Housing & Care 21

Housing & Care 21 - Bentley Grange

Inspection report

Bentley Grange
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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

This inspection was carried out on 05 December 2016 by one inspector. Housing and Care 21 – Bentley Grange provide 'extra care' to older people who are tenants in Bentley Grange. This includes support with personal care and independent living. Bentley Grange is a four storey building containing 45 purpose-built apartments in a community setting, that can be bought or rented by tenants. The Care Quality Commission inspects the care and support the service provides to people but does not inspect the accommodation they live in. There were 41 tenants living in Bentley Grange apartments at the time of our inspection. All of the people we spoke with in the communal areas were able to express themselves verbally.

There was a manager in post since September 2016 who was in the process of registering with the CQC. 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 new manager had been in post for eleven weeks and had achieved a remarkable amount of improvement in the service in that short time.

Staff were trained in how to protect people from abuse and harm. They were aware of the procedures to follow in case of abuse or suspicion of abuse and whistle blowing.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of re-occurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs and ensured continuity of one to one support. Recruitment was underway to ensure agency staff were seldom used. Thorough recruitment practice was followed to ensure staff were suitable for their role.

Staff were trained in the safe administration of medicines. Records relevant to the administration of medicines or the supervision of medicines were monitored. This ensured they were accurately kept and medicines were administered to people and taken by people safely according to their individual needs.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before care was provided and were continually reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff had received essential training and had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff were in the process of receiving one to one supervision sessions to ensure they were supported while they carried out their role. They received an annual appraisal of their performance and training needs.

All care staff had received training in the principles of the Mental Capacity Act 2005 (MCA) however they were not knowledgeable about how these should be applied in practice. Processes relevant to mental capacity were not appropriately carried out and/or documented. Although staff had completed the training they needed to support people in a safe way, they needed a refresher course in mental capacity and on how to implement the relevant processes. We have made a recommendation about this.

Staff sought and obtained people's consent before they provided support. When people declined or changed their mind, their wishes were respected.

The staff practised inclusive methods of communication. People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their support was delivered. Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People were helped with referrals to health care professionals when needed and in a timely way. Personal records were person-centred and paid attention to what was important to people. They included their likes, dislikes, a summary of their life history and interests. Staff promoted people's independence, encouraged them to do as much as possible for themselves and people made their own decisions.

People's privacy was respected and people were assisted in a way that respected their dignity and individuality. Staff took account of people's psychological wellbeing.

People's individual assessments and support plans were reviewed regularly with their participation. A relative told us, "We are definitely involved and kept well informed." People's support plans were updated when their needs changed to make sure they received the support they needed.

People's views were sought and acted upon. The provider sent satisfaction survey questionnaires to people to identify how the service could improve. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued and supported under the new manager's leadership. The manager notified the Care Quality Commission of any significant events that affected people or the service. Comprehensive quality assurance audits were carried out to identify how the service could improve and action was taken to implement improvements.

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.

Staff were trained in the safeguarding of adults and were knowledgeable about the procedures to follow to keep people safe.

Staff knew about and used policies and guidance to minimise the risks associated with people's support. Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs. Recruitment of additional staff was underway.

Thorough staff recruitment procedures were followed in practice. Medicines were administered safely and tenants were able to self-medicate when they chose to.

Is the service effective?

Requires Improvement

The service was not consistently effective.

All care staff had received training in the principles of the Mental Capacity Act 2005 (MCA) during their induction however they were not knowledgeable about how to apply these in practice. Processes relevant to mental capacity were not appropriately carried out and/or documented. Although staff had completed the training they needed to support people in a safe way, they needed a refresher course in mental capacity and on how to implement the relevant processes.

All staff had completed essential training and additional training was provided so staff were knowledgeable about people's individual requirements.

Tenants were helped promptly when required and appropriately referred to healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff promoted tenants' independence and encouraged them to make their own decisions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, sensitivity and respect.

