Bennetts Castle Limited

Bennetts Castle Care Centre

Inspection report

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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 took place on the 1 August 2018 and was unannounced. At the previous inspection in February 2017 the service was rated as Good overall. The Responsive question was rated as Requires Improvement. We found one breach of regulations because accurate and up to date records were not maintained in relation to people's care and treatment. During this inspection we found this issue had been addressed.

Bennetts Castle Care Centre is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bennetts Castle Care Centre is a purpose-built care home which provides nursing care to older people, many of whom live with dementia. It is registered to provide care to a maximum of 64 people, 60 people were using the service at the time of our inspection.

The service has not had a registered manager in place since February 2018. There was a manager in place and we were told they intended to apply for registration with the Care Quality Commission in the near future. 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.

We have made one recommendation in this report, that records are maintained of checks on the emergency lighting systems at the service.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed safely.

People's needs were assessed before they started using the service to determine if those needs could be met. Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service.

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 remains safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service is responsive. Care plans were in place which set out how to meet people's assessed needs in a personalised manner. These were subject to regular review.

People were supported to take part in various activities, both in the service and in the community.

People knew how to make a complaint and complaints had been dealt with in line with established procedures.

The service supported people with end of life care in a dignified and caring manner.

Is the service well-led?

Good

The service remains well-led.

Bennetts Castle 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 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 the 1 August 2018 and was unannounced. The inspection was carried out by an inspector, a specialist advisor with a background in nursing care 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.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of serious incidents the provider had sent us. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with eleven people and seven relatives. We spoke with 17 staff; the manager, two directors, the head cook, four care assistants, one senior carer, two housekeeping staff, three nurses, two activities coordinators and the maintenance coordinator. We also spoke with two visiting health and social care professionals. We observed how staff interacted with people. Ten sets of care records relating to people were reviewed and we checked medicines records on both floors of the service. We looked at quality assurance and monitoring systems and checked some of the policies and procedures. We also examined staff recruitment, training and supervision records for eight staff.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. A relative said, "I do not worry about abuse, I feel totally reassured that my family member is well cared for in this care home."

Systems were in place to protect people from abuse. Safeguarding and whistle blowing policies had been developed and implemented. The former made clear the service's responsibility to refer any allegations of abuse to the local authority and the Care Quality Commission [CQC] while the latter made clear staff had the right to whistle blow to outside agencies if appropriate. Records showed that allegations of abuse since our previous inspection had been dealt with in line with the safeguarding policy. Staff had a good understanding of their responsibility for reporting allegations of abuse. One member of staff said, "I have to report it to the manager, if they don't do anything I go to CQC."

Risk assessment were in place. These set out the risks people faced and included information about how to mitigate those risks. They covered risks associated with medicines, moving and handling, falls, mobility, skin integrity, hydration and nutrition and challenging behaviour. Staff had a good understanding of how to support people who exhibited behaviours that challenged the service, telling us they gave people time and space to become calm and used diversionary techniques to distract people from their source of anxiety.

The service took steps to ensure the premises were safe. Regular fire drills were held. Fire alarms were regularly tested and there were in date safety certificates for fire-fighting equipment, gas and electrical installations. We were told that the emergency lighting was tested regularly but this was not recorded and we recommend that testing of emergency lighting is recorded.

People told us there were enough staff and they did not have to wait long when they required support. Staff we spoke with corroborated what people told us with regard to staffing levels, telling us they had enough time to carry out all their duties. During the inspection we observed that staff responded to people in a prompt manner.

Robust staff recruitment practices were in place. Records showed that various pre-employment checks were carried out on staff including criminal record checks, employment references, proof of identification and a record of previous employment. This meant the service sought to employ staff who were suitable to work in the care sector.

The service employed a designated cleaning team. Cleaning schedules were in place and staff signed these after each task had been completed. The service was visibly clean and free from offensive odours on the day of our inspection. Staff were expected to wear protective clothing such as gloves and aprons when providing support with personal care. All of this helped to reduce the risk of the spread of infection.

