

Benslow Management Company Limited

Benslow Nursing Home

Inspection report

Benslow Rise
Hitchin
Hertfordshire
SG4 9QY

Tel: 01462459773

Website: www.benslow-care-homes.co.uk

Date of inspection visit:
21 May 2019

Date of publication:
04 June 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Benslow Nursing Home provides accommodation, nursing and personal care to older people. The care home accommodates up to 35 people in one purpose built building. At the time of the inspection 31 people were living there.

People's experience of using this service:

People were happy at the service and were supported by staff who knew them well. People felt privacy and dignity was promoted. People were able to choose how to spend their time and encouraged to make decisions about their care. People's care plans included information that gave staff information on how to support people. Agency staff were provided with a handbook so they were informed about people's needs easily.

People told us they enjoyed the activities available. People had recently had the opportunity to go out and there were plans to develop this further. There were communal areas throughout the home which were all used regularly. Some areas of the home were being refurbished. People told us they liked the outcome.

The recruitment process and training systems meant people were supported by staff who were suitable to work in a care setting and equipped for their role. Staff told us that they felt supported. People's view on staffing was that in most cases there was enough staff to meet their needs. Staff told us that in most cases there was enough staff, at times in staff absence they were busy but they prioritised care needs. On the day of inspection people had their needs met in a timely fashion.

People had their individual risks assessed and staff were aware of these. People were supported safely. People received their medicines when needed and these were managed safely. People told us that personal care needs were met in a way they liked. People told us that staff were kind and they were confident to speak up if they had any concerns.

The provider had systems in place to help them identify and resolve any issues in the home. The registered manager was known throughout the home and people and staff were positive about them. All staff were clear about what was expected of them and any lessons learned from events or incidents.

The service met the characteristics for a rating of "Good" in all key questions.

More information about our inspection findings is in the full report.

Rating at last inspection: At the last inspection on the 20 September 2016 the service was rated as Good in four key questions and Requires Improvement in one key question. The rating for Responsive has improved at this inspection.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure it provides safe and effective care. We will plan further inspections in the future.

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 well led

Details are in our well led findings below.

Good ●

Benslow Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 carried out by one inspector.

Service and service type:

Benslow Nursing 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:

The site visit took place on 21 May 2019.

The inspection was unannounced.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make.

We spoke with the registered manager, and six staff members.

We spoke with four people who used the service and two friends and relatives.

We reviewed three people's care records, medicines administration records and other records about the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Staff were aware of these risks. We observed staff supporting people safely and patiently.
- People had their individual evacuation needs assessed. Staff were aware of how to evacuate people in case of a fire.
- Fire drills were practised and staff who attended signed to say they had taken part. The registered manager would benefit by having an overview of staff who had attended a drill to ensure that all staff took part at least annually.
- A fire risk assessment had been carried out and actions identified had been signed as completed.
- Accidents and incidents were reviewed, and remedial action taken as needed. This was reviewed by a member of the management team to enable them identify themes and trends.
- People who had bedrails in place had the protective bumpers on to help protect them from injury. These were checked and recorded regularly throughout each 24 hour period.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew who to speak to if they had any concerns. One person said, "I would speak to them (staff) if I was worried." Relatives and visitors told us they felt people were safe.
- Staff had received training in regard to safeguarding people from abuse and there was information displayed around the home. Staff knew how to report any concerns they had. One staff member said, "I know how to report any concerns and I am confident that [registered manager] takes any action needed."
- Staff told us that the registered manager regularly went around the home checking for any issues and ensuring staff were working safely. They told us that guidance and feedback was given regularly.
- Where a potentially unexplained bruise or skin tear was discovered on a person, this was investigated, and the findings recorded to satisfy themselves that the injury was not as a result of harm.

Staffing and recruitment

- Recruitment files included all relevant information to help the registered manager make good decisions about the staff they employed.
- People told us there were enough staff to meet their needs. One person said, "They are always around to help you." Another person said, "I don't need to press my bell, staff always pop in." Relatives also told us that there were enough staff most of the time. One relative told us at times they worried their family member had to wait for support longer than they would want them to.
- Most staff said there were normally enough staff, some staff said at times people occasionally had to wait if they were busy with other people. Staff told us most shifts were able to be covered, on the odd occasions they were not covered, they told us it was busy and they prioritised care.

- Throughout the inspection we saw people received support when they requested it. There was a staff member available when people needed them.
- The registered manager told us that recruitment had been a challenge and they hoped this had resolved itself lately. They had developed a working relationship with a number of agencies to help ensure they could always cover shifts.
- Agency staff came with a profile about their suitability to work in care and the registered manager gave each agency staff member a quick guide handbook to people's needs to help ensure people were safe and staff received the support they needed.