Clear information was provided to people about the service and how to complain. Tenants were fully involved in the planning of their support and staff provided clear explanations in practice.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Tenants' needs were assessed before they moved into the service. The support provided was personalised to reflect tenants' wishes and what was important to them. Support plans and risk assessments were reviewed and updated when needs changed.

Tenants knew how to complain and their views were listened to and acted on.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focussed on people. The manager sought people and staff's feedback and welcomed their suggestions for improvement.

Staff had confidence in the manager's response when they had any concerns. The new manager had been in post for eleven weeks and had achieved a remarkable amount of improvement in the service in that short time.

There was a system of quality assurance in place. The management team carried out audits of every aspect of the service to identify where improvements to the service could be made.

Housing & Care 21 - Bentley Grange

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 checked 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 was carried out on 05 December 2016 and was announced. We gave short notice of our inspection to ensure tenants were prepared by staff who explained the purpose of our visit. The inspection team consisted of one inspector.

The manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during our inspection. Before our inspection we looked at records that were sent to us by the manager or the local authority to inform us of significant changes and events.

We spoke with eight people who received support from the service and two of their relatives to gather their feedback. We also spoke with the manager, and five members of care staff. We consulted a local authority quality monitoring officer, and a district nurse who oversaw people's care in the community. We obtained their feedback about their experience of the service.

We looked at ten people's care plans and records relevant to staff management, staff recruitment and to the quality of the service. We looked at people's assessments of needs and care plans and talked with people to check that the support provided was delivered consistently with these records. We looked at the satisfaction surveys that had been carried out. We sampled the services' policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. They told us, "I am really happy and safe", "I am safe, staff help me and I am happy, if I call staff they come quickly." A relative told us, "My mum is quite independent but it is good to know there are staff around if she needs them."

People's individual needs were assessed and this information was used to calculate how many staff were needed on shift at any time. Before support was delivered, the manager completed an assessment to ensure the service could provide staffing that was sufficient to meet people's needs and agreed a care package with each person. Care packages were divided in 'calls' of variable duration throughout the day, and were scheduled in advance. This ensured staff were available to respond promptly to people's needs and ensure their safety.

Our observations indicated that sufficient staff were deployed in the service to meet people's needs. The service supported 41 people and deployed 20 care workers, including two senior care workers. Agency staff were used when permanent staff were unable to assure holiday or sickness cover. The manager told us, "We are very aware of this and are working to remedy this while we are actively recruiting; three newly recruited staff are due to join the team shortly." Each person wore a life pendant that enabled them to call staff when needed. One care worker was on waking duty every night. The manager and a senior care worker took turns to respond to people's out of hours enquiries and people were aware of their contact details. This ensured that people were able to access help and support without delay.

The registered manager reviewed people's care whenever their needs changed to determine the staffing levels needed, and increased or decreased staffing levels accordingly. When a change of circumstances had required additional monitoring, this had been provided. Extra calls had been provided when a person had approached the end of their life; when people had just moved into an apartment and needed orientation. People told us, "If I need an extra call I just book it with the manager." This ensured there were enough staff to meet people's needs. There was a system to monitor and respond to people's calls for assistance when they used a call bell or a pendant alarm. Calls were responded to promptly. A relative told us, "They [staff] respond within minutes."

People's medicines were managed so that they received them safely. The service held a policy for the administration of medicines that was regularly reviewed and current. Staff had received appropriate training in the recording, handling, safe keeping, and administration of medicines. People's needs and their wishes relevant to their medicines were assessed and reviewed. Clear instructions for staff were included in people's support plans and medicines were pre-prepared and provided by local pharmacies in dedicated containers. People self-medicated or needed to be reminded about taking their medicines. One person was assisted by staff with opening the medicines container; another person had their medicine injected by their personal assistant who was not employed by the service.