Lessons were learnt if accidents or incident occurred. Accident and incidents were recorded and they were reviewed by the manager. Action was taken to reduce the risk of similar incidents occurring again. For example, if people had falls they were referred to the falls clinic and their risk assessments were revised to

reflect the changing circumstances.

Good

Is the service effective?

Our findings

People told us staff supported them effectively. One person said, "The staff here are good at their jobs, they know how to help me, and always ask my permission before they do anything for me."

The manager told us they carried out an assessment of people before they moved in to the service. This was to find out what the person's needs were and if the service was able to meet those needs. Records of assessments showed they covered needs related to personal care, mobility, medicines, sexual orientation and religion and ethnicity.

Staff were supported to develop skills and knowledge to support them in their role. New staff undertook an induction programme which included shadowing experienced staff as they carried out their duties and completion of the Care Certificate. This is a training programme designed specifically for staff that are new to working in the care sector. Staff told us they had regular training and records confirmed this. In addition, staff also had regular one to one supervision meetings with a senior member of staff. This gave staff the opportunity to raise issues of importance to them, for example in relation to people who used the service and staff.

People were supported to eat a balanced diet and had choice about what they ate. There was a two-week rolling menu in place which included two choices for the main meal. The head cook told us if people did not want either of the choices they could request something different. We observed the lunchtime period and people were seen to be enjoying their meal.

People had access to health care professionals as appropriate. A GP visited weekly as a matter of routine. Records showed people had access to other health professionals as appropriate including dentists, opticians, dieticians, chiropodists and speech and language therapists. We spoke with a visiting health professional and a visiting social care professional on the day of inspection and both provided positive feedback about the service.

The service was purpose built to accommodate older people, some of whom had mobility issues. Hand rails were in bathrooms and toilets and there was lift connecting the different floors. Floors were level and corridors wide enough to allow easy access for people using wheelchairs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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). Where people were subject to DoLS authorisation we

found this had been done in line with legislation. Mental capacity assessments had been carried out to determine if people had the capacity to make specific decisions, for example in relation to medicines. Staff had a good understanding of how to support people to make choices and family members were involved were people lacked capacity.

Good

Is the service caring?

Our findings

People told us staff were kind and they were treated in a caring and respectful manner. One person said, "When I first came here I was in a wheelchair, but the carers helped me to get back my independence with encouragement, patience and lots of support. Nothing was too much bother for them, they wanted me to get well, and regain my independence." A relative said, "We do not worry when we are not here, we know that our family member is well taken care of. We know staff treat residents with dignity and respect, because we witness this happening not only with our own family member, but with other people who live here."

Care plans included information about people's life history, such as where they lived, their education, employment and family. This helped staff to get an understanding of the person which in turn helped them to build relationship with them. During the course of our inspection we observed staff interacting with people in a friendly and caring manner.

Staff had a good understanding of how to promote people's dignity, privacy and independence. One member of staff said, "When I am doing my personal care I always close the door. I communicate with them, tell them I'm there to help them wash. We do it together, I involve them. If it's a person that can hold a flannel I ask them to wash their face, I'll wash their back if they can't reach." Another staff member told us, "Before I go in I knock on the door. If they don't answer I go in a little bit and ask if its ok for me to go in. You cover them up with a towel and do the top half. You use a separate flannel for the bottom half." A third staff member said, "I like to give them a choice, for instance, what colour would they like to wear. I pick out colours for them and they can choose with their hand if they can't say anything."

Each person had their own bedroom with ensuite facilities which helped to promote privacy. Bedrooms were homely in appearance and personalised, for example with family photographs. Communal bathrooms and toilets had locks which included an emergency override device which helped to promote people's privacy in a way which was safe.

People's confidentiality was respected. A confidentiality policy was in place which made clear staff were not permitted to divulge information about people unless authorised to do so and staff had a good understanding of their responsibilities with regard to this. Confidential information was stored securely and only authorised persons had access to it.

The service sought to meet needs around equality and diversity. People's ethnicity and sexual orientation were recorded in care plans, as was their religion. Representatives of a religious denomination visited the service to give spiritual guidance. Food provided was in line with what people had requested and reflected their cultural background.

