

Benridge Care Homes Limited

Benridge Residential Care Home

Inspection report

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Merseyside
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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Benridge Care Home is a residential care service that provides accommodation and personal care for up to twenty-five people, including those living with dementia. The care home is situated in a large Victorian property and accommodates people across two floors. At the time of our inspection, there were nineteen people living at the service.

People's experience of using this service and what we found

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good for the safe, effective, caring and well-led domains. There has however been a change of rating for the service to Outstanding based on our findings for the responsive domain.

The culture and philosophy of the service ensured the provision of care and support was as individual as the person receiving it. Management and staff displayed clear vision and values in relation to the provision of care and support. People were supported by staff to engage their time in a way which was genuinely meaningful to them.

People using this service benefitted from exceptional individualised care which was unique to each of the people living at Benridge. Staff were motivated to get care just right for people.

People and their relatives had confidence in the staff who took care of them. People received care from staff who were caring and compassionate. It was evident that staff had formed warm relationships with the people they were caring for. Staff were considerate and provided care and support in a dignified way. Staff knew people's individual needs, routines and preferences well.

Systems were in place to identify what people enjoyed doing and staff were pivotal in the deliverance of individualised activities and pastimes. People were supported and encouraged to maintain contact with friends and relatives and be a part of their local community.

People were supported in such a way that allowed them maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Regular checks and audits were carried out to determine the quality and safety of the environment and the care being provided. Risk to people was appropriately assessed and measures were put in place to support people safely, whilst still respecting their freedom.

People were treated with the utmost respect. Staff took care to encourage and maintain people's independence as far as possible.

Staff were well supported in their role with appropriate training and supervision. Staff had received additional training to meet the specific needs of the people they were caring for.

Without exception, feedback about the management of the home from people, their relatives and staff was positive. The registered manager adopted a hands-on approach to the deliverance of care and was a visible presence in the home.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted a person centred and transparent culture within the service. The registered manager adopted innovative approaches, such as the use of technology, to directly enhance the quality of the lives of people living at Benridge.

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

Rating at last inspection

At our last inspection, the service was rated "Good." (Report published May 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Benridge Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team

The inspection was completed by 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

Service and service type

Benridge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Due to people's health condition we were unable to speak directly with people who used the service. 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 also spoke with three relatives about their experience of the care provided to their loved ones. We spoke with the registered manager, deputy manager, a senior carer, two care staff, a domestic staff member and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt the care received by staff was safe. They also told us the home was a safe place to live in. Comments included, "[Person] was wandering at home and we don't have to worry about that anymore" and "I know it is all secure here."
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people, whilst still respecting people's freedom.

Staffing and recruitment

- There were enough numbers of staff to provide people with safe and, consistent care and support. A relative commented, "Always plenty of staff about and [person] is helped straight away if they want anything."
- People received care and support by staff who were familiar with their individual needs, preferences and routines.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- Medicines were managed safely. Medication was administered by staff who were trained to do so.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.
- The home was pleasantly decorated, clean and well maintained.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the registered manager to identify any themes and trends. This helped to prevent reoccurrence in the future.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were 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, and they received care and support in line with standards, guidance and the law.
- Care records evidenced the involvement of people and relevant others such as relatives.
- Records were individualised and contained details of people's preferred routines and preferences.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person and any relevant others, so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
- Most staff had undergone additional training to help meet the specific needs of people. For example, staff had developed their understanding of the needs of people living with dementia by attending awareness courses.
- Staff were competent, knowledgeable and skilled and felt supported by the registered manager to develop further.

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

- Food was home cooked on the premises using fresh local ingredients. We made observations at lunch time and it was evident people enjoyed the food. People had a direct say in what they wanted and so enjoyed nutritious meals which were familiar to them. Relatives told us, "The food is amazing, its second to none, its 5-star quality and they are very accommodating for any request" and "The food is excellent. I visit my relative every day and they allow me to sit in the dining room and always provide me with lunch."
- Care records contained information on how staff were to support people with any dietary needs and maintain a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received the care and support they needed. The service referred people to external healthcare professionals where appropriate.
- Staff supported people to attend external appointments where required, this was important for people who wanted an advocate to act on their behalf.

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

- Each person had their own room and were able to personalise their room to their own taste.
- The home had been designed and decorated in a sensitive and considerate way to meet the specific needs of people living with dementia. Pictorial signage was used which helped improved orientation. Furnishings with colour contrast edging helped people with special awareness. This helped to ensure people's independence and dignity were promoted.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. We found detailed recorded evidence of people's capacity to consent to care documented in their support files. Staff asked and explained to people before giving care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were motivated and passionate about ensuring people were well treated and supported. Staff knew people's individual needs and preferred routines exceptionally well. It was evident that staff genuinely cared about the people they supported and had forged strong relationships with them.
- People's relatives told us they were satisfied with the care they received. Comments included, "[Person] always looks clean and well presented," "Nothings too much trouble for the staff," "[Person] is always well looked after, they love the staff and the staff love them in return" and "I would recommend this home to anyone."
- People were treated respectfully. Staff constantly chatted to people as they went about their work and explained what they were going to do before any intervention.

