

# Benslow Management Company Limited

## Robin Hood House

### 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 

### Overall summary

This inspection took place on 07 April 2015 and was unannounced. The home provides accommodation and personal care for up to 23 older people, some of whom may be living with dementia. On the day of the inspection, there were 20 people living in the home.

The service has 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.

People were protected from avoidable harm or abuse. Risks to individuals' had been assessed and managed appropriately. The service followed safe recruitment procedures and there were sufficient numbers of suitable

# Summary of findings

staff to keep people safe and meet their needs. There were safe systems for the management of people's medicines and they received their medicines regularly and on time.

People were supported by staff who were skilled and knowledgeable in their roles. Staff were aware of how to support people who lacked the mental capacity to make decisions for themselves and had received training in Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. People's nutritional needs were met and they were supported to have enough to eat and drink. They were seen by their doctors or other health care professionals when required.

The experiences of people who lived at the care home were positive. They were treated with respect and their privacy and dignity was promoted. People were involved in the decisions about their care and support they received.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure in place.

There was an open culture and people were encouraged to air their views about the quality of service provision. There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out.

# Summary of findings

## 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.

People were protected from the risks of possible harm or abuse.

There was a robust recruitment system in place and sufficient numbers of staff were rostered on duty to care and support people safely.

People's medicines were managed safely and they received their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People's dietary needs were met.

People were able to access other health care professionals when required.

Good



### Is the service caring?

The service was caring.

People were treated in a kind and caring way.

People's privacy and dignity was respected and their human rights were promoted.

People were involved in the decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People had their care needs assessed and reviewed regularly.

People's choices and preferences were respected.

People were supported to pursue their social interests, hobbies and joined in activities provided in the home.

There was an effective complaints system.

Good



### Is the service well-led?

The service was well-led.

There was a caring and 'open' culture at the home and the views of people were sought, listened to and acted on.

There was a registered manager who was visible, approachable and accessible to people.

There were systems in place to assess and monitor the quality of service.

Good



# Robin Hood House

## Detailed findings

### Background to this inspection

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

This inspection took place on 07 April 2015 and was unannounced. The inspection team was made up of one inspector.

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 also reviewed other information we held about

the service. This included the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spent time talking with people, staff, visitors and the registered manager. We observed how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who lived at the service, two relatives, three members of care staff. We observed how people were supported by staff in meeting their needs. We looked at the care records of three people, medicines administration records (MAR), six staff files including their recruitment documents and training records. We also looked at other records such as health and safety, fire safety and infection control, care plan and medication audits.

# Is the service safe?

## Our findings

People said that they felt safe living at the care home. One person said, “I do feel safe. If not I would use the call bells for assistance. A relative told us, “My relative is safe here. There are always staff in around.”

The manager told us that they followed the local authority safeguarding procedures. Information on how to report any safeguarding concerns had been displayed. The safeguarding posters included the contact details of the local authority safeguarding team and the Care Quality Commission. The manager confirmed that they had reported safeguarding concerns previously and were familiar with the procedures. Staff confirmed that they had attended training in protecting the rights of people to live safely free from abuse and neglect. One member of staff said, “I am aware of how to recognise the signs of abuse and I would report it immediately.” Staff were confident in how to escalate any concerns they had in respect of the safety of people and any possible risks of abuse.

People told us that staff had discussed with them about their identified risks. One staff member said, “One person has an electric heater in their room and they know the risks and are aware of how to protect themselves.” Risk assessments had been reviewed regularly so that people were supported safely.” Staff were aware of each person’s risks and they knew how to support people safely. We observed one person had been taken to their room after lunch. Staff explained that the person went to bed to prevent them from the risk of developing pressure sores as agreed in their care plan.

The service had a emergency plan to ensure continuity of service was maintained in the event that could affect the running of the service. The plan included contact details of the management team, the utility companies and the local facilities where people would be able to move to and stay safe when required. Each person had a personal emergency evacuation plan as part of the fire safety risk assessment so that people would be evacuated safely.

Accidents and incidents were reported including notifying the Care Quality Commission where required. We saw that they kept a record of all incidents, and where required,

people’s care plans and risk assessments had been updated. The records had been reviewed to identify any possible trends to enable appropriate action to be taken to prevent recurrence.

There were sufficient numbers of staff rostered on duty to care and support people safely. One person said, “The call bells are answered promptly.” Staff confirmed that there were always enough members on each shift to look after people and meet their needs. They said that when they were short of staff, the manager would call other staff who were off duty or arrange for agency staff to provide cover. A recognised dependency tool had been used to establish and review staffing levels. A review of the duty rotas showed that there were sufficient numbers of staff rostered on duty, both day and night. We observed there was a constant staff presence in the communal areas and call bells had been answered in a timely manner.