Good

Is the service responsive?

Our findings

At the previous inspection of this service in February 2017 we found they were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because comprehensive records were not maintained in regard to people's care and treatment. During this inspection we found this issue had been addressed. For example, risk assessments for some people showed they were at high risk of developing pressure ulcers and that they required to be turned at regular intervals. We found turning charts were in place which recorded when people had been turned and these had been complied in line with the risk assessments. Similarly, we found that fluid and food intake charts were now completed as required. This meant it was possible for the service to monitor that people were getting the care they needed and their assessed needs were being met.

Care plans were in place for people. These were person centred and set out how to meet people's assessed needs in a personalised manner. Care plans covered needs associated with personal care, moving and handling, medicines, oral care, skin care, eating and drinking and communication. The records for one person showed they had epilepsy but there was no associated care plan in place for this. We discussed this with the manager and a care plan was written during our inspection. The manager told us, "Every month the care plans are reviewed." Records confirmed that plans were subject to regular review which meant they were able to reflect the needs of people as they changed over time.

Activities were provided for people. There was an activities timetable. On the day of inspection this advertised bingo in the morning and a visiting singer in the afternoon. We saw both these activities took place. We observed the singer belting out old time songs which reflected the age profile of people. This was a well-attended event and people were seen to be enjoying it. Two activities coordinators were employed by the service and activities provided included trips out for picnics to a local park, trips to a garden centre and a summer fete.

People knew how to make a complaint. One person said, "I know how to complain, I would go to [manager] and they would help me." A relative told us, "I will speak to [manager] initially, or the directors, if that does not work I will go to the local authority." The service had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. Copies of the procedure were on display around the service to help make it more accessible to people. Records were maintained of complaints which showed they had been dealt with in line with the procedure.

End of life care plans were in place for people, as were 'Do Not Resuscitate' forms where appropriate. These had been signed by the GP. The service worked with other agencies to support people with their end of life care. We spoke with a visiting professional involved in this who told us they believed that good quality end of life care was been provided at the service.

Good

Is the service well-led?

Our findings

People spoke positively about the manager. One person said, "[Manager] is around and will always help me, they are good at their job, everyone likes them."

The service did not have a registered manager in place. The previous registered manager left the service in February 2018. A new manager had been appointed to replace them. The directors told us the plan was for them to register with the Care Quality Commission. The manager told us they intended to apply for registration imminently. The directors told us a lead clinical practitioner had been recruited who was due to commence working in late August 2018. Two of the company directors also regularly spent time at the service and provided support to the manager.

Staff spoke positively of the senior staff and of the working environment. One member of staff said of the manager, "They are really supportive. If you have got issues they deal with it. I don't feel uncomfortable if I need to speak to them. They are quite on the ball."

Another staff member told us the service was a, "Very nice place to work, very friendly. The management is very understanding." The same staff member added, "We work as a team always, the best teamwork is in Bennetts Castle." A third member of staff told us, "They are a brilliant manager, if you have any problems or concerns they are always there for you."

Systems had been established to monitor the quality and safety of care provided. Some of these included seeking the views of people who used the service. One person told us, "They hold a resident's meeting once a month, where lots of things are discussed including activities." Meetings were held with relatives and people and a survey was carried out to get feedback from people on what they thought about the service. Completed survey forms contained mostly positive feedback.

Various audits were carried out. The service did its own in-house medicines audit and the supplying pharmacist also carried out an annual audit. Clinical audits were carried out which looked at the number of falls, pressure ulcers and people at risk of malnutrition and dehydration. Health and safety audits were also carried out which included checking the physical environment was safe.

Staff told us the service held team meetings. One staff member said of these, "[Manager] will always ask us what we need to perform more, any problems we have on the floor everybody will explain them." Records confirmed that regular team meetings were held. This meant staff had the opportunity to raise and discuss matters of importance to them.

One of the directors told us they carried out monitoring visits, saying, "I speak to service users, I look at the building and if there are any maintenance issues, I speak to staff." Records confirmed these monitoring visits took place.