Amore Elderly Care (Wednesfield) Limited

# Bentley Court Care Home

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The Inspection took place on 14 and 15 December 2015 and was unannounced. Bentley Court is registered to provide accommodation with nursing for up to 77 people. At the time of our inspection there were 68 people living in the home. This was the first inspection under the new provider who took over the home in May 2015.

At the time of our inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed safely. For example, people did not always get their medicines on time and medicine errors were not always recorded.

People told us and we saw there were insufficient numbers of staff to support people and keep them safe. Risks to people's safety were not always managed appropriately.

People told us they felt safe. People were protected from the risk of harm because there were safe recruitment practices were in place to ensure staff were suitable to work in the home. Staff knew how to recognise and report any potential abuse.

People's rights were not always protected. When people lacked capacity to make decisions for themselves the principles of the Mental Capacity Act had not always been followed. People told us they were supported by staff who had received appropriate training to meet their needs. Staff were supported in their roles and received training when they needed it.

People told us they enjoyed the food they received and that they were given choices at mealtimes. People who had special dietary requirements were catered for. People had access to outside healthcare professionals when their health needs changed.

Staff did not always have the time to spend with people and there were missed opportunities for interaction. People's privacy and dignity was not always respected by staff.

People were not always supported to follow their leisure activities. We saw people were supported by staff who knew their individual needs and preferences but this was not always reflected in their care plan. People told us that they were encouraged to maintain relationships that mattered to them. People and their relatives knew how to complain. A system was in place to respond to people's complaints when they had reason to complain.

Quality assurance systems were in place to improve the service for people however they were sometimes

ineffective because they did not identify some of the shortfalls in the home. People told us that they were not always involved in the running of the home. Staff felt supported by the registered manager. We saw that that there was an open culture within the home.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

People's medicines and risks to people's safety were not always managed to ensure people remained safe. People were not always supported by sufficient staff to meet their needs. Staff knew how to recognise and report abuse. Safe recruitment practices were in place.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People's rights were not always protected because the principles of the Mental Capacity Act were not always followed. People were supported by staff who had received the correct training to meet their needs. People's health needs were being met.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

Staff did not always have the time to spend with people. People's privacy and dignity was not always respected by staff.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People told us they were not always supported to follow their interests and hobbies. Staff were aware of people's personal choices, but they were not always reflected in people's care plans. People were encouraged to maintain relationships that were important to them.

People and their relatives told us they knew how to complain. A system was in place to ensure people and their relatives could complain.

### Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Whilst systems were in place to monitor quality in the home they were not always effective because they did not always identify shortfalls.
People and their relatives were not involved in the running of the service.

The staff were supported by the registered manager. There was an open culture within the home. The registered manager was supported by the provider

# Bentley Court Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 December 2015 and was unannounced. The inspection was completed by two inspectors and an expert by experience.
An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case their area of expertise was dementia care.

As part of  the inspection we reviewed the information we held about the service. This included statutory notifications which are details of incidents that the provider is required to send us by law. We asked the local authority for information and the commissioners group who purchse nursing care for people. We used this information to help plan our inspection.

During the inspection we spoke with six people who use the service and seven relatives, four members of staff, a visiting professional and the registered manager. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to communicate with us. We looked at three people's care records and the medicines administration records (MARS) for ten people. We spent time observing day to day life in the home so we could see what it is like for people living there.

Requires Improvement

# Is the service safe?

## Our findings

People told us that they got their medicines on time. However, we saw medicines were not always available to give to people when they needed them. We found two people who had not received their medicine as the items were out of stock. We spoke with a member of staff who was not able to offer an explanation. The registered manager told us that they had been ordered and would be delivered the following day. We found that some people's medicines were not recorded accurately. For example, medicines which were no longer required by people were still recorded on people's Medicine Administration Records (MAR) charts. This may lead to confusion as staff were unsure what medicine to give the person. We found that medicine errors were not always identified by the staff. For example, we found one person's medicine had been administered a day late. Staff were not able to provide us with an explanation about the reasons this had happened and we found that the error had not been picked up by staff. When we spoke with the registered manager they were not aware of the incident and said they would follow this up with the staff involved after the inspection. We found where medicines had a short expiry date they were not always dated when they were opened, an example being insulin. This meant there was a risk they may not be as effective because insulin has a twenty eight day expiry date. Although there was no evidence that anyone had been harmed by these errors and procedural lapses, we discussed them with the registered manager who told us that, in the light of our findings, they would review medicines management procedures and arrange retraining for staff involved in medicines administration.