Preventing and controlling infection

- Systems were in place to ensure infection control was sufficiently managed. The environment was clean and tidy.
- People were protected from the risk of infections, staff received training and followed guidance.

Using medicines safely

- People's medicines were administered, stored and recorded safely.
- Regular checks and audits were completed. Any actions from these audits were signed when completed.
- People received their medicines when they needed them. We saw staff administering medicines in a calm and discreet manner, explaining what the medicines were for and taking their time.

Learning lessons when things go wrong

- Where an issue had arisen, or an event had taken place, this was shared with staff at team meetings, supervisions and any actions needed explained.
- Staff told us that the registered manager was always at handover meetings sharing updates about policies, complaints or incidents. One staff member said, "We are always told where to find the information so we can go and read it ourselves too."

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Bedrooms were personalised, and communal corridors were being refurbished to make them more appealing and welcoming. One person told us that the registered manager had their bedroom painted in their favourite colour.
- People had easy access to the lift to enable them to move around freely. There was communal space which we saw people using.
- There was a pleasant garden area which people told us that they used more now it had been better designed. For example, with the painting of handrails.

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

- People told us the food was good. One person said, "It's nice and plenty of variety." Relatives also told us that the food was varied and looked good.
- Food choices were taken earlier in the day by the chef.
- Tables were set ahead of the meal and drinks were offered. However, menus were not displayed and no condiments were available.
- People were given support in a kind and patient way if they needed help to eat. Staff chatted with people while they supported them. However, at times when supporting people with eating, staff did not sit properly. For example, standing next to them or perching on the arm of the chair next to them.
- Allergies, dietary needs and weight changes were shared with the kitchen staff. Staff recorded people's food and drink intake where people were assessed as being at risk of not eating or drinking enough. Training had recently been given in relation to modified consistencies. For example, when people need to have their food mashed or pureed to help them eat safely.
- Snacks and drinks were available and offered regularly to people.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by different health and social care professionals. Staff supported people with this as needed. This included hospital appointments and opticians. There was a regular GP round.
- We saw that all changes in health were documented and staff were aware of these.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were encouraged to make their own choices and decisions. Staff offered choices for people even when they had limited ability to communicate. One staff member said, "If they don't understand the question, then you simplify the question, break it down in ways to help them understand and make a decision."
- People had their capacity assessed in relation to important decisions about their care. Best interest decisions were recorded. There was further work underway to ensure that all elements of a person's needs were captured in the assessment and decision making process.
- DoLS applications were made appropriately to ensure people's rights were respected while promoting their welfare.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People, and their relatives where appropriate, were involved in planning care. One person said, "They ask me about my care." However, the service was trying to come up with ways to better capture that involvement at reviews.
- People's choices were reflected in the care plans and we saw staff giving people choices throughout the day. For example, for drinks, joining in with activities and food offered.

Staff support: induction, training, skills and experience

- Staff received an induction when starting at the service. We saw a staff member was shadowing an experienced member of staff on the day of inspection. The experienced staff member was communicating well with the new starter, explaining why they did things and telling them about the people they were supporting.
- Regular training, specific to their role, was delivered and refreshed when needed. Staff felt they had enough training but could ask for more if they felt they needed it. Staff told us that their competency was checked after receiving training.
- Staff received supervision and felt supported. We saw that supervisions were recorded as happening regularly. All staff told us that they could go to the registered manager at any time.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well and this helped to ensure care delivered met people's needs consistently in a way they liked.
- People told us that staff supported them when they wanted to be supported.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with respect and kindness. Staff spoke with people in a way that demonstrated they respected them. One person said, "They are all nice." Relatives told us that staff were kind. A staff member who was new to the home told us, "Staff are lovely, care is good, person centred, they all talk to people nicely." They told us it was a friendly place to work and the registered manager had a good reputation, as someone who was good to work for, outside of the home.
- Staff were attentive to people. People told us that staff were kind and friendly. The atmosphere was homely. We saw several examples of positive interactions and staff knowing people well throughout the inspection.
- People and their relatives told us that their relationships were respected. Visitors were welcomed into the home. One relative told us, "I can make a drink when I want and I can have a meal too."
- People's life histories, religion or cultural beliefs, hobbies and interests were considered by the staff team. This was documented so that staff could speak with people about what was important to them.