Staff competency in regard to medicines had been checked to ensure people were safe. Care workers underwent three days training, shadowed experienced care workers, and had their competency checked by

the manager or senior care workers. The manager carried out unannounced spot checks to observe staff practice. When shortfalls had been identified staff had re-trained and demonstrated their competence before they were allowed to resume any tasks relevant to medicines. This system ensured that people received their medicines safely.

The service's safeguarding policy had been reviewed in July 2016 to reflect the Local Authority safeguarding vulnerable adults guidance. Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Their training in the safeguarding of adults was annual and up to date. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse and they knew how to use the whistle blowing policy should they have any concerns. One member of staff said, "We would report any concerns about people's safety to the manager but we know we can also access social services directly". This ensured that abuse or suspicion of abuse could be reported without delay to keep people as safe as possible.

Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with adults. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a three months' probation period before they became permanent members of staff. Disciplinary procedures were in place if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. Risk assessments had been carried out for people who may be at risk of falls, choking, or a decline in mental health. All assessments included clear measures to reduce the risks and appropriate guidance for staff. Control measures included checks that equipment was in place, that food was cut in manageable portions, and that a person's moods were maintained with regular support. Staff followed this guidance and recommendations in practice to keep people safe.

Accidents and incidents were recorded and monitored daily by the manager. The manager audited accidents monthly to identify any trends or patterns, and action was taken to reduce the risks of recurrence. For example when a person had attempted to end their life when they had experienced a low mood, their care plan had been reviewed to ensure any triggers that had been identified were reduced. Updated and relevant instructions had been communicated to all staff.

The manager liaised with the provider who ensured that premises were secure for people to live in and that all fire protection equipment was regularly serviced and maintained. All staff were trained fire awareness. There were weekly fire checks of alarms and first aid kits were checked regularly and replenished when necessary. A few tenants had requested to join the fire and first aid training and this had been facilitated. There were fire risk assessments in place for the environment and a fire emergency evacuation plan. Each tenant had a personal evacuation plans and staff knew where these were located. This ensured staff were aware of each person's needs in case of emergencies.

The provider had an appropriate business contingency plan specific to the service that addressed possible emergencies such as relocation, extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

Requires Improvement

Is the service effective?

Our findings

Staff provided support effectively to people and followed specific instructions in their care plans to meet their individual needs. People told us, "The staff have helped me with all sorts of things; they are marvellous" and, "All the staff know me well, they understand what I need." A relative told us, "There is a very good balance of independence and support; support is provided only when needed so our mother still feels in charge, it works very well for her." A district nurse who visited two people to provide dressings told us, "This is a good place; they [staff] keep records of the advice we give and they act on it."

Newly recruited staff received a three day induction and completed a 'learner tool kit' over 12 weeks which was signed off by the manager after satisfactory completion. The manager was in process of enrolling all permanent staff into that process, to re-assess staff competencies and maintain or refresh their acquired knowledge.

Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific to the needs of the people they supported. This included safeguarding, dementia care, manual handling, infection control, first aid and medicines. When additional training was necessary to meet people's individual needs, this was provided. The manager had identified a need for two members of staff to be trained in catheter care and this was scheduled to take place.

Additional support was provided for staff who may experience difficulties with some aspects of their training. The manager had taken two members of staff off the staff rota to spend time sitting with them and familiarising them with computer literacy. Staff told us that due to their training they felt confident to deliver the support people needed. We observed staff putting their training into practice by the way they supported people and communicated with them. Staff were fully supported to study and gain qualifications in health and social care while working in the service, and the manager had consulted all staff about their wishes and goals regarding such qualifications before setting up an enrolling programme.

All members of care staff had not received one to one supervision sessions before the new manager came in post in September 2016. The manager had identified this shortfall and had set up a system whereby each member of staff would receive quarterly one to one support sessions. They had supervised ten members of staff in the last four weeks. One member of staff told us, "This is very helpful, we can discuss anything." All staff were scheduled for an annual appraisal to appraise their performance. This ensured that staff were supported to carry out their roles effectively.

