

Benoni Nursing Home Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Benoni is a care home which offers nursing care and support for up to 25 predominantly older people. At the time of the inspection there were 20 people living at the service. Some of these people were living with dementia. The service occupies a detached house over three floors with a passenger lift and a stair lift for access.

This unannounced comprehensive inspection took place on 11 September 2018. The last inspection took place on 11 July 2017 and was focused on reviewing the warning notice issued due to the concerns found at the April/May 2017 inspection. Those concerns were about the auditing of medicines, fire risk management, the provision of hot water and infection control issues. At the July 2017 Inspection we found the provider had taken appropriate action to address the issues raised in the warning notice. However, the rating remained as Requires Improvement as we needed to see the changes sustained over time and would review the outstanding breaches at this comprehensive inspection.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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. The service is required to have a registered manager and at the time of the inspection there was no registered manager in post. There was an acting manager at the service who had not applied to become the registered manager at the time of this inspection. The acting managers position was under review by the provider.

People received their medicines as prescribed. Systems and processes relating to the administration and storage of medicines helped ensure medicines were managed safely. Medicine audits were carried out monthly. The service had increased the areas that were covered by this audit since the last inspection and it was now more robust. Any issues that arose from the regular audits were being addressed by the nurses.

The premises were regularly maintained. There were no unpleasant odours at the service. The service was registered for dementia care, and we had raised concerns with the provider, at previous inspections, that there was no pictorial signage to support people who were living with dementia and who may require additional support with recognising their surroundings. At the last inspection we were given assurances that the provider had ordered new signage for people's bedroom doors which would help people to recognise their own rooms. At this inspection new signage had still not arrived despite the providers repeated assurances it would be arriving soon.

We had previously identified concerns with the supply of hot water to some rooms. Some rooms did not have any hot water, one room had no water. We also identified that the provider was not carrying out

regular Legionella tests. At this inspection we found the hot water supply was regularly checked to ensure the temperature was safe for people to use. All rooms had a working water supply. Legionella checks were recorded regularly.

Equipment and services used at Benoni were regularly checked by competent people to ensure they were safe to use. The service carried out regular health and safety audits. The service was due to have a fire risk assessment carried out by an external agency, we were assured this had been booked to take place in the coming weeks following this inspection. The provider had taken advice from a fire assessment and was planning to have a sprinkler system installed. Emergency fire evacuation equipment was evident on all landings and in people's rooms. All people had personal emergency action plans in place.

People's rights were not always protected because staff did not always act in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards (DoLS) were not entirely well understood and applied correctly. There was a DoLS authorisation in place for one person at the service which was not recorded in the person's care plan and the acting manager was unaware of this being in place. Consent forms signed by inappropriate people on behalf of people who lacked capacity remained in care files since 2013 despite recent care plan reviews having been carried out. The service was in the process of collecting copies of the legal documentation to evidence which people living at the service, had appointed lasting powers of attorneys in place. Some information held in people's care plans led the reader to believe legal powers were held by family members when the service had no evidence of this.

The manager did not have robust effective processes in place to monitor all aspects of care and support provided. For example, when catheters needed changing, DoLS authorisations needed reviewing and any dressings that may need renewing. The nursing staff held their own handwritten lists which helped them to provide good care, however this did not ensure people always received care in a timely manner. One person had required their catheter to be changed on a specific date and this had not taken place.

This has led to repeated breaches of Regulation 11 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

We spent time in the communal areas of the service. Staff knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect. People were well cared for.

All the people we spoke with told us they felt safe using the service and were happy with the care and support they received. Comments included, "There is nowhere better than here" and "I like it here they (staff) are very nice."

A relative told us, "The girls (staff) are really lovely here". They felt welcomed and were always offered a cup of tea when they arrived. Relatives were able to join their family members for a meal if they wished. The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes. The service had a relaxed and comfortable atmosphere.

All but two people's care plans had been fully reviewed. The ones that had been reviewed were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff. Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible. Monitoring records completed by staff were regularly checked by nursing staff to ensure people received appropriate care and support.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had no staff vacancies at the time of this inspection.

Meals were well presented and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. People's weight was regularly checked to ensure they had sufficient intake.

People had access to activities at Benoni. An activity co-ordinator was in post four days a week. People were also supported to go out in to the community and to attend appointments,

Technology used to help improve the delivery of effective care was limited. For example, alarmed pressure mats were used, if appropriate, to alert staff that a person was moving around. This meant staff could support them in a timely manner.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies that had been recently updated to support staff with current guidance.