People's medicines were stored safely but the arrangements in place to destroy unwanted medicines were not effective. This was because we found excess medicine and nutritional supplements in some cupboards and when people no longer lived at the home medicine was still stored and sometimes out of date. We spoke with the registered manager about this who said they would arrange for a different member of staff to oversee the medicine arrangements immediately.

We saw when people were prescribed medicine to take "as required" individual guidance was in place for staff to follow. When people were offered pain relief staff were seen to offer them choices so they were able to decide the amount they required according to their needs. People received their medicines when they needed them.

People told us there were insufficient staff numbers to meet people's needs. One person said, "They are understaffed all the while". Another commented they had to, "wait a long time to be taken to the bathroom and it felt like hours sometimes". A relative told us that staffing levels varied and at weekends there appeared less staff available to support people which meant waiting times could be longer for people to get their care needs met. We saw people sat with no interaction from staff for long periods of time in communal lounges. We saw an incident occurred between two people in a lounge area. One person appeared distressed by this and no staff were available to intervene, and although we went to look for staff none were available at that time. We saw one person who had been assessed as needing support from staff to ensure they were safe walking around the home attempt to walk alone because no staff were available. We spoke with the registered manager about this and were told a member of staff had called in sick that morning. A replacement member of staff was called and arrived later which meant sufficient staff were then available. However, some people did not have their individual needs met in a timely manner by the staff team. We spoke with the registered manager about the staffing levels. They explained they were introducing a new dependency tool to look at staffing levels however they told us they would be speaking with senior staff to

look at how staff were deployed in the home.

We talked to staff who were able to tell us how they supported people who had identified risks. For example, they explained how they supported one person who was not able to communicate verbally and needed support to eat. Staff explained to us how the person communicated with them when they needed more food. Whilst staff understood how to manage people's identified risks we saw risk assessments would benefit from further information being included. For example, we looked at a risk assessment for one person who had bed rails and found that it had not identified why bed rails were required and the risk to this person.
We saw that accidents and incidents were documented and reviewed on a monthly basis and where patterns had been highlighted we saw that any actions to prevent further accidents had been documented. People's safety in the home was continually reviewed.
People and their relatives told us they felt safe. One person said, "It's very good, I'm safe. I feel safe". A relative told us they thought their family member was safe because they had asked staff to look in on them and they had. Staff were able to tell us how to recognise signs of abuse and explained to us that they would report any suspected abuse to their team leader or to the registered manager and they knew what to do if no action was taken by management.
Staff told us about the recruitment process when they started in their role and what the registered manager had asked them to do. One member of staff told us they had been asked to bring in their documentation before they started in their role. This included their Disclosure and Baring paperwork (DBS) and references from their previous employer.  This meant that the provider had a robust recruitment system in place to ensure that people were cared for by staff who were suitable to work with people who lived at the home.

Requires Improvement

# Is the service effective?

## Our findings

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.

We saw that one person living at the home was not able to verbally communicate. Staff told us and their care record documented they lacked capacity to make any complex decisions for themselves. We could not see how staff had concluded this as they were not able to verbally communicate. No capacity assessments had been completed about any specific decisions. Staff had not followed the key principles of the MCA as no capacity assessments had been completed and decisions regarding their care had been made in their "best interest" without assessing their capacity. A second care record we looked at also contained no capacity assessment. We saw in care records family members had been asked to consent to care when they may not have the legal authority to do so. We spoke to the registered manager about this. The registered manager told us that they would be introducing capacity assessments for people who lacked capacity to make decisions for themselves. This would include when consent was needed from a family member they had the legal authority to do so and this would be documented in their care record. People's rights were not always protected as the principles of the Mental Capacity Act had not been followed.

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). The registered manager told us that they had made applications to the local authority to deprive some people of their liberty. No authorisations had yet been returned from the local authority.

People told us staff sought their permission before supporting them with their care needs. One person told us, "Yes they always ask my permission". Another person told us that if they refused and said no then, "Staff do not do anything you don't want them to". Staff were able to tell us how they sought permission from people who are not able to verbally communicate. For example, one person smiled when they agreed to care being delivered.