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

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the manager. They had received relevant training in a previous employment and demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. However there was no robust system in place to assess people's mental capacity in regard to specific decisions when this may be necessary. For example, a meeting had been held to reach a decision in a person's best interests although there were no documented assessments of the person's mental capacity to evidence a meeting was necessary. We discussed this with the manager who completed the assessment on the day of our inspection. One person who lived with dementia had signed consent forms regarding sharing of their information, however assessments of the person's mental capacity had not been carried out to check whether they could understand what they were signing. Another person's spouse had signed support planning paperwork and review records. The person lived with dementia and their mental capacity had not been assessed nor a meeting been held to determine whether their relative signing on their behalf would be appropriate.

All staff we spoke with were not appropriately knowledgeable about any of the principles of the Mental Capacity Act 2005. This meant that staff were unable to assess people's mental capacity when this may be necessary. Following our inspection, the manager provided us with evidence that training on Mental Capacity Act and Deprivation of Liberty Safeguards had been included in staff induction within three days of starting their post. However all staff we spoke with could not recall their knowledge on mental capacity nor describe the process they should follow according to the Mental Capacity Act. We were unable to locate the provider's policy on mental capacity on the day of our inspection, however the manager provided it to us following the inspection. We discussed this with the manager who showed us handovers on mental capacity that they had written and distributed to staff. The manager told us they had identified that processes regarding mental capacity and relevant assessments and meetings were not clearly explained to staff during their training and that these processes were not supported by appropriate documentation. As a result, they had booked all staff on a full training course on mental capacity in December 2016, and had designed a template where processes could be appropriately recorded. The manager had ensured the policy was fully accessible to staff for guidance. We will check that staff knowledge and application of the relevant processes have been embedded in practice at our next inspection. We recommend that the provider ensures that staff are appropriately trained in the principles of the Mental Capacity Act, and are enabled to implement processes relevant to decision- specific assessments of people's mental capacity.

Staff sought and obtained people's consent before they helped them. One person told us, "All the staff are very respectful; they would never do anything without us agreeing to it." People's refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes. A person had declined to join others for an activity, another person chose to have their meal in their apartment and this was respected.

People's needs were assessed, recorded and communicated to staff effectively. There were handovers and a communication book used by staff to ensure information about people's support was communicated effectively between shifts. The manager had improved a handover book to enable staff to record healthcare professionals' visits and appointments more effectively.

Specific communication methods were used by staff. People we spoke with knew each member of staff by name. All the staff we spoke with were knowledgeable of people's individual or specific needs, and

communicated well with them. Three people had sight impairment and their care plans included clear instructions about how best to communicate with them. Instructions for one person included the use of audio books. A person had a hearing impairment; the manager had ensured an alarm triggered by light had been fitted by their front door so they could be made aware of the fire alarm. We observed people and staff when they interacted while explanations about activities were provided. People were given time to express themselves. People were smiling, appeared calm and interacted positively with staff.

Tenants had their own kitchen and were helped by staff with breakfast and evening meals when necessary. They congregated in the dining room at lunchtime if they wished. An external catering service that provided a catering team and the meals was commissioned by the provider. The chef was aware of and accommodated tenants' specific dietary requirements. The chef from the catering team met tenants every month to discuss seasonal menus options. Tenants were provided with a weekly menu and either used these meetings or a suggestion box to leave feedback or make suggestions.

Staff supported tenants to maintain diets that promoted their health. A person who was at risk of ill health due to their weight was supported appropriately by staff who provided advice about healthy options when they compiled their shopping list. The person told us that staff had helped them lose weight. Support plans included a section 'Be healthy', detailing individual access to a GP and other healthcare services such as dental or optician services. It also included whether or not people's families were involved with supporting this access, to indicate possible a need for support.