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

- People's communication needs and any assistance they needed was recorded in their care plan. This provided staff with guidance on the most effective way to communicate with each person.
- Staff ensured people were given the right support to make decisions and choices about their care. People were fully involved in their care and choices around their support. There was no set routine in the home, people's choices dictated the course of the day.
- In addition to formal resident meetings, people were given the opportunity to express their views and opinions through interaction with staff on a daily basis.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Where assistance was required, staff were considerate and supported people in a discreet and dignified manner. Staff took the time to maintain people's independence at every opportunity. A relative told us, "The staff help [person] to their feet then encourage them to walk to keep their independence."
- People's right to privacy and confidentiality was respected. People's privacy and dignity were maintained, and people were treated as individuals. A member of staff told us, "We have dignity screens for people, dignity shower capes, dignity towels, the impact is it helps people feel more relaxed around their care."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service engaged people in activities which were individualised to them. Staff understood the importance of knowing a person's background in relation to providing person-centred care. Staff used innovative methods to take the time to find out what people preferred and wanted to do. Although the service employed holistic therapists to facilitate and provide activities, all staff had a direct involvement in making things happen for people.
- Staff used assistive technology to help identify what was important to the person. The person's background, past interests and current goals and wishes were considered in helping to produce an activity programme which was tailored to them. The programme analysed activities to determine if it had been a 'success'. If it hadn't, then other activities were trialled. This meant people only engaged in activities which were meaningful to them. A relative told us, "[Person] is taken to the coffee shop for a walk as they enjoy this. They take part in anything that is going on."
- The programme had helped to identify people with similar interests living both at Benridge and the provider's other services in the locality. This had helped people to come together who ordinarily may never have done so, and increased people's social interaction and in turn, well-being. In some cases, valuable friendships had been forged as a result.
- The registered manager was instrumental in promoting care that was holistic and focused on person centredness.
- Staff had an exceptional understanding of people's support and behaviours. One person had belonged to an organisation in their younger days. The organisation was steeped in culture and tradition and this helped explain some of the behaviours the person exhibited. To seek ways of further supporting the person, the registered manager attended a ceremony held by the organisation to find out more information. This knowledge was shared with staff which enabled them to fully support the person with their behaviours. Regular visits from a representative of the organisation had also been arranged to keep the person up to date in what had been an extremely important part of their life. There had been positive changes in the person's behaviour as a direct result.
- Another person enjoyed playing the piano and had done so from a young child. The service had obtained large print music as the person played from manuscript and not by ear. It was evident the person was both animated and overjoyed when playing the music. This also prompted discussion with a few relatives admiring their playing skills.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- It was evident people were at the heart of any care and support plans and their individual wishes, needs and choices were considered. Emphasis was placed on support being given in the least restrictive way and from the person's perspective. Care records contained detailed information about people's preferences in relation to their support and treatment, their history and background. Care plans were not just used as a formal record of people's care needs, but were an invaluable tool which enabled staff to care for people in the way they truly preferred.
- One person's care record detailed how they liked to wear the same clothes each day. Of a night, staff washed and ironed them, then replaced them for the next day. This not only ensured the person's personal hygiene was maintained, but that their choices and wishes were not compromised.
- A re-assessment of people's needs was regularly undertaken to ensure that any changes were identified and planned for. Wherever possible, the person and/or their relatives were involved in this process to ensure that care was delivered in the most person centred way possible. A relative told us, "I was involved with the initial care plan and I am told when any reviews take place. We are kept well informed."
- People received care and support from staff who were familiar to them. The provider used staff from its other services in the locality to cover any staff absences. This helped to ensure consistency and continuity of care staff wherever possible.
- People's protected characteristics were recorded such as their religion, culture and sexual orientation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with the person was recorded in their care plan.
- Important information such as people's care plans and the complaints policy was provided in alternative formats to ensure each person's understanding.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place and the complaints policy was presented to people in a way they could understand.
- At the time of our inspection the service had not received any complaints. A relative told us, "I speak to [Name] (Senior Carer) all the time, they always have time to listen and I feel they support me as well as my relative."

End of life

- The service was not supporting anyone with end of life care at the time of the inspection. People's end of wishes were recorded with sensitivity and consideration in their care records. Staff had received training and worked in conjunction with other healthcare professionals to ensure people received dignified end of life care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture and ethos of the service focused on ensuring people received person-centred care that met their needs and preferences. As most people living at the home had dementia, staff took the time to personally get to know family members and include them in the care and support of their loved one.
- The service had an effective system to monitor the safety and quality of the service.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

Continuous learning and improving care

- The service was committed to further enhancing the quality of care for the people it supported. The registered manager was directly involved in the development of a bespoke electronic system. As the electronic care system was unique to the service, it had been designed to help implement tailor made care which was exclusive to each person.
- The registered manager was continually reviewing and learning where possible.

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

- The registered manager promoted holistic and individualised care, and this was evident throughout every member of staff. The manager demonstrated transparency and honesty in the running of the service and were well respected by people, relatives and staff alike. A relative told us, "Manager is very approachable anytime. They are very nice."
- The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to put their opinions and views forward. Both resident and relative meetings were held as an additional way of obtaining people's feedback. People's feedback had been directly acted on, such as menu changes.
- The registered manager held regular staff meetings. Staff told us they felt comfortable to raise any issues or suggestions they had at any time. Staff told us they felt supported and motivated by their manager.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups.
- The service had developed close working relationships with the GP and district nurses, so that people received care from professionals who knew them well.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team held regular meetings and discussed any incidents with staff. This helped to further drive the quality of the service.
- The registered manager submitted any required notifications to CQC in a timely way.