People and their relatives told us that staff had the right training to support them with their care needs. One person said, "From what I have seen, yes I would say they are skilled". A relative told us, "They have the right staff in the right jobs". Staff told us when they started work at the home they received an induction. One member of staff said, "This is the first place I have worked where they have taken their time with induction". Staff told us about the training and support they had received to enable them to care for people in right way. For example, staff explained the training they had received to use equipment to support people to move around the home had enabled them to understand how to support people with their mobility to ensure they were safe. Staff told us they received regular supervision. One member of staff told us they had regular

discussions with their manager and were able to talk about what they had done well and what they needed to improve on.
People and their relatives told us they liked the food and were offered choices. One person told us, "They ask what you want and it's always cooked how I like it". Another person told us, "You get a choice of food at lunch and teatime". People told us they were offered a variety of different foods to try such as smoked mackerel. One person said the food was "absolutely delicious". A relative told us about their family member who required a soft diet and how the staff had encouraged this person to eat. Another relative explained that staff gave their relative meals with extra calories to help them maintain their weight. We saw people were offered both hot and cold drinks during the day by staff to ensure people remained hydrated. People were offered a choice of where to eat their meals. Some chose to eat in the dining room and others preferred the lounge or their own rooms. We saw staff supporting people to eat in a kind way. People were offered choices of food and were supported to meet their nutritional needs.

People were supported to access healthcare professionals when they needed support to maintain their health. People and their relatives told us they were seen by doctors and other health professionals such as dieticians and opticians to support their health needs. One person told us the dentist had been three times to see them. One relative told us that the falls prevention team had been to offer advice for their relative and since their intervention they had not fallen. Others gave us examples of professionals they visited outside the home. One person told us how the staff had organised a dental appointment for them. We saw healthcare professionals had visited the home during the inspection. We spoke with a visiting healthcare professional who told us that staff had followed their advice which had resulted in an improvement in the person's health and wellbeing.

Requires Improvement

# Is the service caring?

## Our findings

People's dignity was not always respected by staff. We saw on a number of occasions throughout the day that bedroom doors were left open when people were not appropriately dressed or covered. Their dignity was not protected when people walked past their rooms. We saw staff walking past the rooms of people whose dignity might be compromised and saw they did not take any action to protect their dignity. Some of the rooms on the ground floor were at street level and no curtains were present to ensure people's privacy and dignity was respected as people walking past were able to see directly into the rooms. One person told us that when they have a bed bath staff did not cover them up. We saw one member of staff referring to a person as "this lady" and didn't know their Christian name. Other people we spoke with said staff respected their dignity. One person said "Yes they definitely do respect my dignity".

People told us that the staff were kind and considerate. One person told us, "They are very kind and friendly. I have a good rapport with the staff". Another person told us, "They're wonderful". Relatives all spoke positively about how the staff cared for their family member. One said "They are lovely. They are so friendly and lovely". However, we saw people left with no interaction with staff for long periods of time. We saw a member of staff who was sat next to a person not speaking with them at all and showing no interest in their wellbeing. Another person was only able to communicate using sign language and staff were seen to walk past and didn't acknowledge their method of communication. However, when staff did approach the person they smiled and were left feeling happy. We saw some positive interactions with staff and the people they cared for. For example, one staff member used positive hand gestures to acknowledge and interact with a person and we saw people warmed to staff when they spoke with them. People were supported with their care and we saw people being offered choices of what they would like and where they would like to sit.

Some people told us they were involved in their care. One person told us, "When I came here they asked me what I liked". A relative told us they had been asked about their family member's preferences before they had moved into the home. However, we saw people's choices and preferences were not always respected by staff. For example, we saw staff switched the television off without checking with people who were watching it. One person was not able to let a member of staff know that it was their choice to continue watching the programme.

People told us they were encouraged to maintain relationships that mattered to them. They told us their families were encouraged to visit and one person told us they were going to spend time at Christmas with their niece. Families told us they were able to visit the home when they wanted. Throughout the day we saw people sitting with their relatives chatting and staff speaking with them. One relative told us they visited almost every day and were always made welcome by the staff.