Tenants were registered with their own GP, dentist and optician. They were assisted by staff when they needed to be reminded about appointments with health care professionals or when they wished to be accompanied. For example, staff accompanied people who needed regular blood checks, regular vitamin injections to their GP surgeries or annual checks in specialised clinics. When staff had concerns about people's health this was reported to the manager, documented and acted upon, such as staff offering to contact the GP or district nurses on their behalf. Emergency services were called appropriately when tenants became particularly unwell. This approach ensured the delivery of people's care and support responded to their health needs and wishes.

The communal areas included a large lounge that could be divided in three areas when necessary; a large dining room; three kitchenettes and several toilet facilities. Ample comfortable seating was provided in all areas and the premises were decorated to render them as welcoming as possible. A tenant told us, "My apartment is absolutely wonderful, it is very well designed and it has all I need, all the flats have a well equipped kitchen and a washing machine."

Good

Is the service caring?

Our findings

All the people we spoke with told us they were consistently satisfied with the way staff supported them. They described the staff as, "caring", "kind", and "thoughtful." They told us, "The workers are all ever so patient" and, "The staff always help me when I need them, nothing is too much trouble for them."

Positive caring relationships were developed with tenants. We observed staff interacting with people with kindness, respect and sensitivity. Appropriate humour was used during interactions and it was apparent that people and staff held each other's in high regard. Staff celebrated a person's birthday as they were presented with cards and a personalised cake.

Staff told us they valued people and enjoyed spending time and talking with them while they provided support. They called people by their preferred names and shared jokes with appropriate humour. One member of staff told us, "We have become good friends." A care worker had expressed concerns about a person not wanting to come down for lunch and had followed this up with regular checks throughout the day. The manager had referred a person to a bereavement counselling service with their consent, when the person had experienced emotional difficulties.

People were at the heart of the service and their independence was actively promoted. Support plans and observations showed that staff promoted people's independence and encouraged them to do as much as possible for themselves. Tenants held entry fobs to their apartment and came and went out of the premises independently. They were escorted by staff when they had requested it; they shopped and cooked their own food, processed their laundry, purchased what they chose and maintained their environment. When people needed help with house work and chores such as processing laundry and ironing, this was provided. One person was helped by staff with cooking and laundry and the staff told us, "We don't take over, we help her do it."

Clear information was provided to people about the service, in a format that was suitable for people's needs. This information included a comprehensive tenants' guide, and a 'service guide' folder which tenants kept in their apartment. This guide included the service's statement of purpose, the tenancy contract, how to complaint and useful local contact numbers. Information was provided about taxis, GPs, shops, farmers' markets, post office, banks, pharmacies, churches and library. Environmental and technical information such as appliances user guides was also provided in a specific folder. The manager was in the process of collecting staff photos to display in a notice board, and writing a guide that explained the 'extra care support' that tenants could have access to if they wished. People were provided with weekly menus and a timetable of activities.

The manager had introduced a 'dignity board' for staff, selecting elements for monthly discussions of how to respect peoples' dignity in practice, such as awareness of dementia, Parkinson's disease, depression or anxiety. A member of staff had been selected as a dignity champion, to give advice and guidance to staff when needed.

Attention was paid to equality and diversity. Male or female care workers were provided when people had expressed a preference. A member of staff who came from abroad and who experienced language difficulties had been referred to a college to help their English.

The service had access to an advocacy service to access independent mental health advocates. These advocates help people express their views when no family or legal representative is available to assist them. However this had not been warranted to date.

People's privacy was respected and people were supported in a way that respected their dignity. The staff had received training in respecting people's confidentiality. They were aware of the service's policy on the use of social media and mobile phones. Staff ensured that people's privacy was respected effectively. A person told us, "They are mindful of my dignity when they help me getting dressed after my shower." Staff told us they respected people's rights and remained out of people's apartments unless this was agreed with people or unless they were invited to do so. When access to a person's apartment was required for any repairs or maintenance, this was arranged and agreed in advance with individuals. Domestic help was provided in apartments only when tenants were in situ. Relatives were provided with an entry fob only when this had been agreed with people.

