

Bondcare (Regions) Limited

Bentley Court Care Home

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Bentley Court Care Home is a nursing home providing nursing and personal care for up to 77 people. At the time of the inspection 36 people were living there including younger and older people who may have a physical disability or people with dementia. The building is a purpose built three storey building with all care provided on the first two floors. Some parts of the building were not currently in use as the home was not fully occupied.

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

There had been continuous learning and improvement. Some improvements were still needed to ensure records were correctly completed and systems were fully effective; however, many improvements had been made since the last inspection. People, relatives and staff felt positive about the registered manager and provider and felt things had improved since the last inspection. People and staff had been given the opportunity to feedback about care. The registered manager was clear about their duty of candour. The registered manager and provider worked in partnership with other professionals.

Checks were made on the building to ensure it remained safe. Lessons had been learned since the last inspection as improvements had been made. Risks to people's health and wellbeing were assessed and planned for. If people's health had changed, concerns were acted upon. People were protected from the risk of cross infection. People were supported to have visitors. Medicines were managed and administered safely. There were some omissions in medicines recording, but no one had come to harm as a result of this. There was some mixed feedback about staffing levels, however there were enough staff to support people. Staff were recruited safely. People were protected from abuse by staff who understood their safeguarding responsibilities.

People were supported to have 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. People were able to personalise their rooms. People had memory boxes available by their bedroom doors to help them identify their own room; these had not yet been filled. People were supported to access other health professionals and have their health needs monitored and concerns acted upon. People enjoyed the food, had choices and had enough to eat and drink to remain healthy. Staff received training so they could support people effectively.

People were treated with kindness and people liked staff. People had choices and were able to be involved in their own care and their choices were respected. People were supported in line with their cultural preferences. People were supported to be independent where possible.

People were supported by staff who knew them, and they had personalised care plans in place. People had access to activities of their choice and there were further plans to develop this area. People and relatives felt able to complain if needed. People had been given the opportunity to discuss their end of life wishes, if they

chose to. People were able to access information or communicate in a way that suited them.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 28 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, although some further improvements were needed in well-led.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bentley Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This 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

Bentley Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bentley Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided and five relatives. We spent time in the communal area observing the support people received. We spoke with 12 staff members including carers, senior carers, nurses, the clinical lead, domestic staff and activities staff. We also spoke with the deputy manager, registered manager and other members of the provider's management team who support the home. Following the site visit we had a video call with the registered manager to ask follow-up questions. We reviewed a range of records. These included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies, audits and health and safety records 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection the provider had failed to ensure the building was safely maintained. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, concerns were identified regarding fire safety, we found this no longer to be a concern. Fire exits were not blocked and omissions in the fire risk assessment were being addressed. Two fire doors needed some new parts to ensure they fully worked. This had been identified, was openly recorded, and parts were being awaited. Other checks were also made on the building and equipment to make sure it remained safe for people to use.
- Lessons had been learned since the last inspection. Concerns had been promptly acted upon and measures put in place to improve the safety of people's care.
- People had risks to their health and wellbeing assessed and planned for. Since the last inspection, an electronic care planning system had been put in place, so all the care plans and risk assessments had been transferred to this. Staff then recorded the support provided to people on handheld devices.
- Care plans and risk assessments were in place for people's needs such as health conditions, nutritional needs and mobility needs.
- The registered manager felt the introduction of the electronic system had improved safety as they could have oversight of the support people were receiving.
- At the last inspection, concerns were identified about delays to addressing some people's health concerns. At this inspection, we saw this had been addressed. Where people had lost weight, this was considered. There was a weekly clinical meeting where people's weights were reviewed and referrals made for those who had lost weight.
- Accidents and incidents were reviewed to help determine patterns and reduce the risk of reoccurrence.

Preventing and controlling infection

At our last inspection the provider had failed to ensure safe infection control practices were followed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. We observed activity staff doing exercise activities with people using equipment and these were not decontaminated between being used by different people; consideration should be given to how this could be best managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to keep in touch with loved ones and were able to have visitors inside the home.

Using medicines safely

- Medicines were managed and administered safely. There were some minor recording and stock discrepancies however, this did not affect people or place them at risk of harm.
- People felt well supported with their medicines. One person said, "I know my medication, it's been the same for a long time, there have been no mistakes or issues with prescriptions not coming."
- For medicines that was 'when required' there were protocols in place to guide staff as to when this needed to be administered.
- The temperature was checked where medicines were stored to ensure it remained in a safe range.