A robust recruitment process was in place. Staff records showed that all the required checks had been carried out before an offer of employment had been made. We noted in each file that an application form had been completed and interview notes had been kept. Written references from an appropriate source such as a current or previous employer had been obtained, and Disclosure and Barring Service checks had been carried out to ensure that staff of good character were employed to work at the home. Evidence of their identity had been obtained and checked.

People told us that they received their medicines regularly and on time. One person said’ “The staff give my medicines.” People’s medicines had been stored safely and kept locked in the medicine trolley.” Staff confirmed that they had received training in the management of medicines and only staff who had passed the competency test were able to give medicines. We saw that when ‘as required’ medication had been given, the reason for the administration had been recorded on the back of the MAR. A record of the quantity of medicines received had been maintained and checked regularly against the MAR to ensure the correct balance had been kept.

Appropriate records for the management and administration of medicines had been kept and a total of all medicines remaining had been recorded. Medicines that were no longer required had been returned to the pharmacy for safe disposal.

# Is the service effective?

## Our findings

People and their relatives were complimentary of the staff. People felt that staff had the right skills and knowledge to support them appropriately. One person said, “The staff are very good. They know how to help me.” Staff were aware of people’s preferences and supported them on how they like to be supported. For example, we observed three people being assisted with their meals and staff asked them what they would like from the choices offered on the menu and saw that the members of staff prompted them to finish their meals.

Staff told us that they had received a number of training including mandatory courses to help them in their roles. One member of staff said “I have completed all the mandatory training. Another member of staff told us, “We are given opportunities to attend other training such as dementia care, Mental Capacity Act and the associated Deprivation of Liberty Safeguards (DoLS). We looked at the training matrix and noted that the majority of staff had kept up-to-date with their training. There was a system for alerting staff when their training was due to expire. Staff told us that they had completed an induction programme and had shadowed other experienced members of staff when they had started work at the care home. They also said that they received support by way of regular formal supervision and appraisals. Staff told us that they discussed work related matters and training requirements during their supervision meetings.

Staff confirmed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed that people who lacked mental capacity had an assessment carried out so that any decisions made regarding their health and welfare would be made in their best interests. For example, we saw the required documentation had been completed to allow staff to attend to people’s personal care and maintaining their wellbeing. Staff were able to demonstrate that they understood the requirements of the Mental Capacity Act 2005. One member of staff told us, “If a person is unable to make decisions for themselves then the professionals involved with their care and relatives meet to make decisions that are in the best interests.” Applications for the

deprivation of liberty safeguards for people had been made in relation to them leaving the home. The service was waiting for the assessment and authorisation from the local authority supervisory board.

People told us that staff always asked for their consent when supporting them with their personal care or other support. One person told us “Staff always ask for consent and I tell them.” Staff confirmed that they always asked for people’s consent before they provided any support. They said that where people were unable to communicate verbally, they watched their facial expressions when they spoke with them. We observed that people were asked for their consent when assisting them with their meals.

People told us that they were supported to have enough to eat and drink and maintained a balanced diet. One person said, “Food is good. We get a choice and we can ask for something else if we do not like what is in the menu.” Staff said that they monitored and ensured that people had enough to eat and drink so that they maintain their health and well-being.

Care records showed that a nutritional assessment had been carried out for each person and their weight had been checked and monitored regularly. We noted from the care records we looked at that everyone’s weight was stable. Food and fluid charts had been completed for people to monitor their daily intake.

The manager said that if they had any concerns about an individual’s weight or lack of appetite, they would seek appropriate medical or dietetic advice. One relative said, “My [relative] has difficulty in swallowing and staff has got the support of the speech therapist to help them with their food.”

People had access to other health care services when required. One person said, “They call for a doctor when needed.” Another person said, “I have regular dental check-ups and I see the opticians when I need to.” Staff told us that a nurse visited the home weekly and that they would call a GP if a person needed to be visited. We noted that people had access to the services of other health care professionals such as the chiropodist and the mental health team.

# Is the service caring?

## Our findings

People told us that they received care in a kind and compassionate way. One person said, “The care is very good. Staff are caring and helpful”. Another person said, “Staff are nice and kind.” People were cared for and supported by staff who knew them, were aware of their history, preferences and needs. We observed there was a good interaction between staff and people. Staff were able to explain to us individual needs of people, their personal histories and their circumstances leading them to come and stay at the care home. The interactions between people and staff were polite and friendly. For example, a member of staff asked a person politely whether they were ready to come for their lunch in the dining room. Another member of staff gently took a person by their hand and walked to the garden continuously talking to each other.

People and their relatives told us that they had been involved in the decisions about their care and support. One person said, “Staff explain to me when they come to help me. They ask how I would like to be supported. I am able to make my own decisions and sometimes I say no when they suggest something.” One relative said, “The staff always keep us informed and I am involved in the decisions about the care and support my relative receives.” People said that their views were listened to and staff supported them in accordance with what had been agreed when planning their care. For example, one person said, “I like to stay in my

room and sometimes choose to go downstairs.” People said that their care and support had been discussed with them and reviewed regularly and they maintained contact with their relatives and friends. People and their relatives said that they had received information about the service and were able to make an informed decision whether the service was right for them.