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. People reported to us that they appreciated the support they received and told us "I am really satisfied here; everything I do here is my choice, the staff are only there to help me if I call them, this is ideal", "I like the fact I have a good care plan that is about what I want done and I can always discuss it and have it changed if I want" and, "The staff know what I like and I like things to be done." In the last satisfaction survey, people had commented, "the staff are very kind in sometimes difficult circumstances", "We find all the carers to be friendly and efficient" and, "We are very pleased with the care our mother receives; they [staff] call me if worried or need anything."

People were offered choice and options. They were able to choose which agency to use and which support worker to provide their support. They had a choice about how and when their support was provided and their wish was respected as much as possible. Two tenants employed regular care and domestic support that was external to the service.

People agreed to the amount of support they needed, and this was reviewed when people's various needs increased or decreased. The manager met with people and carried out assessments of people's needs and associated risks before any support was provided. This included needs relevant to their health, spiritual and cultural needs, communication, likes and dislikes and social activities. The staff were made aware of these assessments to ensure they were knowledgeable about people's particular needs before they provided support. These assessments were developed into individualised support plans within days of them coming to live in Bentley Grange, with people's participation. Staff contributed to the development of these plans as they increased their own knowledge of people's personalities.

People's individual assessments and support plans were reviewed regularly and updated appropriately when their needs had changed. People or their legal representatives were involved with these reviews and were informed in advance when the reviews were scheduled. This ensured people were able to think in advance about any changes they may wish to implement. The manager told us, "These support plans are scheduled for a review and an update every six weeks, although they are continually updated as people's needs are always changing." A support plan had been updated when a mobility aid had been changed; when medicines had been relocated in an apartment; and after a period of hospitalisation.

People's support plans were extremely detailed to include their preferences about every aspect of their routine. They were sectioned to detail how support should be provided in the mornings, afternoons, at tea time and in the evenings. Each set of instructions for staff were person-centred. For example, support plans included, 'I like the care worker to ring my door, then come in using their swipe card and call out to let me know they are coming into my flat; I would like the care worker to ask me first if I am ready to get out of bed or if I wish to stay in bed as I have been unwell lately.'

Attention was paid to how people may be feeling and about their changing emotional or physical needs. For example, a support plan included, 'Once in the shower depending how well I am feeling will depend on how much assurance I require so please check with me as to what I want on the day.' It contained their

preferences about daily routine, activities, social outings, music, food, security and the goals people wanted to achieve. A section on people's medical conditions included 'how these impacted on his/her life.' Support plans included information sheets on people's particular medical conditions, to educate staff further and give them more insight into how these conditions impacted on their lives and mental state.

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. A pen portrait depicted some of their life history, facts of particular significance for people, their hobbies and interests, and the goals they wished to achieve. Support plans included specific information about how people liked to have their hot beverages, their favourite food, and how they preferred to have their medicines administered.

The provider did not provide activities but supported tenants in organising their own communal activities. Tenants had organised a monthly committee separate from the service and planned how to raise funds to finance their own activities programme which included arts and craft, knitting, scrabble, bingo, and themed events such as a Halloween party, a Christmas party and a fancy dress event. Staff helped with some of the fundraising activities, for example manning stalls at an Autumn Fayre to which people's families and the community had been invited. A person had started an art club that was well attended. Tenants organised their own outings such as trips to the theatre, and requested support from care workers when needed to attend these outings. A person told us, "There is something going on every day; we are now raising money to buy a huge TV in the lounge."

People's views were sought and acted on. 'Tenants engagement meetings' were scheduled and held every three months, to discuss any issues relevant to the service. People's feedback was also collected at each review of their support plan, and a quarterly satisfaction survey was carried out. These surveys included 18 questions covering every aspect of the service. The last survey dated September 2016 and 86% of tenants had declared being satisfied that their views were taken into account by the provider and the care workers. The feedback had been analysed by the manager and as a result, improvements had been implemented, such as the provision of an update regarding staff recruitment; of a letter introducing the new manager to each tenant; and the scheme manager going through fire procedures again with some tenants who wished to be reminded of the procedures.

