Bennetts Castle Limited

Bennetts Castle Care Centre

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
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 1 October 2014 and was unannounced. At the last inspection in August 2013 the service was found to be meeting the regulations we looked at. At this inspection we found that medicines were not always safely stored and administered. You can see what action we told the provider to take at the back of the full version of the report.

Bennetts Castle Care Centre is registered with the Care Quality Commission to provide accommodation and support with nursing and personal care for up to 64 adults. At the time of our inspection 62 adults lived at the service. The service specialised in providing care to people with dementia and nursing care needs. The service had a registered manager in place. 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 service met the regulations we inspected against at their last inspection which took place on 7 August 2013.

Summary of findings

People told us they felt safe living at the service. We found staff had a good understanding of their responsibility with regard to safeguarding adults. The service sought to minimise the risks people faced, for example by assessing risks to individuals and implementing strategies to minimise those risks. There were enough staff working at the service to meet people's needs. We found some instances where medicines were not stored and administered correctly.

Staff undertook training and received one to one supervision to help support them to provide effective care. Not all staff had an appraisal of their performance but this was an area the service had identified as in need of improvement. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People told us they liked the food provided and we saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate.

We found that people were treated in a caring and sensitive manner. People told us staff treated them with respect. Staff were aware of how to promote people's choice, privacy and independence.

People's needs were assessed and met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The commissioning team of the relevant local authority told us they did not have any concerns about the care and support provided at the service. The service had a complaints procedure and we found that complaints were investigated and where possible resolved to the satisfaction of the complainant.

The service had a registered manager and a management structure with clear lines of accountability. Staff told us the service had an open and inclusive atmosphere and senior staff were approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and meetings with various stakeholders.

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?

Requires Improvement

The service was not always safe. Medicines were not always stored and administered safely. The service had procedures in place for dealing with safeguarding allegations and staff understood their responsibilities with regard to safeguarding adults.

Risk assessments were in place which set out how to manage and reduce the risks people faced. People that exhibited behaviours that challenged the service were given appropriate support.

The service had enough staff to meet people's needs.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings with a senior member of staff. However, the service was only just beginning to introduce a staff appraisal system.

The service carried out assessments of people's capacity to make decisions and best interests decisions were taken as required. The service was aware of its responsibilities with regard to Deprivation of Liberty Safeguards (DoLS) and was applying for DoLS authorisations for people who were potentially at risk.

People had choice over what they ate and drank and the service sought support from relevant health care professionals where people were at risk of dehydration and malnutrition.

People had access to health care professionals as appropriate.

Is the service caring?

Good

The service was caring. People were treated with respect and dignity. People were able to make choices and their independence was promoted.

Staff interacted with people in a kind and caring manner. People appeared to be at ease and relaxed with staff.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and met. Care plans were in place providing detailed information about how to meet individual's needs in a personalised manner.

The service had a complaints procedure in place and complaints were investigated and where possible resolved to the satisfaction of the complainant.

Summary of findings

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

The service had identified areas for improvements over the next 12 months.

Bennetts Castle Care Centre

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 took place on 1 October 2014 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor with specialism in nursing and dementia care 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. The expert by experience on this inspection had experience of dementia care services.

Before we visited the home we checked the information that we held about the service and the service provider, which included notifications and safeguarding alerts. 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. Before our inspection we reviewed the information included in the PIR. We also spoke to the local borough contracts and commissioning teams that had placements at the home, the GP service that provides most of the GP services at the service and the speech and language therapy service.

During the inspection we spoke with 10 people who used the service and five relatives. We spoke with 21 staff, including the owner of the service, the registered manager, deputy manager, administrator, activities coordinator, head chef, head housekeeper, a nurse, three senior care assistants and 10 care assistants. We observed care that was provided to people and examined various records. We looked at 13 care files relating to people, five records relating to staff supervision, training records for all staff, medicine records, staff meeting minutes, minutes of residents and relatives meetings, records of complaints, surveys of staff and people who used the service, audits and various policies and procedures including the complaints and safeguarding adults procedure.

Is the service safe?

Our findings

We found some concerns with medicines. Where people had been prescribed medicines on an 'as required' (PRN) basis there were no guidelines in place about when staff should administer the medicine. We found one instance when a dose of medicine was not given as prescribed. It was prescribed to be given on every second day but once it was given after a period of three days. We found one instance of a PRN medicine that was out of stock. Records showed the service had run out of this medicine the day before our inspection. Staff told us a new supply had been ordered and was due to arrive on the day of inspection. However, if the person needed it before it arrived they would not have been able to take it.