Staffing and recruitment

- There were enough staff to support people promptly. People generally fed back they did not have to wait long for support if they pressed their buzzer. However, staff had more mixed feedback. One staff member said, "I would say that there's not enough [staff] all the time. Everyone seems rushed and have so much to do, it would be better if there was more." Whereas, another staff member said, "I think it's enough staff as [the home is at] half occupancy."
- We observed there was additional pressure on staff when staff went on breaks in the afternoon, however when people used their buzzers throughout the day, these were still being answered in a timely manner.
- Staff were now recruited safely. Checks were made on staff employment history and any gaps were explained. References had been sought and checks were made on staff criminal records to ensure they were suitable to work in the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and people told us they felt safe.
- One person said, "I feel safe, I feel protected." Another person said, "I'm looked after very well, I like it here, always been happy here, I love it."
- Staff understood their safeguarding responsibilities and they knew how to report concerns.
- Appropriate referrals were sent to the local safeguarding authority.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure they were fully following the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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).

- Decision specific mental capacity assessments and best interest decisions were recorded, and they included details of who had been involved in the assessment, such as relatives.
- Where people were given their medicine covertly; disguised in food or drink, the appropriate authorisations were in place. These were documented to tell staff how to administer the medicines.
- One person took their medicines in a different way to most people due to their health condition. Whilst this was not given covertly, the person was not likely be able to communicate if they did not want their medicine. There was not an assessment of this. We fed this back to one of the provider's managers during the inspection and they said this would be addressed.
- Staff understood the MCA and knew how to support people to make decisions, such as showing them food options. We observed people's choices being respected.

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

- The building was suitably adapted to people who lived there and equipment was available for people to use.

- At the last inspection, it had been identified there were memory boxes outside of people's rooms to assist them to identify their own room, but these were not being used. At this inspection, these were still not in use. However, no one raised any concerns with us about this.
- One person was having their bedroom redecorated on the day of our visit. People were able to personalise their rooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us about how they had been supported if they had any wounds and these were healing or had already healed.
- We observed care staff feeding back to a nurse about a person becoming unwell; this feedback was acted upon and medical attention was sought, and support provided to the person.
- People had their health needs assessed and planned for. People's health needs were regularly reviewed to ensure other professionals were involved when required and that people received the support they needed from nurses in the home.

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

- People were supported to have enough to eat and drink, in line with their needs.
- People told us they liked the food. One person said, "The meals are lovely, never a bad one, you can have anything you want to eat, even in the night and lovely, hot drinks on tap." Another person said, "The food is lovely, I have good food."
- We observed people being encouraged to eat and being offered choices. Drinks were not always consistently offered during lunch, however people were offered drinks throughout the rest of the day.
- People's weight was monitored. We saw when a person had lost weight, this had been considered with another health professional to check if any further action was required.

Staff support: induction, training, skills and experience

- Staff had the training and skills to support people, and staff felt supported in their role. People told us they felt staff knew how to support them and felt confident when staff were supporting them with moving and handling equipment.
- One person told us, "I am happy with the hoist, staff know what they are doing." Another person commented, "I use a hoist, the first time I hated it. Now it doesn't bother me, I feel safe, staff have got training to use the hoist." One person said, "I like the staff. They seem confident with everything."
- Staff told us they received training in topics such as safeguarding, infection control and medicines and they could answer our questions about these areas. Staff said they received an induction when they first started.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People felt well treated and were supported with their cultural needs.
- One person said, "I feel safe, it is a nice place, staff look after you well, some carers are very caring, I wouldn't want to leave here." Other comments from people included, "[Staff are] angels to me all of them" and, "The carers are lovely, I'm happy."
- If a person had expressed cultural preferences, such as food choices, this was recorded in their care plans and staff were aware of this.

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

- People were supported to make choices about their care.
- People told us staff listened to them. One person said, "Staff listen to what I want."
- We observed people being offered choices. One person was offered to have their nails cut, they didn't want this and this choice was respected. At lunch time we observed staff offering people the choice to use a clothes protector whilst eating; their choice was respected. People were offered choices of where to spend their time and food choices also.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible.
- In one example, one person told us they had been recuperating and staff support had eased as they became more independent again.
- Where people needed support this was given. For example, we saw staff observe one person spilling food from their plate and a plate 'guard' was offered to help this person maintain their independence but without spilling their food. We also observed another person making their own drinks independently.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People told us and relatives confirmed people were supported in line with their preferences by staff who knew people well. People had access to activities to engage their interest.
- One person commented, "Staff know me pretty well but there is a big turnover of staff." Another person said, "I can please myself what I do, carers know me." Another person told us, "I like staying in my room, I can't think of anything I would change, most staff know me, I think staff listen to me."
- Since the last inspection, there had been the introduction of an electronic system to record people's care plans and risk assessments. As part of that process, care plans had been reviewed. Care plans contained detailed information about people's needs and preferences.
- We observed activity staff undertaking activities with people, such as doing exercises and enabling access to newspapers and books. We were told there was generally seven-day availability of activity staff. We were also told of further plans to expand activity provision.

