a timely way. Staff told us that they felt there were enough of them to meet people's needs.

Staff were recruited through a robust recruitment process. We saw that personnel files included appropriate information to help ensure that staff were fit for their role. This included criminal records checks, verified references and proof of identity.

People's medicines were managed safely. We saw that staff followed safe practice when administering medicines and they were stored securely. However we found that for two of the five medicines we counted that the number of stock did not tally with records. This was due to inaccurate recording in one instance. We also found that there had been a missed entry for a controlled medicine, although this was documented on other records, it had not been identified in the controlled drugs register. This was an area that needed additional monitoring to ensure that staff were completing records accurately consistently.

# Is the service effective?

## Our findings

People were supported by staff who were appropriately trained and supervised for their roles. One person said, "They're very good." Relatives also felt that staff were competent. We saw that staff had received training in subjects including moving and handling, fire safety, safeguarding and dementia care. Staff told us about some training they had recently accessed about oral health and end of life oral health in particular. They had found this very helpful and learned a number of new techniques to help with the practicalities of oral hygiene.

Staff told us that they felt supported and had regular opportunity for one to one supervision. One staff member told us, "The support I get is the reason I stay here, [registered manager] treats you nicely." They went on to tell us how the registered manager had supported them to learn and become comfortable with the electronic care plan system when they felt very intimidated by it and said, "She explained it so nicely and now she tells me I'm the best at it." Another staff member said, "I love it here, I'm definitely supported." They went on to tell us how the registered manager had supported them to sign up for further education.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked the service was working in accordance with the principles of the MCA and found that they were. Appropriate assessments had been completed and best interest decisions were documented. DoLS applications had been submitted where needed and people's consent was sought where they had the capacity to consent to care.

Staff had a good understanding of their role and the registered manager told us how they were working with a local authority and advocate to support a person to uphold their rights in relation to a personal matter.

People enjoyed a variety of foods. One person told us, "The food is alright really, there's a choice and look there's the board so we know what's for lunch." Another person said, "We have good food here." We noted that people were offered choice and the food looked appetising. The lunch choice was offered shortly before lunch. The chef told us, "If they don't like it at dinner time then I will make them something else, people often change their minds, it isn't a problem." However, we noted that some people may have found it easier to make a choice if the picture menus were used. We saw that the chef went round during lunch and offered second helpings to people, which some people accepted. We noted that the lunchtime experience could be improved by serving people in table order rather than meal choice order so that tables were eating at the same time. In addition, staff were wearing gloves for either serving meals or supporting people to eat, this gave the impression that it was a clinical task and not an enjoyable meal. Where people were assessed as

needing support, this was given in a calm and unrushed manner. People who were at risk of not eating or drinking sufficient amounts had their intake monitored and were referred to the relevant health professional when needed.

People were able to see health and social care professionals when needed. We noted that people were visited regularly by the GP, district nurse, speech and language team and a dentist. There were also visits from a hairdresser and chiropodist. The registered manager told us that the NHS dentist attended the home to do check-ups regularly and carried out minor dental work in the home wherever possible. If a person needed more treatment then the receptionist phone to advise when there was a gap in patients so that there was no waiting time for people.

## Is the service caring?

### Our findings

People told us that staff were kind. One person said, "They look after us here." Another person told us, "The girls are really nice." Relatives also told us that staff were caring. One relative said, "It pains me to say this but they look after him better than I can. The carers are lovely, really kind." Another relative said, "I know all the staff, they are lovely and look after them (residents) really well."

We saw that staff were attentive in their approach and knew people well. For example, when a person was a little sad a staff member was able to engage them in a conversation about their family and stories about their life which quickly had the person laughing and reminiscing. Staff adapted their approach depending on who they were speaking with. We noted some people enjoyed the loudness and joking with staff, others preferred a quiet approach and staff were aware of people's individual preference.

Staff were able to tell us about the people they supported. They knew about their choices, lifestyles and important family members. One person told us, "I know them all by name and they know us too." People had also established relationships with each other in the home, with a group of people meeting in a bedroom to watch a soap opera in the evening. Relationships were encouraged and supported whether this was with a spouse, partner, children or friends. One relative told us, "I can eat here when I want to, I can come when I want to and I can stay as long as I like." The service offered the sole use of the small lounge so that people could have privacy and visitors were also able to stay for a meal. A relative told us, "I eat here too quite a lot. They always make sure I am alright and even if I have a sandwich they will often persuade me to have some lunch." On the day of the Inspection the relative didn't have the main meal but was persuaded to have some pudding.

People were offered choice and staff respected this. One relative told us, "I'm here until late sometimes and residents can choose exactly when they want to go to bed, some like to go early but others stay until late." Another relative said, "[Person] likes to go to bed early and so that's what happens, one resident was still walking around at 5am, so everyone is different and they respect that."