Records were kept of the medicines fridge temperatures. Two fridges were used to store medicines and records showed that both of them had recently exceeded the safe storage temperatures for medicines. This meant medicines stored in them were potentially unsafe and/or ineffective for use. The service had poor practices with regard to the administration, recording and storage of medicines. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager sent us an action plan two days after our visit setting out what they were doing to address all the concerns we found with medicines.

Medicines were stored securely in locked and designated medicines rooms on each of the two floors. Within these rooms medicines were stored in fridges, controlled drugs cabinets and medicines cabinets, all of which were found to be locked. Staff had undertaken training about the safe administration of medicines.

People told us they felt safe at the service. One person said, "It is safe." Relatives also told us the service was safe. Comments included, "Staff are very quick to go to help if someone wants to get up, they are always watching, they are very alert" and "I think it is safe and I have no complaints. If she has an accident, trip or fallen out of bed they ring me within 20 minutes." Another relative told us, "My Mum lived here years ago and I had no fears about my other family member coming here."

The service had procedures in place for safeguarding adults and whistleblowing. Staff were provided with their own copies of these procedures which were included in the staff handbook. Staff were aware of relevant procedures and were able to describe their responsibility for reporting any allegations of abuse. Staff told us they had received training about safeguarding adults. Records showed that all staff undertook training about safeguarding adults, including those staff not directly providing care to people. This meant that all staff were provided with information about what to do if they witnessed abuse taking place.

Before our inspection we reviewed the notifications sent to the Care Quality Commission and found they had notified us as required about safeguarding allegations. During the inspection we checked and found that appropriate referrals had also been made to the relevant local authority adult's safeguarding team. This was in line with the service's safeguarding adult's procedure.

Risk assessments were in place for people. These identified individual risks people faced and included information about how to manage and reduce the risk. Risk assessments covered risks including falling, pressure ulcers and malnutrition. Although the registered manager and staff told us they did not use physical restraint on people they said that bedrails where in place for some people where they were at risk of falling out of bed. Where bed rails were used we found that risk assessments had been carried out to determine their necessity.

Staff had a good understanding of how to support people who exhibited behaviours that challenged the service. They described techniques they employed to divert people who were showing signs of agitation or anxiety, such as taking people for a walk in the garden, offering them a cup of tea and giving them time and space to become calm. We observed staff supporting people in this manner. For example, we saw two people arguing over a magazine. Two staff intervened, one took one person to a quiet part of the home and the other staff member sat and chatted with the remaining person. This helped to resolve the situation and both people soon appeared calm and settled.

People told us there were enough staff to meet their needs. One relative told us, "Staff are very quick to go to help if someone wants to get up, they are always watching." Most staff said there were enough staff and they had enough time to carry out all their duties. One care staff said, "Staffing is fine, it is busy in the mornings at breakfast but it

Is the service safe?

is manageable." One member of staff told us that staffing levels were adequate on the ground floor but that it was difficult on the first floor and said they were, "Constantly on the go working on the first floor."

The registered manager told us that staffing levels had increased since the previous inspection. They said there were now two more care staff working in the home between 7.30am and 7.30pm every day. They said they had identified that there was still a problem with staffing levels on the first floor and that they had agreed with the provider that an extra nurse would work there each day. In the interim the deputy manager was providing some support as they were a registered nurse.

Staff told us that the service always operated at its agreed staffing levels. They said if staff were absent cover was always provided. We checked the staff rota for the month leading up to the date of our visit. This showed that the home operated with its agreed staffing levels. We observed staff were able to support people in a prompt and timely manner. When people needed support staff were able to help them without undue delay. This meant there were enough staff to meet people's needs.

Is the service effective?

Our findings

People told us they were happy with the support from staff. One person told us, "The staff are very good." A relative said, "All the staff I know are good and they are very friendly."

Staff told us they had an induction which included shadowing experienced staff. This involved working alongside experienced staff to observe and learn elements of the job. Records showed staff also had to complete an induction checklist to demonstrate competence in various areas which was checked by senior staff. Staff told us they had access to regular training including training about moving and handling, dementia awareness, nutrition and hydration and care planning. Records showed that most staff member's training was up to date. Where there were gaps in training the administrator was able to show us that appropriate training courses had been booked for staff to attend in the near future.