The acting manager was supported by the provider and a team of motivated staff. The staff team felt valued and morale was good. Staff were happy working at the service. They told us they felt well supported and could ask for support when needed. They told us, "I love working here it has such a lovely atmosphere and everyone is so supportive" and "If I have any problems or concerns I can go to management, he listens and is helpful."

Supervision and appraisals were offered to staff. A training programme was in place and staff were offered updates when needed. Staff comments included, "We had a very interesting fire training session involving a 13- stone dummy that we had to safely evacuate from the building, it was excellent and built our confidence."

Staff told us they felt the service had improved recently and they felt well supported. They told us, "It (the service) has improved from when I started. People are really coming first in every aspect. The management have really promoted this. Management are really aware that change is needed. People are being consulted more about what they want," "Staffing levels are better" and "The nurses help with practical aspects of care and it promotes working as a team more."

Despite the service being rated as Requires Improvement for the previous three inspections, this inspection showed improvements had been made in many areas such as staffing levels and the support and safe recruitment of staff, monitoring and recording of care provided, medicines management and management of the premises. However, there was still further work required to meet the requirements of the regulations but the provider and staff are committed to continuous improvement of Benoni and will strive to obtain a Good overall rating.

We found repeated breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 was safe. People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed.

### Is the service effective?

Requires Improvement ●

The service was not entirely effective. The acting manager did not have a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

### Is the service caring?

Good ●

The service was caring. People who used the service were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans were well organised, up to date and relevant.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to a variety of activities

### Is the service well-led?

The service was not entirely well-led. There was a lack of robust systems in place to monitor people's care requirements. The manager provided inaccurate information to inspectors.

There were clear lines of responsibility and accountability at the service. Staff morale was good and staff felt well supported

People were asked for their views on the service.

**Requires Improvement** 

# Benoni Nursing Home Limited

## **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.

The inspection took place on 11 September 2018. The inspection was carried out by two adult social care inspectors, a specialist nurse advisor with experience in the nursing care of older people, and an expert by experience. An expert by experience is a person who has experience of using or caring for a person who has used this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the service. Not everyone we met who was living at Benoni was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with four staff, the nurse, the acting manager and the provider. We spoke with one visitor.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for five people living at Benoni, medicines records for 20 people, six staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection in July 2017 this section was rated as Good. We were advised by the provider that a more robust medicine audit was going to be put into place following that inspection. At this inspection we saw that this had been implemented. There were no concerns with medicine administration. This section remains Good.

Benoni were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored to ensure that any fault would be identified and the cold storage of medicines could be assured.

The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. The service was holding medicines that required stricter controls. The records held tallied with the stock held at the service. Staff training records showed all staff who supported people with medicines had received appropriate training.

People told us they felt it was safe living at Benoni. Comments included, "There is nowhere better than here" and "I like it here they (staff) are very nice." A relative told us, "The girls (staff) are really lovely here".

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the manager had been involved. This meant people were safeguarded from the risk of abuse.

Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, if people needed repositioning in the bed to help reduce the risk of pressure damage to their skin, there was guidance on how often this should take place.



Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc., were regularly checked and serviced. Necessary service checks were carried out by appropriately skilled external contractors to ensure they were always safe to use.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions taken to help reduce risk in the future. For example, one person had an alarmed pressure mat provided to help alert staff when they were mobilising independently.

Care records were stored securely but accessible to staff and visiting professionals when required. They were mostly accurate, complete, legible and contained details of people's current needs and wishes. Some did lack up to date information and this is detailed in the Effective and Well led sections of this report.

The staff shared information with other agencies when necessary. Care plans held details of the involvement of other healthcare and social care professionals in people's care and support.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. Staff received suitable training about infection control, and records showed staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency awarded the service a five star rating.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of suitable references. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff.

The nursing staff and manager reviewed people's needs regularly. A dependency tool was in use. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were met quickly.

We saw from the staff rota there were five or six care staff in the morning, and four in the afternoon supported by a nurse on each shift. There were two care staff who worked at night and a nurse. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the manager was very supportive.

## Is the service effective?

### Our findings

At the last inspection in July 2017 this section of the report was rated as Requires Improvement. There were concerns about the lack of effective signage both written and pictorial throughout the service; to help support people living with dementia. One toilet just had a number on it. This toilet did not have a lock to protect people's privacy. The numbers on some people's bedroom doors had come off and names were displayed in a small typed format which was not easy for people to read and recognise as their own room. The provider assured us they were in the process of ordering larger name and number plates for people's doors.