People were supported to be involved in planning and reviewing their care. Relatives were also involved where this was appropriate. We saw although care plans were electronic, staff involved people by showing them the icons on the hand held devices to demonstrate how they had supported them and used paper reviews that people could sign. These were then scanned onto the electronic care plans.

Privacy and dignity was respected. One person said, "They are always careful about knocking on doors and they make sure doors are closed if they are helping people, they are really good and thoughtful." We saw that doors were closed during personal care and staff knocked before entering a person's room. One staff member said, "This is their home and we work in their home."

Confidentiality was promoted, we saw that records relating to people's care were stored securely.



## Is the service responsive?

### Our findings

People's care needs were met in a way that they liked. One person said, "I can have a bath or a shower, I like a shower really." Relatives also felt that needs were met. One relative told us, "They also respect [person's] choice about what they want." We found that people were supported in a timely way and looked well presented. People were offered the toilet at regular intervals.

People's care plans were person centred and clear to enable staff to meet their needs. We saw that they were accessible to staff and that they were updated regularly. We noted that care provision was recorded following delivery of care and this meant that there was an accurate account of what people had received or where waiting for.

There was a range of activities available for people to participate in. However, we noted that the activities organiser was fairly new to the service and was still getting to know people, their interests and establish a routine that met everyone's needs. We noted that interaction and reminiscence was frequently provided by care staff. The registered manager told us that they were aware of the need to develop the current activities regime and approach and they had plans on how to do this. However people told us that they enjoyed what was on offer. One person said, "I like to do things, sometimes there is something but we did used to do a bit more things." We saw when lunch was approaching that some people liked to lay the tables and fold the napkins. We saw that there were regular opportunities to go out. The service had the involvement of volunteers, one of which was a retired staff member, and they accompanied people out to help ensure everyone had the opportunity to get out and about. These outings included the seaside, a pub lunch, a garden centre visit and coffee mornings at the church. We were also told that the Inner Wheel group and the local nursery also visited the home which people enjoyed. One staff member told us, "Last year the Inner Wheel knitted a blanket for everyone at Christmas and wrapped it up, there was an empty room at the time so they left us a spare one and a card and a resident came in just before Christmas and a present was waiting for her."

The previous activities coordinator had strong links with the community and the local playgroup used to come in regularly, at the moment this had dropped off while the new activity co-ordinator made links too. The Methodist Church also visited once a fortnight, one visit Choir and the next Communion. The local music school sometimes asked if students can come and practice their performing skills prior to exams.

During a survey some people had stated that they were not sure how to make a complaint if they had needed to. We saw that the registered manager had sat with the person and helped them understand how they would raise this. We noted that there had been no recent complaints and historic complaints had been dealt with appropriately. One person said, "Complain? No, we fell on our feet when we found this place." We also saw that a recently developed survey now had pictorial prompts to help more people provide their feedback.

The provider had taken part in an impartial feedback survey from an external organisation who supports care providing services. This means that all responses were anonymous and the external organisation then

provides the home with recommendations and an action plan. The outcome of the survey was positive.

## Is the service well-led?

### Our findings

People and their relatives were positive about the management and leadership of the home. One person said, "Ooh look there's [registered manager], she runs the place, you can talk to any of them but she's always here if we need her." A relative told us, "[Registered manager] always around, you can always talk to her, she's very welcoming." Staff were also positive about how the service was run and the management team. One staff member said, "I like [registered manager] I can go to her about anything, it's good here, very well run." Another staff member told us, "There's really good leadership here, [deputy manager] is everywhere, and I mean everywhere, you need her."

During the inspection the registered manager was seen to be friendly, available, and comfortable with the inspection team in the home. One of the relatives told us, "You aren't getting any special treatment today, this is how it always is, they aren't putting on a show I can promise you."

We noted that the registered manager was frequently involved with supporting people, engaging with people and guiding staff. Staff told us that this was normal for them to be so involved. We saw that they knew people well and was quick to note if something had been missed and prompt staff. We found that the relationship between the registered manager and the staff team was respectful and open. Staff told us that they felt that they were able to go to the registered manager or deputy manager with any concerns or request support.

There was an effective quality assurance system in place. There were regular checks on areas including medicines, care plans, complaints and health and safety. We saw where something was identified, there was an accompanying action signed as completed. The management team also completed night visits to help ensure standards were maintained when they were not in the building.

There were regular meetings for staff and also meetings for people and their relatives. We saw that these meetings communicated updates in the home, lessons learned where appropriate and asked for feedback. Relatives told us that there were regular opportunities for feedback. The registered manager said, "We try to make relatives meetings a little more interesting so we've just had a barbecue and all families were invited and encouraged to give feedback, we will have a more formal one before Christmas too." A relative told us, "I can talk to them anytime I want to the door is always open."

The attitude and approach of the home, from the regional manager, registered manager and staff team, was people first. The service was homely and people were calm and relaxed. However, we noted that some areas of the home would benefit from making the environment more dementia friendly given that many people living at the home were living with dementia. This could include tactile items lying around, magazines to pick up and more accessible items of interest.