Staff told us and records confirmed they had one to one supervision meetings with senior staff. Staff said they found these meetings to be helpful and gave them the opportunity to discuss issues of importance to them. This included issues relating to people who used the service and their own performance. In the Provider Information Return submitted to us before the inspection, the provider identified a lack of staff appraisals as a priority for improvement within the service. During the inspection the registered manager told us that historically staff had not undertaken appraisals and they were seeking to change this. We found that only nine staff had undertaken an appraisal during 2014 up to the time of our visit and a further 30 staff had not had an appraisal. Although this was a shortfall it was positively noted that the service had recognised this and was taking steps to address the issue.

The registered manager told us 14 people were subject to a Deprivation of Liberty safeguard (DoLS) authorisations. They said in light of the recent clarification about DoLS by the Supreme Court they believed other people also needed to have DoLS applications made and said they planned to have all these completed by the end of November 2014. Staff had a good understanding of issues relating to DoLS and the Mental Capacity Act 2005. Records showed people had mental capacity assessments and where they lacked capacity to make decisions best interest meetings were held. These included relevant people including family members and health care professionals.

We found people were able to consent to care. For example they signed forms to agree that the service could take photographs of them for clinical purposes. Staff supported people to make choices. For example we saw staff offering a person two types of cake and they were able to choose which one they wanted. Where bedrails were used a risk assessment had been carried out to ensure there were in the person's best interest.

The registered manager told us care staff were aware of the importance of involving people in their care and that they were careful to obtain permission prior to providing care. They told us staff used verbal and non-verbal cues to check people were happy. We spoke with four members of staff about how they obtained verbal consent prior to providing care. They all understood the importance of checking people were happy to receive care. As they were working with people who had dementia, they told us they continually explained what they were doing, and repeated themselves regularly to check people were happy to continue. Staff told us they got to know people well so that they could pick up on their non-verbal cues.

If people refused the offer of care, staff respected their wishes. They returned at a later time to offer the care again, or asked another care worker to offer care to see if this was more acceptable. If the care detailed in the care plan was refused, and not provided during the day, they reported this to the senior care worker. We saw records were kept in people's files if they had refused care.

People told us they liked the food and they were able to make choices about what they ate and drank. Comments included, "The food is great, the meat pudding is my favourite and the portions are about right. You can ask for something if you are hungry like a sandwich and a cup of tea", "I love it here and the food is lovely, when I want it I have it" and "Portions are good, I have never gone hungry. You only have to ask and they cut up the food for you but they come around all the time to check that you are alright."

We saw that the menu reflected the cultural backgrounds of people who used the service. Records showed people were given choices about food and staff said people were

Is the service effective?

able to request food that was not on the menu. We observed one person telling staff they did not want the bacon and eggs they had been given for breakfast but wanted toast. The staff asked what colour bread and what they wanted on the toast which showed people had choice over their food. Food appeared to be appetising and nutritious, with meals including protein, carbohydrates and fresh vegetables.

People were referred to healthcare professionals if they were at risk of malnutrition and dehydration. Before the inspection we spoke with a speech and language therapist who had worked with people with swallowing difficulties in the home. They told us staff were knowledgeable about the problems people faced and followed the guidance developed by the therapist. This helped to ensure people were supported to eat and drink sufficient amounts when they had difficulty with swallowing.

The GP who provided GP services to most of the people living at the service told us the service contacted them promptly if anybody needed to see a doctor and that staff were knowledgeable about people. They said the staff carried out regular clinical observations and took appropriate action if there was a change in someone's health status.

Records showed people had regular access to health care professionals including GP's, opticians, tissue viability nurses and district nurses. There was evidence the service arranged appointments for people when they identified a need, for example a change in someone's physical condition. There was evidence that the advice received from health care professionals was put into practice and led to changes in the care plans. For example, we saw one case where the service had made a referral to the district nurse regarding a pressure ulcer. They had worked together with the service and the ulcer healed.

Is the service caring?

Our findings

People told us staff were caring and they were treated with dignity and respect. One person told us, "When I go for a shower I am treated with respect and they always knock when they come to help me dress, they listen to me." Another person said, “The carers are great and they look after you.” A relative said, “The staff are caring and they are there for you and I have never had a complaint. The staff asked me what she likes and dislikes, they are very good and I have nothing but praise for the staff.”