There were concerns about the lack of supply of hot and cold water throughout the service. The provider was not regularly checking for the risk of Legionella at the service. Sluice doors, marked 'keep locked' were open throughout the inspection. therefore, we made a recommendation that the service take advice and guidance from a reputable source regarding the robust auditing of the premises and adopt appropriate signage to assist people living with dementia.

We identified a lack of understanding amongst the management and staff about the Mental Capacity Act 2005 (MCA) legislation and its appropriate implementations. The service did not hold an up to date MCA policy to guide staff effectively on this legislation. Where it had been assessed that a person did not have capacity, there was no written evidence of the best interest process having been used when the service made decisions about their care. There was a DoLS authorisation in place for one person at the time of the last inspection, a copy of which was not held in the person's file. There was a recommendation set by the DoLS assessor within this authorisation which the service was unaware of. Therefore, we issued a requirement notice to the provider for the breach in regulations.

This section of the report remains Requires Improvement as there continued to be concerns regarding the management of the MCA and in addition we found there continued to be a lack of appropriate signage to support people to find their way around the service and identify their own bedrooms. Bedroom doors did not all have numbers of people's names on them. Toilets were indicated with the word and were lockable. Whilst we were told there was no one living at the service who could independently mobilise around the service, the provider again told us large printed signs were due to arrive for people's doors. This meant the recommendation had not been acted upon.

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. The service now held an appropriate MCA policy and staff had been provided with training in this legislation. However, there continued to be little evidence in care files of the best interest process being used when the service made decisions on behalf of people about their care. People's rights were not always protected because the manager did not always act in accordance with the Mental Capacity Act 2005. Consent forms signed by staff on behalf of people who lacked capacity, dated 2013, remained in care files

despite recent reviews having been carried out.

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 whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us at the beginning of this inspection that all the people living at the service, with the exception of one person, had had applications completed to be assessed for DoLS. We spoke with the DoLS team, they had applications for several people who were no longer living at the service, this meant the service had not notified them when circumstances had changed. We identified one person, who had an application for a DoLS authorisation sent to the local authority, when they had records in their file which stated they had capacity to make their own decisions. It is not legal to restrict a person who has capacity.

The principles of the Deprivation of Liberty Safeguards were not entirely well understood and applied correctly. As at the previous inspection we found there was an authorisation in place at the service which was not recorded in the person's care plan and the acting manager was unaware of. The manager did not have a robust system to manage the applications they had made and record and monitor any authorisations granted.

The service was in the process of collecting copies of the legal powers held by families to evidence which people, living at the service, had appointed lasting powers of attorneys in place. However, some information held in people's care plans led the reader to believe legal powers were held by family members when the service had no evidence of this. For example, one care plan stated a family member held both powers of attorney for health and welfare and finances. The service only had the documentation to prove they held financial power of attorney. This meant family members could be asked to make decisions they were not legally empowered to make.

At the last two inspections we have made a recommendation that the service follow the requirements of the Mental Capacity act 2005, and whilst the service had made improvements in this regard, there was still a lack of clear process in how this legislation was being implemented and how information relating to the protection of people's rights was being managed.

This has led to a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were supported to have maximum choice and control of their daily lives and staff did support them in the least restrictive way possible. However, the policies and systems in the service did not always support staff with this practice. People chose when they got up and went to bed, what and then they ate and how they spent their time. However, despite having had recent face to face training from the DoLS team on this legislation clear guidance and systems to support staff were not in place.

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

The service had a good working relationship with the local GP practices. Other healthcare professionals visited to see people living at Benoni when required. We saw people had seen their optician and podiatrist as necessary. One person told us, "I'm going to have dental treatment."

The use of technology to support the effective delivery of care and support and promote independence, was limited. However, pressure mats were used to alert staff when people were moving around if they had been assessed as being at risk of falling. People had access to call bells to summon assistance when required.

The service was maintained with a good standard of décor and carpeting. There were signs of water leaking through from the roof into the upstairs bedrooms at the time of this inspection. These rooms were not occupied as the provider was arranging for roof repairs and redecoration.

Hot and cold water was provided in all rooms. There were records of regular Legionella checks. Sluice doors were secured at this inspection. There was regular effective auditing of the premises at the time of this inspection.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Training records showed staff were provided with mandatory training for their roles. However, moving and handling training was required to be updated for 16 care staff. There was a programme of training updates booked to take place at the service in the coming months. A specific staff member was given the responsibility of arranging training as needed. Staff commented, "We had a very interesting fire training session involving a 13- stone dummy that we had to safely evacuate from the building, it was excellent and built our confidence,"

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the manager and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

In care files we saw there was specific guidance provided for staff. For example, dementia, diabetes, glaucoma and angina. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

People were supported to eat a healthy and varied diet. Staff regularly monitored people's food and drink intake to ensure people received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food. Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. The minutes of a residents meeting showed people had asked for new foods to be provided. This had been done and showed the service listened to people's views.