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

- People were asked about their views about the care as part of their care plan review. Staff told us that care was person centered and delivered in accordance with people's wishes, choices and preferences.
- Staff were heard asking people for their choices throughout the inspection.
- People and their relatives told us that they felt involved in planning their care and it was delivered how they wanted it to be. One person said, "They ask you what you want." However, one relative told us that they had not had a review in a while and they had suggestions to make about their family member's routine. We asked if they had approached the registered manager about any suggestions to their family member's care but they told us they had not. We encouraged them to do so.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and were discreet when supporting people.
- People who needed support by staff were dressed appropriately. People who needed assistance with continence products or using the toilet, received this support swiftly.
- Records were stored securely.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Personalised care

- At the last inspection on 20 September 2016 we found that activities provided for people needed further development.
- At this inspection we found that improvements had been made in relation to activities.
- People told us that they enjoyed the activities provided. On the day of inspection there were games and music on offer. We noted that many people in their room were watching TV. Staff were reminded to check that the programme was something that the person enjoyed.
- Records showed that people had the opportunity to join in with activities each day. The registered manager told us that there were plans to ensure all days were covered by a member of the activities team. Currently on alternate weekends, care staff provided activities.
- People told us that they had enough to do and were happy living at the service. One person told us, "I'm happy here, it's all pretty good." Another person said, "They took me down to the pancake race in town, it was good."
- There were some opportunities for people to go out. The activities organiser told us that they were planning more activities outside of the home. People told us that they were happy with the opportunities for going on an outing. Two people told us that they were happy going in the garden and spending time at the home.
- People's care plans were detailed, and person centred so that it covered all elements of a person's needs, wishes, and lives. Staff were able to tell us about people they supported.
- Staff recorded that personal care had been delivered. The system gave alerts when a care need had not been recorded as being completed.
- People received care that met their needs and took account of their preferences. One person said, "It's all pretty good." Another person told us, "They help you when you need it."
- People's relatives and visitors were happy with the care provided.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately. This information was shared with the staff team.
- People and their relatives told us that they could speak to the registered manager or a member of staff if they needed to. One person said, "They listen to you."
- Complaints were monitored to help them address any themes and trends.

End of life care and support

- The service offered end of life care. When people were nearing the end of their lives, care plans were used to guide staff when supporting people.
- Feedback from relatives about support from staff during the time their family members were receiving end

of life care was positive. Feedback from relatives included, 'I am so pleased that [person's] passing was at Benslow and peaceful, all helped along by the wonderful staff. it meant so much'. And, 'Your kindness and support over the years has been so appreciated and we felt part of a big family.' This demonstrated that people and their families had been supported attentively at the end of their lives.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us that the registered manager was approachable and was seen around the home regularly. People told us they were happy at Benslow Nursing Home. One person said, "[Registered manager] is nice and always around."
- Relatives and visitors told us they were happy with Benslow Nursing Home. One visitor said, "The [registered] manager is lovely, I have spoken to her about anything I have needed to."
- Staff told us, and we also saw, that the registered manager was visible in the home and were available if anyone needed to speak with them. One staff member said, "[Registered manager] is brilliant, she's in the handover everyday so she knows what's going on and gives her talk to us, checks the alerts before the handover."
- There were daily handovers detailing updates or changes to people's needs in some cases, and meetings with staff discussed all relevant information. The registered manager attended these to ensure staff had received the information they needed.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager used their governance systems to help them identify and resolve issues in the home.
- These systems included audits, observations and checks. Each check had an action plan as needed. We saw the actions were signed off when completed.
- The registered manager had identified MCA and DoLS as an area needing further development and this was ongoing at the time of the inspection.
- The provider carried out quality checks each month.

Working in partnership with others

- The registered manager had ensured that other agencies were informed of any issues arising. The registered manager had links with various agencies which included the local authority and a local care providers association.
- There had been a recent monitoring visit from the local authority and they had rated them as Good.

Engaging and involving people using the service, the public and staff

- People had meetings regularly to discuss the service and anything they wanted to change or plan for the future. They were kept informed about anything that affected the service. We saw where suggestions had

been made for activities and updates to the menu, these had been added to an action plan and the staff member responsible informed.

- There was a feedback survey completed annually for people, relatives, staff and professionals. Each individual response had its own action plan. Some required no actions, but other included the action and detailed accounts of progress and feeding this back to the person who completed the survey. One survey stated they would like to go to the seaside. The activity organiser was planning this trip.

Continuous learning and improving care

- The registered manager keeps themselves informed of changes through contact with the provider and attending local meetings which includes spending time with other service managers. They share this information and learning through the staff team on their walk rounds, supervisions and handovers.
- The provider carried out month's quality checks. Information from these checks and learning across the provider's locations was shared with the home's staff for any required actions to be taken.