Care plans included information about people’s likes and dislikes such as their preferred daily routines. However, care plans did not include information about people’s food preferences. We discussed this with the registered manager who told us they would update care plans to include this information. The provider told us in their PIR that staff were supported to develop caring and positive relations with people. Staff were aware of people’s life history and told us they were encouraged to talk to relatives to gain a better understanding of individuals. Staff demonstrated an awareness of people’s individual needs, such as their personal care preferences.

Staff told us how they promoted people’s dignity, choice, privacy and independence. For example, they said they always ensured that doors and curtains were closed when providing personal care to people. One member of staff told us they talked to people as they gave care, asking them what they wanted help with. They said they tried to build up good relations with people by getting to know them and treating them respectfully. Another staff member told us how they enabled people to make choices. For example, if a person was still sleeping when they went to get them up in the morning they left them and came back later. Staff told us that where people lacked capacity to verbally communicate choices they used objects of reference to help them to make a choice, for example showing them two sets of clothes so they could pick the one they wanted. They told us they promoted people’s independence by encouraging them to manage as much of their own care as possible, for example allowing people to wash any parts of their body that they could reach themselves.

We observed staff acting in a kind and caring manner towards people. For example, we saw that one person was visibly upset and crying. A staff member sat with them and held their hand, talking in a calm and soothing manner until the person appeared to be content. People were seen to be relaxed and at ease in the company of staff.

Staff supported people to make choices and promoted their privacy. For example, staff offered a person a glass of water to take with their medicines. The person said they wanted orange juice instead of water and the staff got that for them. Staff were seen to knock and wait before entering people’s bedrooms and people told us they could have keys to their rooms. One person said, “You can have a key for your room if you are well enough.” All bedrooms were single occupancy which helped to promote people’s privacy.

The service promoted people’s needs relating to equality and diversity. For example, food reflected people’s ethnic heritage and activities offered reflected people’s ages.

Relatives told us they had god communication with the service. They said staff were always approachable and happy to talk about any issues they had. Relatives said they were kept informed of any significant developments such as a fall or if someone was unwell.

Is the service responsive?

Our findings

People told us the service met their needs. One person said, “I am satisfied here. It is a good place.” A relative told us, “Whatever she wants, she can have, she only has to ask.” Relatives told us they were involved in planning people’s care.

The registered manager explained the care planning and assessment process to us. They told us either the registered manager or deputy manager of the service met with the person and their family where appropriate to carry out an assessment of their needs. This enabled the service to determine if it was a suitable placement and if the service was able to meet the person’s needs. People and their relatives were invited to visit the service and have a meal to see if they liked it before making a decision about moving in. This helped people to make informed choices about their care.

The registered manager told us that care plans were based upon the initial assessment carried out by staff at the service, information provided by the relevant local authority where available and on-going observation of the person over their first few days at the service. They told us that care plans where then reviewed on a monthly basis and records confirmed this.

During the inspection we examined 11 sets of care records relating to people that used the service. We found care records included pre-admission assessments and risk assessments about how to support people in a safe manner. Care plans included information about how to meet people’s needs in relation to communication, mental state, mobility, continence and personal hygiene.

Care plans were sufficiently detailed and personalised to provide guidance to staff about how to meet people’s assessed needs. For example, one person’s care plan identified they were at risk of falling and provided information about how to prevent falls when they were walking. This included ensuring the person used a walking frame, making sure staff were with them and checking the area they were walking in was free of obstructions and trip hazards.

The commissioning team of the relevant local authority informed us that they found people’s care plans were up to date and they said staff interacted well with people that used the service. They did not express any concerns about the care and support provided.

The service had an activities programme which was led by a designated activities coordinator. The activities programme included arts and crafts, reminiscence, music groups and knitting sessions. We observed on the day of our inspection that people were supported to visit a local museum. One relative told us, “Activities are very good." Another relative said, “Musical bingo is good and big skittles are good. In the summer they have taken them out into the garden. My relative went to the museum and to the Dickensian Fair.”

The activities coordinator told us that they were unable to provide any activities on Monday mornings as this time was set aside for them to complete paperwork. They told us they thought the service would benefit if they were provided with an assistant at this time that could work with people. We discussed this with the registered manager who told us they would give consideration to this point.

