

Kindcare (UK) Ltd

Bendigo Nursing Home

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

About the service: Bendigo Nursing Home is a residential care home that was providing personal and nursing care to 25 people aged 65 and over at the time of the inspection.

People's experience of using this service: The service was Good.

People told us they felt safe living at the home. One person said, "I am very happy here, I feel safe and there is no sign of abuse." Risks to people were assessed and managed effectively. Staff understood their responsibility for safeguarding people and knew how to report abuse. There were enough suitable staff to care for people safely and the provider had robust recruitment procedures. People's medicines were administered safely and infection control procedures were robust. Incidents were recorded and monitored and lessons were learned when things went wrong.

People told us they had confidence in the skills of the staff. Staff received the training and support they needed. Staff understood their responsibilities regarding the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. People's needs were assessed in a holistic way taking account of people's diverse needs and their preferences. People were supported to have enough to eat and drink and to access health care support when needed. Staff were kind and caring. People had developed positive relationships with staff who knew them well. A relative told us, "The staff are excellent, it gives us great peace of mind." Staff involved people in making decisions about their care and support. Staff maintained people's privacy and treated them with dignity and respect.

Care was provided in a person-centred way. People were supported to maintain contact with people who were important to them. Staff were responsive to people's needs and ensured that people's information and communication needs were met. People were encouraged to access activities and to maintain their interests. People were confident that any complaints would be addressed. Staff supported people to plan for end of life care and respected their wishes.

People, their relatives and staff said that the home was well-led and spoke highly of the management of the home. There were a range of systems to monitor standards and to improve the quality of the service. People and their relatives told us their feedback was listened to. The provider shared information in an open and accessible way. Staff worked collaboratively with other organisations to meet people's needs.

Rating at last inspection: The last rating for this service was Good (published August 2016)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Bendigo Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

There were 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. Their area of expertise included dementia care.

Service and service type: Bendigo Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bendigo Nursing Home is registered to accommodate up to 25 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was present during the inspection.

Notice of inspection: The inspection was unannounced.

What we did:

Before the inspection:

We reviewed information we have received about the service. This included details about incidents that the provider must notify us about. We used information including complaints that we had received to help us to plan this inspection. The provider had completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with nine people living at the home and three relatives. We spoke with five members of staff, and the registered manager.

We looked at six people's care records. We observed how medicines were administered and looked at medicine records. We looked at records of accidents, incidents and complaints. We looked at audits and quality assurance records. We looked at three staff files, training records and staff rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People remained safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a clear understanding of their responsibilities for safeguarding people and knew how to raise concerns. Staff had received training in safeguarding procedures and were familiar with the provider's policy, including their bullying and harassment policy.
- A staff member said they had received regular updates on any changes in safeguarding policy or procedures during staff meetings and this had improved staff awareness. Staff meeting notes confirmed that safeguarding matters were regularly discussed and staff, people and their relatives could access information about safeguarding on the provider's website at any time.
- Safeguarding alerts had been raised appropriately, for example when staff noticed an unexplained bruise they had followed safeguarding procedures to ensure the person was protected from abuse.

Assessing risk, safety monitoring and management

- Risks to people were effectively assessed, monitored and managed. Risk assessments were comprehensive and took account of people's individual needs, abilities and their wishes. People were included in risk management plans to ensure that their views were considered. For example, one person wished to administer one of their medicines themselves. A risk assessment identified how staff supported this person to continue to do this safely.
- Risks associated with people's health needs were managed effectively. Some people had diabetes or were at risk of developing diabetes. There was clear guidance for staff in how to support people. This included having regular diabetic eye screening tests and the use of a foot screening tool to identify changes in foot health associated with diabetes. This ensured that any deterioration was identified and shared with health care professionals in a timely way.
- Some people needed help to move around and risk assessments had been completed to support their mobility. For example, one person was assessed as being at high risk of fracturing a bone due to a medical condition. Their risk assessment and care plan included clear guidance for staff in how to assist the person to move. The care plan had been updated to include advice received from an occupational therapist. This meant that the person was being supported to stay safe.
- Environmental risks were assessed and managed effectively. For example, a fire risk assessment had been completed and regular checks were undertaken and recorded to ensure that fire safety was maintained.

Staffing and recruitment

- There were enough staff to care for people safely. People told us that if they needed help staff were always available to support them. One person said, "There's definitely enough staff, they come quickly if I ring my bell." A relative told us they were confident that their relation received the support they needed saying, "They always get a lot of attention. There seems to be enough staff, there's always a nurse on duty."
- Staff told us there were enough staff on duty. They described being able to take their time caring for

people. One staff member said, "The manager reminds us to remain calm, take our time and not rush." The registered manager told us that staffing levels were based upon an assessment of people's individual needs. They explained that they employed enough staff to ensure staffing levels were maintained without the use of agency staff.