Requires Improvement

# Is the service responsive?

## Our findings

We asked people how they spent their days. People told us there could be more leisure activities for them to do. One person said, "I am stuck here every day with nothing to do". Another told us, "There's not much to do here, you have to occupy your mind". Some people told us they occupied themselves by watching television. Others said they had been taken out to visit local attractions such as a fruit farm. We saw people were involved in putting up Christmas decorations in the home in preparation for the Christmas party. Other people engaged with crafts and making Christmas cards with staff. Not all people had access to leisure activities of their choice.

Staff were able to tell us about how individual people liked their care. An example was given about one person who liked their personal care delivered in a certain order. However some of the care records we looked at did not contain information about how people would like their care delivered. The registered manager told us that they were looking at updating the care records to ensure they contained details about people likes, dislikes and preferences. Some people told us they had been involved in their care and they had completed forms with staff or other professionals to update their care records.
Relatives were confident their families were being looked after. One relative told us, "I think they love her to death". A person who had previously been cared for at the home and now visited regularly told us, "They helped me to become healthy again".

People were not always supported to follow their religious beliefs. One person told us they would like to be able to go to their church more often but no one had asked them about this.

People told us they knew how to complain to the provider and when they had made a complaint they had been listened to and action had been taken by the provider. People told us they would tell the registered manager or tell a member of staff if they had a complaint. One person said, "I made a complaint. I told them and they dealt with it". Relatives told us they knew how to make a complaint and they would speak to staff. One relative said, "We have been told how to make a complaint. They have been very open with me about how to do that". We looked at the complaints record. Complaints received had been documented and responded to and outcomes recorded

Requires Improvement

# Is the service well-led?

## Our findings

There was a registered manager in place at the time of the inspection. We looked at the processes the provider had in place for monitoring the quality of the service provided to people who lived there. Whilst we saw there were systems in place they were not always effective as they had not identified the issues we found on the inspection. For example, medicine audits had not highlighted the errors we found or the overstock of some of the medicine. The registered manager would be looking at addressing this following our inspection. The registered manager acknowledged there a number of areas such as staffing levels and management of medicines and mental capacity assessments where they need to make improvements in the systems in the home to improve the overall experience for people living in the home.
Senior staff were involved in the weekly audits such as fluid intake audits which took place and where errors had been found these were documented and followed up by supervisions with staff to ensure they were aware of the correct procedure. We saw the registered manager completed an audit of care plans, kitchen audits and fluid chart audits. A recent kitchen audit had resulted in a new fridge being ordered. Some audits which had been completed had identified issues and action had been taken to rectify the problem. The registered manager told us that as a company they were looking to introduce a new system to look at quality monitoring

We looked at the systems the provider had in place to involve people and their relatives in the development of the service. One person told us, "No I have not been asked to complete a questionnaire or a survey". Another person told us, "I haven't heard of a resident's meeting yet". The registered manager told us that as part of their quality assurance system they usually sent out questionnaires to people and their families, but these had not been sent out recently. Whilst they had advertised resident and relative meetings they had not been attended. They were looking to re-introduce surveys in the future and acknowledged they needed to develop more ways to encourage people and their relatives to be more involved in the development of the service. People and their relatives were not always involved in the development of the service.
Staff had the opportunity to complete questionnaires to give feedback on the service and contribute to the running of the home. However staff had not completed these. The registered manager said they needed to find new ways to engage with staff so as to involve them in the development of the service.

People and their relatives told us they thought the registered manager was approachable. One relative said, "Yes she is very supportive and open when [person's name] came to live here". Staff told us they felt supported by the management. One new staff member told us the registered manager spoke to them often to enquire how they were progressing and offered support if they needed it. We found there was a friendly atmosphere in the home and relatives told us they always felt welcome. A relative commented, "I think it's a good atmosphere. The staff seem happy with each other". We saw the registered manager walking round the home chatting with people, relatives and staff throughout the day. People were comfortable chatting with the registered manager who knew the people who lived in the home well.

There was an open culture in the home and people and staff all told us they were comfortable in raising concerns with the management of the home. We saw the registered manager walked around the building most mornings to speak with people and staff and to check if there were any issues they needed to be aware

of. The registered manager was aware of their responsibilities as a registered manager. They had notified us of events that had taken place in the service as required by law.
The registered manager told us they were supported by the provider and were listened to when they requested equipment to help support people with their care needs. They told us they attended regular meetings with other home managers in the group to share experiences and learning which helped them in their role. There was an appropriate management structure in place which meant that staff at all levels were supported in their role and aware of their responsibilities.