People told us they knew how to make a complaint. They told us they would talk to a senior member of staff. A relative told us, "If I had a complaint then I would go to the manager.” The service had a complaints procedure and an abbreviated version of this was given to all people and their relatives. However, the abbreviated version of the complaints procedure was inconsistent with the full procedure. The registered manager sent us a revised version of both the full and abbreviated versions shortly after our visit. These contained details of who people could complain to if they were not satisfied with the response from the service and timescales for complaints to be dealt with.

We examined the records of complaints received and found these had been investigated and where possible resolved to the satisfaction of the complainant. The registered manager told us improvements had been made in the service in response to complaints. For example, in the way clothes were stored in people’s bedrooms so it reflected the way they had liked their clothes stored when they lived in their own home. This showed the service acted upon complaints received.

Is the service well-led?

Our findings

Staff told us they thought the service had an open and inclusive atmosphere and they found the manager to be approachable and supportive. One member of staff said, "[The registered manager] is fantastic. I don't have a problem with going to her about anything. She is very supportive." Another member of staff told us, "When I came here the manager explained everything and said to go to her if any problems" and "The staff are very helpful."

The service had a registered manager in place and a clear management structure. This included a deputy manager and heads of different departments. For example, a head of domestic staff which covered cleaning and laundry staff and a senior kitchen staff member. Senior carers and nurses were in charge of the floors. Staff were clear about their lines of accountability and who they should report to in the first instance.

Staff said they felt listened to by senior staff and senior staff acted upon their concerns. One staff member told us they had difficulties getting in on time for the early shift so the registered manager agreed they could start and finish their shifts a bit later to accommodate them. Another member of staff told us they informed the registered manager that there were not enough staff working each shift and the staffing levels were subsequently increased. This demonstrated that staff views were welcomed and acted upon if appropriate.

Staff told us that the service had regular staff meetings where staff were able to raise issues of importance to them. Staff also told us that the registered manager initiated discussions during staff meetings about important subjects, including cleanliness in the service and safeguarding adults. We saw minutes of a nursing staff meeting from May 2014 where some nurses felt that at times care staff undermined them by going directly to managers with issues rather than coming to the nursing staff. The action points from this meeting stated that the managers would address this issue with care staff. The registered manager told us they had addressed this issue but could not produce any evidence of this during our inspection. The registered manager sent us details of a meeting they had arranged subsequent to our inspection to discuss the issues with relevant care and nursing staff.

The service had various quality assurance and monitoring systems in place. The registered manager told us an annual survey was carried out to gain the views of people that used the service and their relatives. The last survey was completed in August 2013, the registered manager told us this year's survey would be sent out by the end of October 2014. We looked at the last survey which contained mostly positive feedback. For example, one person said, "The staff are very helpful, always willing to chat." The registered manager told us they had used the results of the survey to make improvements to the service. For example, one person raised concerns that the dining room floor was often dirty after meals as it was only cleaned once a day. The registered manager told us this had changed so that the floor was now cleaned after each mealtime.

The registered manager told us the service had various mechanisms for gaining the views of staff. These included one to one meetings, staff meetings and a staff survey. The registered manager gave an example of how feedback from staff had led to improvements. They told us staff felt the registered manager did not spend enough time working on the care side and consequently was not sufficiently well informed of the issues and concerns that care staff had. The service recruited an administrative staff member who took on some of the administrative duties that were previously the responsibility of the registered manager. This meant the registered manager had more time to spend working with care staff and people who used the service. As a result of this the registered manager told us they had been able to identify areas that could be improved upon. For example, they noticed that some people became anxious at mealtimes because the dining area was busy and often noisy. As a result the service began using the reminiscence room as a second quieter dining room for those people who preferred this.

The service carried out various audits to check records were completed appropriately. We saw evidence of audits of care plans and records of weight checks for people. The registered manager told us that any issues identified through these audits were addressed with the relevant staff members. However, medicines audits had failed to pick up shortfalls that we found during our inspection.

The service had identified areas and priorities for improvements over the next 12 months in the PIR submitted prior to our inspection. These included improving the staff appraisal system, providing staff with

Is the service well-led?

more specialist training and working with relatives to help them understand behaviours associated with different types of behaviour. This showed the service was able to identify shortfalls and work to make improvements.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13.