- Safe systems were used to recruit staff. Appropriate checks were made before staff began working with people including Disclosure and Barring Service (DBS) checks and references. Staff had received training in subjects that the provider considered essential such as manual handling, first aid, fire training and safeguarding people. This meant that staff were safe to provide care to people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Trained staff administered medicines to people and records showed that they had been assessed as competent to do so. We observed people receiving their medicines safely.
- Some people, who were living with dementia, were receiving their medicines covertly, that is without their knowledge or consent. Records showed that decisions to give medicines covertly had been made in people's best interest in line with the Mental Capacity Act 2005. Consultation with relevant professionals, including the GP, had been recorded and guidance for staff included how to give covert medicines safely.
- Some people were prescribed PRN or "as required" medicines. Protocols were in place with detailed guidance for staff describing the circumstances when the PRN medicine should be administered.

Preventing and controlling infection

- All areas of the home were seen to be clean, tidy and smelt fresh. People and their relatives told us that standards of cleanliness at the home were consistently high. One person said, "They clean every day." Staff were following clear policies and procedures to maintain a clean and hygienic environment and to prevent and control infections.
- Three members of staff were infection control champions and had received additional training to ensure that high standards were maintained throughout the home. Staff had access to the Personal Protective Equipment (PPE) that they needed. We noted that staff were using appropriate PPE throughout the inspection.
- Management systems were in place to monitor standards of cleanliness throughout the home.

Learning lessons when things go wrong

- Incidents and accidents were consistently recorded and staff understood their responsibilities to report any concerns, such as near-miss events. The registered manager had oversight of all incidents and accidents to ensure that appropriate actions were taken including the review of risk assessments and care plans.
- Staff told us that learning from incidents was discussed during staff meetings to ensure that lessons were learned. Notes from staff meetings confirmed this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes remained consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs and choices were assessed in a holistic way, taking account of their physical, mental health and social needs.
- Care plans were based on comprehensive assessments of people's diverse needs and reflected current best practice. For example, screening tools were used to identify risks of malnutrition and hydration. The registered manager told us that these tools had been designed following national guidance from the IDDSI (International Dysphagia Diet Standardisation Initiative) framework. The assessment process included identifying risks associated with people's physical health and abilities as well as their mental health, motivation, mental capacity and their preferences.
- People's needs were supported with technology and equipment when appropriate. For example, one person was no longer able to tolerate being transferred into a bath or shower with a hoist. An inflatable bath was used so they could continue to enjoy the experience of a bath from their bed.

Staff support: induction, training, skills and experience.

- People and their relatives told us they had confidence in the staff. One person said, "The staff definitely have the skills to look after me." A relative said, "The staff are marvellous, they seem to excel when they come here." Another relative told us their relative received the help they needed saying, "The staff manage the care appropriately, they definitely have the skills they need, they are pretty thorough I think."
- Staff told us that they received the training and support they needed to care for people. One staff member told us that the registered manager was proactive in sourcing training for them including clinical training for nurses in catheter care, tissue viability training and end of life clinical care. One staff member told us, "I feel confident because I know what I am doing, that makes me feel safe at work."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and drink offered at the home. Their comments included, "The food suits me, it's good." "I don't get hungry, and you can have snacks." "I get enough to eat and I can choose from the pictures." People were offered meal choices and could eat in their rooms if they wanted to.
- Staff demonstrated a good understanding of people's dietary needs and preferences. Some people were identified as having risks associated with eating and drinking. Systems for monitoring food and fluids were in place for people who were identified as being at risk of malnutrition or dehydration. Staff used a colour coded traffic light system with coloured coasters to give a visual prompt about people's needs. For example, one person had a red coloured coaster to remind staff that they needed support with drinking to remain hydrated. We observed that people who needed assistance with eating and drinking were supported by staff who were attentive to their needs. One relative said their relation needed a pureed diet and described how staff provided encouragement with eating and drinking. They said, "Their eating has definitely improved."

Staff working with other agencies to provide consistent, effective, timely care

- Staff described positive relationships with other agencies including the GP, chiropodist and social care services. For example, one person regularly declined their medicines. Staff respected their right to refuse their medicines and had worked with the person and their GP to ensure that there was clear guidance for staff when this occurred. The GP was kept informed appropriately so that any decline in the person's health was monitored.
- When people's needs changed, staff made appropriate referrals in a timely way to ensure that people's needs were met. For example, staff noted a change in a person's behaviour and sought advice from the Parkinson's disease specialist nurse who reviewed their medicines.

Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access the healthcare services they needed. One person said, "Appointments with the doctor, dentist or chiropodist are all arranged for you." Another person said, "When I hurt my back they called the doctor straight away."
- Records showed regular involvement with a range of healthcare professionals and care plans reflected the advice staff had received. For example, one person had been assessed as having swallowing difficulties by a speech and language therapist. Their care plan included guidance for staff in the use of medicines in liquid form.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood their responsibilities with regard to the MCA. People's capacity to consent to their care and treatment had been considered and was documented appropriately. Where people lacked capacity to make specific decisions appropriate assessments had been made. Decisions made in people's best interests were recorded to show how the decision had been made in accordance with the legislation.
- We observed staff checking with people before providing care and support. One person told us, "They always check first." Staff described respecting people's right to refuse care or treatment. One staff member said, "We can never force anyone to do something, we respect their choices as much as possible."
- The registered manager had made appropriate applications for people where they believed DoLS could apply.

Adapting service, design, decoration to meet people's needs

- The design and decoration of the home was suitable to meet people's needs. Adaptations had been made to ensure people's mobility needs were met. For example, ramps were in place to ensure that people with mobility needs could access the garden and portable ramps ensured that people were able to access all areas of the home. Adaptations and equipment such as profiling baths were in place and people told us this meant they could choose to have a bath or a shower. Eye-catching posters were used on some doors to support people who were living with dementia. A staff member described how one person had come to recognise a poster with a cat and this supported them to orientate themselves in the home.
- People were involved in making decisions about the decoration of the home. For example, people had chosen the colour scheme when new chairs were purchased in the lounge.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People continued to be supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us that staff were kind and caring. One person said, "The staff are perfect in my mind, I could not ask for better treatment." Another person said, "The staff are all very good, they are like friends."
- Throughout the inspection, we observed staff approaching people with kindness, patience and respect. We noted positive interactions and humour, people appeared to be happy and relaxed in the company of the staff.
- Staff were attentive and recognised when people needed support. We observed staff encouraging people to have a drink and offering assistance in a discreet way when needed. A relative told us, "The staff know people well and look out for them all the time." They explained how their relation had been reluctant to eat and said, "The staff noticed and made sure she had support at meal times, it made a big difference and gave us peace of mind."
- Some people were not able to express themselves verbally and the registered manager described how staff knew people well and recognised when their needs changed. For example, a pain management tool was used to identify visual clues that might indicate an increase in pain and ensure that this was managed appropriately.

Supporting people to express their views and be involved in making decisions about their care;

- People and their relatives described being involved in decisions about their care and support. One person told us, "I see the care plan regularly and we put down what we think." A relative said, "Once a year we see and update the care plan and we can comment and suggest changes." Another relative told us they had been consulted about a care plan, saying, "I was able to boost it's content."
- People's views and preferences were documented in care plans, for example, one person told us they did not like showers and enjoyed laying out the clothes that they liked to wear every day. This routine was included within their care plan.
- Staff knew the people they were caring for well. For example, one staff member told us about a person who had mental health needs. They said, "It's important that they know what is happening because they suffer with anxiety, we make sure we tell them what's going on and this helps them to be calm and relaxed."

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- People told us they could choose how to spend their day and that staff offered them choices. One person said, "I choose not to do the activities that they offer, it's my choice. I am happy in my room with my knitting, reading and TV."
- Staff supported people to have privacy, one person told us, "The staff always knock on my door." Another person said, "I get a lot of privacy here, which I enjoy." People's personal information was kept securely and

staff understood the importance of respecting confidentiality.

