

Benridge Care Homes Limited

Benridge Residential Care Home

Inspection report

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Merseyside
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25 November 2016

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Summary of findings

Overall summary

Benridge Residential Care Home is registered to provide personal care for up to 27 people who are living with dementia. The home is owned by Benridge Care Homes Ltd.

The service was last inspected in November 2014 and at that time was found to be meeting standards. The service was rated as 'Good' at this inspection.

There was a registered manager in post. 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.'

We undertook an early morning focused inspection of the care home on 25 November 2016. This was in light of concerns raised with us about the current staffing levels, people living at the home being supported to get up early for the convenience of the staff and concerns around food hygiene standards.

When we arrived at the home, only two people were up and they appeared settled and comfortable. Staff were beginning to support other people down to the lounges. They were also undertaking care duties in accordance with people's needs.

Our observations in one of the lounges over two set time frames and talking with staff showed minimal staff support and interaction early morning for people who were up and were sitting in the day areas. Staff we spoke with told us that people could vary in their needs at this time of morning but essentially people started waking up and needed support from 6am onwards. This period of time until 7.45 am when the day staff arrive for the shift hand over meant it was difficult to cover the day areas as staff were supporting people to get up and dressed. People were therefore left at this time with little social support or involvement and interaction.

We looked at three people's care files. Two of the care files we saw did not contain information regarding the times both people preferred to get up and go to bed. One care file recorded the person preferred to 'get up at 8am with a cup of tea. We saw this person was up from 7am and up until our last observation at 8.15am had not received a cup of tea.

We saw that the people sat in the lounge over this period did not interact spontaneously but when we engaged with them they became more alert and responded positively.

We saw that when more staff arrived at 8am there was still no staff allocated to the lounge areas to support people and provide a level of personal interaction and social support.

The care provided during the early morning was not meeting people's need for social interaction and

support and did not reflect personal preferences.

This is a breach of Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing rotas recorded the numbers of staff on duty to provide care and support to people living at the care home. The night staff consisted of two care staff, with a staff member providing one to one care for a person living at the home and a floating senior manager who was 'on call' over two homes within the organisation to cover for emergencies.

Staff told us they undertook some cleaning and kitchen duties however people's care needs came first and that they did not have to complete them if they were busy supporting people during the night. We found the home to be very clean and staff had access to gloves and aprons to help ensure good standards of hygiene. We did not see any evidence of poor standards of hygiene when staff were undertaking care or kitchen duties.

Staffing levels were subject to review and we saw there was a willingness to provide staff flexibly.

Based on our findings we have made a recommendation about reviewing staffing over this early morning period so that sufficient staff are deployed to ensure people are monitored to help ensure their safety.

You can see what action we took at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not wholly safe in respect of staffing.

Staffing over the early morning period should be reviewed so that sufficient staff are deployed to ensure people are monitored to help ensure their safety. We have made a recommendation in the report regarding this.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The care provided during the early morning was not meeting people's need for social interaction and support and did not reflect personal preferences.

Benridge Residential Care Home

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.'

We undertook an unannounced inspection. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we collated information we had about the service and contacted the social service contracting team to get their opinions. We also reviewed other information we held about the service.

During the visit we were able to meet and speak with seven of the people who were living at the care home. We also spoke with six of the staff working at the care home, including the registered manager, a care manager, two care staff, domestic member of staff and human resource/training co-ordinator.

We looked at the care records for three of the people living at the care home, we looked at staffing rotas, carried out general observations and we observed care by carrying out a SOFI observation. SOFI stands for Short Observational Framework for Inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Prior to the inspection we had received information that there were insufficient numbers of staff to provide care to people at Benridge Residential Care Home. One of the concerns raised with us had also been raised with the local authority in accordance with local safeguarding procedures. The registered manager provided a prompt response to the concerns. Following a provider response the local authority had advised us no further action was needed in respect of this concern and this safeguarding alert was closed.

Concerns around staffing which were raised with us also included information that people living at the home were being supported to get up early between 6am and 8am for the convenience of the staff. We therefore conducted our inspection from 6.30am onwards to check there were sufficient staff to carry out care in a timely and effective manner and whether care was meeting people's preferences. Information of concern was also raised with us with regards to standards of food hygiene possibly being compromised as night staff were expected to undertake some kitchen and cleaning duties, along with their care duties.

Prior to the inspection we requested information in respect of the staffing levels at the care home. This was provided by the registered manager. The staffing rotas showed that the care home was staffed by two care staff at night, with a staff member providing one to one care for a person living at the home and a floating senior manager who was 'on call' over two homes within the organisation to cover for emergencies. During the day the care home was staffed by a care manager, care supervisor/shift leader, two carers, an activity organiser and ancillary staff, for example domestic, chef and laundry staff. The activity organiser carried out social activities and helped the care staff to support people with their meals, to monitor meal times and to carry out personal care should this be required. The registered manager worked alongside the care manager and if not present each day then was contactable by phone. The staffing rotas we were shown recorded these numbers prior to and during the inspection.

We asked about people's dependencies. The care manager told us nine people needed assistance with walking and two people were assessed as being immobile and currently being cared for in bed. A dependency tool was used to assess staffing levels and this took into account the level of support people needed from the staff.

There were 25 people living at the home at the time of our inspection. When we arrived at 6.30am there were two care staff on duty along with an extra member of the care team providing 'one to one' support throughout the night for a person. The person had been assessed as needing extra support at this time. The care manager had also come to work at approximately 6am to complete paperwork. The registered manager later attended the care home to meet with us in light of the concerns raised.

A shift leader arrived at 7am and also a care manager at 7.15am to help support people in home in particular a person was currently unwell. A chef also came on duty at this time. This information was provided by the registered manager following the inspection.