People told us that their privacy and dignity was respected. One person said, “The staff always respect my privacy and dignity.” One member of staff told us that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. They explained that they ensure that their body was covered to maintain their dignity. They said that sometimes people chose to do as much as possible for themselves such as wash or dress themselves so that they maintained some degree of independence. Staff told us they discussed dignity during their induction and in staff meetings. We observed staff knocked on people’s door and waited for a response before entering.

Staff told us that they always maintained people’s privacy and confidentiality. One member of staff said, “Everything about someone is private and confidential. We don’t talk about anybody outside. We discuss it with the doctors or in the meetings if necessary”. A relative said, “Staff are very professional and I know they don’t talk about people even in the lounge or corridors.”

# Is the service responsive?

## Our findings

People told us that their needs had been assessed before they came to stay at the care home. Information obtained following the assessment of their needs, had been used to develop the care plan. We saw evidence in people's care records that they and their relatives had been involved in the care planning process wherever possible. Information about people's individual preferences such as their likes and dislikes and preferences had been reflected in the care records. One person said, "I choose to stay in my room. The staff know what food I like and things I like to do." A member of staff confirmed that they knew people's likes and preferences and supported them accordingly. One staff member told us that they found the care plans informative and easy to follow.

Care records were detailed, reviewed and had been kept up to date. There was sufficient information for staff to support people in meeting their needs. We noted one of the care plans had information about how to support the person with their identified needs to ensure they maintained their health and wellbeing. We also noted that any changes in a person's needs had been updated so that staff were aware of how to support them appropriately. We observed throughout our inspection that staff demonstrated an awareness of individual's likes, dislikes and their care needs. For example, one person was at risk of developing pressure ulcers, the staff told us that the person preferred to spent time in bed after lunch for a rest and to change their body position so as to maintain their skin integrity.

There was a variety of activities planned and provided for people. Information about the activities had been displayed on the notice boards and people told us that they had been informed of the activities that took place each day. One person said, "There is enough to do. We go out in the mini-bus." Another person said, "There is always something happening but I prefer to stay in my room and watch the television." Staff said, "People enjoy what's on offer. We arrange for entertainers every now and again which people liked." On the day of our inspection we observed that various activities were taking place. For example, a group of people were engaged in board games and some people spent time outside in the garden. People told us that they went to the church services and other activities were provided for them.

People said that they were aware of the complaints procedure. One person said, "I have no concerns." None of the people we spoke with had any complaints regarding the quality of care and support that they were given. We looked at the complaints log and noted that there had been one complaint recorded this year. We saw evidence all the complaint had been thoroughly investigated and there was an audit trail confirming how the complainant had been informed of the outcome. Information on how to make a complaint had been given to each person and their relatives when they first moved to the home. They said that they have had no reasons to make a complaint but were confident that any concerns they had would be addressed if they brought it to the attention of the senior staff. One relative commented, "I've never had any complaints about this home. They are very accommodating and look after my relative well."



# Is the service well-led?

## Our findings

People commented that there was a positive culture and that they were able to talk to the manager if they wanted to. One person said, "I know the manager and they are approachable. I speak to them sometimes." There was a pleasant atmosphere and people felt that their views were listened to and acted on.

The registered manager spoke positively about the quality of service they provided and their priority was to ensure that all staff vacancies were filled so that the use of agency and 'bank' staff would be minimal. The manager also said that they continued to create a learning culture where all staff would be provided with other training or courses to enhance their knowledge particularly in relation to dementia care. They said that all staff had received training in dementia care at foundation level and others at advanced level. This was to ensure that people would be cared for by staff who were trained and knowledgeable in the provision of good care. Staff confirmed that the manager was a good leader, helpful and supportive so that they were able to support people in meeting their needs.

People knew who the manager was and staff told us that they worked as a team. The manager told us that they had good relationships with staff and other health professionals

who visited the home. Staff told us that they attended regular staff meetings and we saw that minutes of these had been documented and were available to staff who were unable to attend.

Staff confirmed that they had developed a learning culture. They reflected on incidents and discuss these in the staff meetings to explore possible ways of preventing recurrence. They felt that the service was transparent and their vision was to provide good care in a person centred way and treat people with respect and dignity.

The manager said that the service had a yearly questionnaire survey. The feedback from the survey provided positive comments such as, "Staff are caring, helpful and hardworking. There is a good ambiance and staff know the residents well."

We saw examples audits that had been carried out. For example, the medication audit had shown that the systems in place were effective and had identified issues relating to recording in MAR charts which were being addressed. We noted that regular audits relating to health and safety had been carried out so that people lived in a safe and comfortable environment. Regular checks were also undertaken by external companies to ensure that all equipment and heating systems were in good working order.