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.

- People had their communication needs recorded and staff were aware of this.
- For example, if a person was not always easily able to verbally communicate, there were visual cards and phone applications used by staff to help them communicate with the person.
- The registered manager explained they could print care records off in large print if this was required.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt able to complain.
- One person said, "If I had any concerns I'd speak to the manager on shift; I've not made any complaints." A relative also said, "If I had any concerns I'd talk to management, no complaints raised."
- The provider had a process in place to review complaints to ensure they were dealt with and learning reviewed.

End of life care and support

- People had their end of life wishes planned for, should they choose to discuss this aspect of their care. End of life plans were personalised.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure their governance systems identified and improved the quality and safety of people's care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, although further improvements were needed.

- New systems and processes introduced had largely been positive in improving the personalised information available about people. However, there were sometimes omissions where some information had not been fully completed. For example, a person's nutritional risk was identified in one plan as 'very high risk', but in another assessment it stated there was no risk. In another example, an assessment had not been fully completed despite prompts. These did not put people at risk, however, to ensure the provider's system is utilised in the way it was supposed to, it should be correctly completed.
- There were some omissions in medicines recording. For example, one person had missing instructions for their topical creams, there was one missing date recording for a person's medicine patch and there were two stock discrepancies. All other stock levels we checked matched. Some gaps in recording had been identified, which is positive, but it was not always possible to determine how these were resolved. The registered manager explained they introduced a new audit system and carried out checks three times a week on medicines, so may have identified the issue during these checks. However, the systems in place had not identified these concerns at the time of our visit.
- There were many other improvements. These included regular clinical meetings whereby people's needs were discussed, actions identified, and these actions were checked at the following meeting to ensure they were completed. For example, one person had lost weight so a referral was made to ensure they remained healthy and did not continue to lose weight. We saw evidence this had been dealt with by the next meeting.
- There had been continuous learning and improvement. Many improvements had been made since the last inspection; a new electronic care planning system was put in place and quality assurance systems introduced.
- People, relatives and staff felt positive about the registered manager and provider and felt things had improved since the last inspection.
- The provider had an action plan in place which was regularly reviewed to ensure their progress was monitored and kept on track.

- The previous inspection rating was being displayed within the home and on the provider's website, as required. Notifications were submitted appropriately. Providers have to notify us about certain events such as safeguarding concerns or injuries in the home, were submitted appropriately.

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

- People, relatives and staff felt positive about the home, registered manager and management team.
- One person said, "The atmosphere is homely, I've built up relationships with lovely people." Another person said, "It is pleasant, there is a nice atmosphere."
- One staff member said, "[Registered manager] has given me my confidence back. I've never known a manager wanting to get their hands dirty as much, [registered manager] comes down and helps at lunch. Staff are going above and beyond as they can see it from the manager."
- Another staff member said, "They [registered manager and deputy manager] are the best managers I've ever had. They have made the biggest difference."

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

- People and relatives felt positive about the service. One person said, "There is nothing I would change, I am satisfied, quite happy, I enjoy it here, it is quite good." A relative told us, "Everything is fine, they are looking after my relative very well which is my only concern."
- Staff felt they were asked for their opinion and involved in the service. One staff member said, "[Registered manager] talks to us first, they ask what we think. It is a constant feedback system to make things better for the residents."
- People and staff had been given the opportunity to have regular meetings. People discussed the activities in the home, what they enjoyed and what they would like to do. Staff had been informed about the findings from the last inspection and how things were going to be improved.

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 registered manager was clear about their duty of candour. They said, "it is being open and honest, if things go wrong and putting our hands up and sharing what we have done about [something going wrong]."
- The registered manager explained following the last inspection they had communicated with relatives about the rating and their plans to improve the home.

Working in partnership with others

- The registered manager and provider worked in partnership with other organisations and professionals. The home had been open to monitoring visits from the local authority and open to our feedback.