## Is the service caring?

### Our findings

At our last inspection this section of the report was rated as Good, it remains Good following this inspection.

People and their relatives were positive about the attitudes of the staff and management towards them. People and their families were involved in decisions about the running of the service as well as their care. Visitors told us they visited regularly at different times and were always greeted by staff who made them feel welcome. The service had held resident's meetings to seek the views and experiences of people who lived at the service.

People were treated with kindness, respect and compassion. People told us, "There is nowhere better than here" and "They ask what I like, I have what I choose." Another person told us, "I've never lost anything here" and "I've made a lot of friends."

People told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. However, there was no clear evidence that staff involved people in their own care plans and reviews. Due to some people's capacity their ability to be involved was often limited, and consultation could only occur with people's representatives such as their relatives. Care plan reviews were not routinely shared with people or if appropriate, their families.

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout. One person told us, "They look after you so well" and "All my clothes come back from the laundry." People did not report they had lost anything. Other comments included, "I've got a nice bed all to myself, clean bedding and a new mattress" and "I can't grumble about anything, you are well looked after and we have sing songs and that."

We spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. Staff were happy in their work and chatted in a relaxed way with people whilst they supported people.

When people came to live at the service, people and their families were asked about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. There was some information in care plans about people's past lives.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms. Bedrooms were comfortable, warm and full of things people had brought in with them to the service.

## Is the service responsive?

### Our findings

At our last inspection in July 2017 we rated this section of the report at Good. It remains Good following this inspection.

People and their relatives were positive about living at Benoni, and about the staff and management. People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Each person had a care plan which contained information on a range of aspects of their support needs including mobility, communication, nutrition and hydration and health. The nursing staff had worked hard to thoroughly review all but two people's care plans recently. The remaining two care files were expected to be reviewed in the coming weeks. There was no evidence of people or, if appropriate, members of their families, being given the opportunity to see the care plans and sign in agreement with their contents. One person told us, "I don't know if I've seen my care plan." Two other people we spoke with had no knowledge of their own care plans. We discussed this with the nursing staff and the provider who assured us this would be actioned.

At this inspection we found staff completed monitoring charts and care records to demonstrate when care and support had been provided. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. All the mattresses we checked were set correctly according to the weight of the person using them. We did note however, that where a person's weight had changed, this information was not always communicated effectively to the sticker on the person's bed, which advised the care staff on what the correct setting should be. We discussed this with the provider and the nurse who told us they would ensure that any change in weight would be added to the information on the bed of the person. We judged this had no impact on people at the time of this inspection.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. Handover information was printed on paper format. This helped ensure there was good information sharing between different staff and helped to ensure that people's needs were met in an agreed way each time.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. We saw concerns that had been raised to the manager had been investigated fully and responded to in an appropriate time frame. Two concerns were in the process of being resolved with external agencies at the time of this inspection.

People had access to activities at Benoni. An activities co-ordinator was employed four days a week who organised opportunities for people to take part in things they enjoyed, such as card games, knitting and singing. One to one activity was provided to people who were cared for in bed or preferred to remain in their bedrooms. People were supported to go out in to the local community.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand information. Some people had limited communication skills and there was guidance for staff on how to support them. For example, one person could not speak easily and staff told us how they had learnt to read their body language and facial expression to understand what they wanted.

Information on people's care needs was shared with external professionals as required. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan.



## Is the service well-led?

### Our findings

Following our last inspection this section of the report was rated at Requires Improvement. We had concerns that systems to assess, monitor and improve the quality of the service provided had not sufficiently reviewed the day-to-day culture of the staff team. Records completed by care staff were not always made at the time care should have been provided, according to the direction in the care plans. We found that staff did not always document the care they provided on every shift. Some care records were not completed by night staff. For example, re-positioning records. Fluid charts were not totalled at night. Some care records were not documented in order. Staff had moved from one page of records to another then back again which made it difficult to see when care was provided. We judged that this did not impact on people's safety and well-being but that it was a recording issue.

The provider was not regularly seeking the views of people, and their relatives, of the service provided. This meant opportunities to improve the service may have been missed. The recruitment of new staff processes were not entirely robust. The provider had not ensured that all new staff had two references prior to commencing work at the service. Some of the services policies and procedures required updating to help ensure staff were provided with up to date and accurate guidance. The provider had not notified the Care Quality Commission (CQC) of the Deprivation of Liberty Safeguard (DoLS) authorisation which was in place at the time of this inspection, as they are legally required to do. Therefore, we issued a requirement notice to the provider for the breach in regulations.