The provider had a complaints policy and procedure that had been updated in June 2016. People and their relatives were made aware of the complaint procedures to follow and the last satisfaction survey indicated that 100% of tenants who had taken part knew who to complain to. Thirteen complaints had been addressed in the last twelve months to a satisfactory outcome.

Good

Is the service well-led?

Our findings

Our discussions with people, their relatives, the manager and staff showed us that there was an open and positive culture that focussed on people. People knew care workers by name and knew who to speak to if they had any problems. They told us, "I know the manager, she is lovely and she listens to us" and, "If I was not happy I would tell staff or the manager or the scheme manager and they will get it sorted." A relative told us, "We have total confidence in the new management."

The manager was visible in the service and ensured they were known by tenants. Tenants could choose to have the manager provide them with a daily alarm call and/or a daily visit. There was an 'open door' policy where people and members of staff were welcome to come into the office to speak with the manager at any time and we saw that they did this several times during the day. Three people came to visit the manager for a chat during our inspection.

The manager was supported by an operations manager and an extra care manager. When the provider had identified that the manager carried out additional roles in the service such as helping staff, senior shifts for one staff member had been re-organised to allow the manager to focus on her own role. The manager was supported by two senior members of staff. They told us they were in the process of developing a senior staff team to allocate and share some of the responsibilities relating to the management of the service.

The manager had been in post for eleven weeks and had achieved a remarkable amount of improvement in the service in that short time. The manager had completed 31 spot checks of staff practice and as a result a member of staff was subject to extra supervision and another to disciplinary action. They had introduced and implemented a staff supervision programme; reviewed and improved the way complaints were documented for effective action; allocated a dignity champion; and improved the system for staff to hand over information to the next shifts. They were in the process of writing and updating new care plans for each tenant ensuring a high level of detail was included to reflect a person centred approach. Team meetings were held to get staff feedback and engage staff in the running of the service. The manager had provided staff with handover information sheets in mental capacity before training schedules could be confirmed, and had ensured all staff were enrolled to attend this training.

Members of staff confirmed that they had confidence in the management. Staff were encouraged to make suggestions about how to improve the service and these were acted on. Staff told us, "Now we have supervision, this is very helpful; we can have a 'heart-to-heart'." They told us the registered manager was "Very approachable" and, "Very hard working; she has already changed so many things and for the better."

Staff had easy access in their staff room to the provider's policies and procedures that were continuously reviewed and updated by the provider, to reflect new legislation that could affect the service. Staff signed to evidence their awareness of any updates. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people. The manager notified the Care Quality Commission of any significant events that affected people or the service.

The manager had held a meeting with all staff, twice on the same day to catch both day and night shifts, at the beginning of their being in post. Staff had been invited and encouraged to participate and provide feedback and suggestions about the running of the service. Further quarterly staff meetings were scheduled. A robust system of quality assurance checks was in place. Audits had been carried out that included care documentation, medicines administration records, complaints and satisfaction surveys. As a result, when shortfalls had been identified, remedial action had been taken. For example, staff had been reminded to record the time medicines were taken; audits of MARs were scheduled weekly instead of monthly; a tracking system to monitor safeguarding issues, weekly notes, complaints and accidents logs had been introduced. The manager ensured all documentation relevant to the running of the service were updated continually and kept checklists to track and monitor their progress. The manager followed a comprehensive action plan for driving improvements in Bentley Grange within target dates, which was monitored by the operations manager until completion.

The registered manager spoke to us about their philosophy of care for the service. They told us, "We want to provide a home within a home, which is safe and secure, in which tenants can maintain their independence as much as possible but also can be supported whenever they wish." From our observations and from what people, their relatives and the staff told us, this philosophy of care was put in practice.

People's records were kept securely. People held copies of their updated support plans in their home. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.