- People told us their dignity was supported and they felt respected. One person said, "The staff treat me well, always with respect." Another person told us, "I am always treated with dignity, especially if they are helping me to wash." Five members of staff were dignity champions. One staff member who was a dignity champion, described their role in supporting staff by raising awareness of dignity issues. They explained the importance of staff knowing people well, and having an understanding of people's diverse needs. They told us about a person who had behaviour that could be challenging to others. The staff member said, "If you know people well, listen carefully and watch them, you will find a way, sometimes we walk away and come back later and start again."
- People were encouraged to maintain their social networks. Relatives said they were welcomed at the home by staff and that there were no restrictions to visits. People told us they were supported to maintain links with their local community, for example one person said, "I can arrange to go to Church if I want to and my family are always made welcome here."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs continued to be met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs and preferences, including needs based on protected equality characteristics, were identified and assessed. Care plans were comprehensive and provided details that supported staff to provide a personalised service to people. For example, care plans included information about what was important to the person, such as what makes a good day and what makes a bad day for them.
- People's rooms were personalised and memory boxes were placed outside people's doors to help them to recognise their room.
- Staff told us that people and their relatives were involved in developing care plans. Life histories captured significant events and important personal details. One relative described how they had contributed to this information for their relation. They said it had always been important for the person to dress well and they described how staff understood this, saying, "She always looks immaculate when we visit, the carers know how important that is."
- Staff understood their responsibilities to comply with the Accessible Information Standard. Care plans identified any communication needs that people had and guided staff in how to meet these needs. For example, one person had both auditory and visual sensory loss. Staff had suggested pictorial communication tools but the person had declined to use these. Their wishes were included within the care plan, guiding staff to speak slowly and clearly to support their communication needs.
- One person had visual sensory loss and was no longer able to read a newspaper. Their care plan included the importance of keeping up to date with news events and the person had use of an electronic web-based product that responded to voice activated requests. Staff said the person enjoyed using this system to keep themselves informed of current events. Information was provided to people in a number of ways including large print, pictorial and diagrammatic formats to reduce barriers to communication. Electronic screens around the home provided useful information for people and their relatives. The registered manager said that information including policies and procedures were available to everyone on the website for the home.
- People were supported to follow their interests, their beliefs and preferences were respected. A relative said that their relation had regularly attended church and enjoyed singing. They told us, "A priest comes here regularly for services and she loves the singing." Another person told us that they were supported by a volunteer to attend their place of worship.
- People were supported to go out and access the local community. People said they enjoyed the activities that were arranged in and outside the home. One person said, "I like variety, it cheers me up and gives me a laugh." Another person said, "I like to go out with the staff when I can."
- Staff were responsive to changes in people's needs and care plans were regularly reviewed and adjusted to ensure that people's needs continued to be met.

End of life care and support

- Some people were identified as being likely to need end of life care and had been supported to plan for

care at the end of their life. When appropriate, staff included relatives in developing plans.

- Staff had received training in end of life care and had a firm understanding of how to provide effective care to keep people comfortable at the end of life. The registered manager said they were working towards the Gold Standard Framework. This is a nationally recognised standard for good practice in end of life care.
- Staff understood the importance of anticipating people's needs. For example, staff had worked with the GP to ensure that "just in case" medicines were available for someone whose condition could deteriorate quickly. This ensured that the appropriate medicine was available to keep the person comfortable when needed.
- People's religious and cultural beliefs were considered, recorded and respected.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and would feel comfortable to raise any concerns. One person said, "I would find someone to talk to but I have never had to complain." Another person told us, "I did complain about some things and it was sorted out straight away."
- There had been no recent complaints but the registered manager described addressing any concerns or minor complaints as they arose. The provider's mechanism for dealing with complaints was prominently displayed on information boards and screens throughout the home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives spoke positively about the home. One person said, "It's a happy place, I think it is well managed." Another person said, "It's a cosy atmosphere and the staff are all helpful and caring." A relative told us, "It' a happy, jovial place, the staff are busy but they don't appear to be."
- Staff described the values of the home as providing personalised care in a homely atmosphere. One staff member said, "It's a calm place, we are not all rushing, it's like a family." Another staff member said, "The best thing about working here is the residents, they are at the centre of what we do."

There was an open culture at the home. Relatives told us that staff kept them informed of any incidents and how staff had responded. The registered manager told us that quality assurance information was available to anyone on the provider's website and that this was readily available to people and their relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an embedded framework that monitored the quality of the service. Clear lines of accountability meant that staff were clear about their roles and responsibilities . There were clear policies and procedures in place to guide staff and these were regularly viewed and updated. A staff member told us that they could access this information on the provider's website.
- The registered manager used audits and quality assurance mechanisms to assure them self of the quality of the service. They described how risks were identified, monitored and reviewed regularly to ensure effective risk management.
- Staff understood their roles and described clear, effective leadership. Staff spoke positively of the management of the home. One staff member said, "We all work well as a team." It was evident throughout the inspection that the registered manager was passionate about finding ways to improve the experiences of people and had developed a number of tools to drive improvements.
- The registered manager understood the legal requirements of their role, including notifying CQC of any events that they were required to tell us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager used a variety of systems to engage and involve people, relatives and staff in evaluating the service. Quality assurance questionnaires were used to capture views of those using the service, as well as for staff and professionals visiting the home. We noted that the feedback received was consistently positive. Feedback was also sought during meetings with residents, relatives and staff including

at group and individual meetings.

- Quality monitoring of complaints, incidents, near misses, accidents and safeguarding events was also used to identify learning and to make improvements. The registered manager described how they used this information, for example to identify training needs for staff.

Working in partnership with others

- The registered manager was proactive in keeping updated about industry changes. They attended a number of local networks including provider forums and registered manager meetings. They described how this enabled them to remain updated with local and national initiatives and to ensure that staff were aware of best practice guidance. They used this information to review policies and procedures at the home, to identify further training needs for staff and to keep staff informed and up to date about industry changes and current best practice in staff meetings.
- Staff described positive working relationships with health and social care professionals and with other agencies in the local community.