At this inspection we found the provider, manager and staff had taken action to improve the quality of the service provided. The quality of the records kept by staff had improved. Records were completed by staff in a timely manner. It was possible to establish that the guidance in people's care plans was being followed by care staff. Monitoring records, such as re-positioning and food and drink intake charts, were well documented and checked by night staff. Care plans that had been reviewed held information in an easy to follow format.

The manager had held resident's meetings regularly and a survey had been sent out to people and their relatives to seek their experiences and views. This survey had been audited. This meant that the service was seeking to improve the quality of the care and support it provided.

Recruitment processes were checked and found to be robust. All new staff had the appropriate checks carried out before starting work at the service. This meant people were protected from the risk of inappropriate people working at Benoni. The policies and procedures held at the service were in the process of being reviewed. Most had been completed at the time of this inspection.

However, the manager was again found to not have a robust process for the management of the Mental Capacity Act 2005. Again, the manager was found to have not notified CQC of the DoLS authorisation which was found to be in place at the time of this inspection.

The manager did not have a robust system for monitoring care provision such as catheter and dressing

changes. The nursing staff had tried to use their own system in the form of untitled handwritten lists which were taped to the wall of the office. This helped ensure people's needs were met. Despite the noted improvement of the care records, the nurses were not supported by the manager to ensure people always received care in a timely manner. One person had required their catheter to be changed on a specific date and this had not taken place. One nurse told us, "We have been really working hard, trying to get systems in place that work. ....it is like working in quick sand, as soon as you think you have sorted something, there is something else that needs doing, it is frustrating."

Despite repeated assurances from the provider at the last two inspections there continued to be a lack of appropriate pictorial signage to support people living with dementia to find their way around the service and identify their own bedrooms. Bedroom doors still did not all have numbers or people's names on them. Toilets were indicated with the word rather than a picture. Whilst we were told there was no one living at the service who could independently mobilise around the service, the provider again told us large printed signs were due to arrive for people's doors. This meant the recommendation in the past reports had not been acted upon.

Despite a system of audits to ensure quality in some areas of the service was checked, maintained, and where necessary improved, some areas were not regularly audited. The action plan sent to CQC by the provider following the last inspection in June 2018 stated that there were bi-monthly audits being carried out on all care files. We were not able to evidence that this was taking place. Following the inspection, we were sent evidence of three care file audits which had been carried out, one dated the day before this inspection and two dated the day after.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) 2014.

The service is required to have 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. The service did not have a registered manager in post and no application in process. The provider told us following this inspection that they are advertising for a new manager.

The service was being supported by the Quality Assurance team from the local authority. Positive improvements were noted in many areas at this inspection. Despite this there was no clear vision and strategy to consistently deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had access to the files to help ensure the care plans were kept up to date with changing situations

Staff met regularly with the manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. The provider visited the service regularly.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The

service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.

Staff were happy and felt valued and enjoyed their work, they responded by saying they felt well supported and could approach the manager at any time for support. Staff told us, "I love working here it has such a lovely atmosphere and everyone is so supportive" and "If I have any problems or concerns I can go to management, he listens and it helpful." "It (the service) has improved from when I started. People are really coming first in every aspect. The management have really promoted this. Management are really aware that change is needed. People are being consulted more about what they want," "Staffing levels are better" and "The nurses help with practical aspects of care and it promotes working as a team more."

The provider told us they were committed to ensuring that Benoni meets the requirements of the regulations and obtains a Good rating in the future.

Audits regularly completed included monitoring accidents and incidents, the medicines system and checking property standards were to a good standard.

There were maintenance person at the service with the responsibility for the maintenance and auditing of the premises. The environment was clean and well maintained. Appropriate people carried out regular repairs and maintenance work to the premises.

Lessons were learned by some events and comments received, both positive and negative. However, whilst the provider was keen to improve the service and committed to addressing the concerns found, many of the issues identified at this inspection have been highlighted in two previous reports but not addressed. The provider accepted that the concerns found at this inspection were a fair judgement of the service at this time. They recognised that further work was needed in the near future to ensure all concerns were addressed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have robust processes and systems in place to administer the implementation and monitoring of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems and processes in place to assess, monitor and improve the quality and safety of the service provided. Audits were not regularly carried out on care plans, signage of the premises, care of people requiring nursing such as catheter changes and dressings.</p>