There was a relaxed atmosphere when we arrived. Two people were sitting in the main hallway chatting;

there were no people sitting in the two lounges at this time. Staff informed us a number of people liked to get up early and we saw staff supporting people to the two lounges from 6.30am onwards. Staff told us from 6am this was a busy time as some people were up and other people needed to get up or to be 'turned' [repositioned] in bed. A staff member said two people liked to stay up later at night and they supported them with this.

We observed one person being supported to one of the lounges at approximately 7.25am and staff then went to assist other people in their rooms. We made direct observations of care in the second lounge from 6.40 to 7.05am and then 7.15 [for two minutes], then 07.45 to 8.00am. It was a concern that over this period there was minimal staff attending to people sat in this area. Staff came in intermittently to bring a person into the lounge to sit down and then left again. This meant that from 6.40 to 7.05am we recorded two minutes of staff presence in the lounge and from 07.45 to 8.00am there were five people sat in the lounge with no staff present over these observation periods.

We asked staff about the routine in the morning. They told us there was 'no expectation' to get people up and people could choose to stay up late or stay in bed later if they wanted. Staff told us they completed two hour night checks to ensure people's safety and the use of sensors in people's rooms alerted them to any movement if a person got out of bed or had a fall, for example.

The care manager informed us that the night staff did undertake some kitchen and cleaning duties (for example, lounges, office and toilets) and these were only carried when people living at the home were settled and did not require any care or support. This was confirmed when talking with staff who said there was however no pressure to get the cleaning completed. Staff told us that if they were undertaking cleaning duties and a sensor in a person's room was activated, then they would stop immediately and attend to the person concerned. They confirmed that there was some washing up to do following supper or tea if the day staff had not been able to finish this and they (night staff) laid the tables for breakfast. A staff member said, "If the residents need us and we are too busy we leave the cleaning and tell the day staff."

During the inspection we found the home to be very clean and we did not observe any poor standards of hygiene. Staff were not undertaking cleaning duties when we were conducting our inspection. The Food Standards Agency awarded a food hygiene rating of five stars in 2015 [five stars being very good]. Following the inspection the registered manager informed us cleaning duties were undertaken during the early hours of the morning and that cleaning was not done around the time of people getting up. They also informed us that the home had achieved 100% score for a recent infection control audit.

We spoke with the registered manager who told us that staffing had been reviewed only recently to help ensure the best support was being provided for the early morning period and we saw there was a willingness to provide staff flexibly. From the evidence of the feedback we received from staff we spoke with and the observations we made, the day started at the care home from 6am. Staff need to be deployed in enough numbers to ensure care can be carried out effectively whilst ensuring people are kept safe from this time.

We would recommend the provider reviews staffing over this early morning period so that sufficient staff are deployed to ensure people are monitored to help ensure their safety.

Following the inspection we received a further general concern that people were falling as there was not enough staff on shift to support people though there were no specific times or dates stated.

Staff had access to personal protective equipment such as gloves and aprons to reduce the risk of cross infection. They also told us they had completed infection control training as part of their learning. The

training plan showed some staff now required refresher training for infection control and training for three staff who had yet to attend was booked for January 2017. We observed staff washing their hands and using gloves and aprons appropriately. A member of the domestic team arrived at 7am to commence their duties.

Is the service responsive?

Our findings

In light of the concerns in respect of staffing we looked at how staff provided people with care and support early morning taking into account people's preferred routine. We carried out general observations during our inspection and conducted a SOFI, as an observational tool, in one of the lounges to assess staff interaction and level of staff support for people who were in this area. We also spoke with care staff who were assisting people to get up and start their day from 6-8am.

We were concerned that the people up at this time and sat in both lounges had minimal staff support and interaction for this period. We made direct observation of care for two periods of time lasting 25 and 15 minutes respectively. We saw only three staff interactions which were brief and totalled two minutes. People we observed were dressed and looked comfortable. The four / five people sat in one lounge over this time did not have any further contact from the staff. The registered manager reported that staff should make each person a drink and provide some social interaction but this did not occur.

We looked at three people's care files to see what was recorded around people's morning and night routine. The registered manager told us that each person's care file had a section on 'preferred routines' which recorded people's personal preferences for care. Two of the care files we saw did not contain information regarding the times both people preferred to get up and go to bed. One care file recorded the person preferred to 'get up at 8am with a cup of tea'; this assessment was not dated. We saw this person was up from 7am and up until our last observation at 8.15am had not received a cup of tea. When we spoke with this person they confirmed a 'cup of tea would be nice'.

We saw that the people sat in the lounge over this period did not interact spontaneously but when we engaged with them they became more alert and responded positively.

For another person who had been supported to another lounge by the staff, staff said they would get them a cup of tea but this was not provided as they were then busy assisting other people.

We saw that when more staff arrived at 8am there was still no staff allocated to the lounge areas to support people and provided a level of personal interaction and social support.

We were advised by staff that the breakfast started at 9am. Following the inspection the registered manager informed us that breakfasts started at 8.30am or earlier if required and that people were served food and drink throughout the night if required.

Staff we spoke with told us that people could vary in their needs at this time of morning but essentially people started waking up and needed support from 6am onwards. This period of time until 8am when the day staff were on duty meant it was difficult to cover the day areas, as staff were supporting people to get up and dressed. People were therefore left with little social support or involvement and interaction. One staff told us, "We keep looking at staffing – I think we are getting more staff to support."

The care provided during the early morning was not meeting people's need for social interaction and support and did not reflect personal preferences.

This is a breach of Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager provided information in respect of night care plans, support plans, life history and well-being daily check list. The documents provided evidence of time people liked to get up and go to bed at night, likes and dislikes and social back ground, for example.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care provided during the early morning was not meeting people's need for social interaction and support and did not reflect personal preferences.</p>