

Argyle Care Group Limited

Bentley Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bentley Care Home is registered to provide accommodation and support for up to 58 adults who require support with their mental and physical health. At the time of the inspection 39 people were living at the home and one person was in hospital.

The building is converted from three large Victorian houses divided into two units. These are known as 'the house' and 'the unit'. People have their own bedroom and share bathroom and shower facilities. Each unit has sitting and dining facilities for people to share.

This was an unannounced inspection carried out on 15 September 2016. We carried out this inspection at this time as the home was in special measures and had been rated inadequate and we needed to check that improvements had been made to the quality and safety of the service.

We had carried out a comprehensive inspection of this home in September 2015 as a result of which the home was rated inadequate and was placed into special measures. A second comprehensive inspection of the home in March 2016 again rated the home as inadequate and they remained in special measures. In July 2016 we carried out a focused inspection of the home and found that improvements had been made in some areas.

At this inspection we found that improvements had been made in all areas but further improvements were needed to meet regulations in regard to ensuring the care and treatment of service users met their needs and reflected their preferences and that risks to the health and safety of service users are being adequately assessed and action taken to mitigate and identified risks.

In response to the improvements that had been made we have taken the home out of special measures.

People's legal rights were not always protected. Assessments of people's capacity to make important decisions had not always been undertaken to establish whether they needed the protection of a Deprivation of Liberty Safeguard.

Up to date care plans and risk assessments were not in place for everyone living at the home. This meant staff did not always have up to date guidance to support people safely and well. A new care plan format had commenced and provided detailed information about people which helped staff provide a more person centred approach to care. However not everybody had these care plans in place.

No organised activities took place at the home and people told us that they were often bored. An activities co-ordinator was due to commence working at the home shortly.

Staff did not always recognise when people needed support and provide it in a timely manner. At times staff congregated in communal areas rather than spending time interacting with people living at the home.

People told us that they felt safe living at the home. Potential safeguarding concerns had been recognised and addressed. Staff had an understanding of safeguarding adult's procedures and their role in protecting people.

There were sufficient staff working at the home to support people. People living at the Bentley told us they liked the staff who worked there and we saw some warm interactions between staff and people they supported.

Staff had received support and supervision and felt listened to by the senior management team. Training had been delivered to staff to enable them to understand and carry out their role effectively and more specialist training was being planned. Robust procedures had been followed to recruit staff who were suitable to work with people who may be vulnerable.

Systems were being introduced for gaining the views of people living at the home and their relatives. People told us they felt listened to and we saw that action was taken in response to people's comments. Similarly complaints were listened to, investigated and appropriate action taken on the findings.

People received the support they needed with their healthcare and with their medication.

A choice of meals was always available including meals that met dietary, cultural or religious preferences. People told us that they liked the meals provided.

The building was a safe place for people to live and work. Although parts of the building remain shabby and in need of decoration improvements to the overall appearance and décor of the building had commenced with further work planned. People living at the home were pleased with the improvements made and those areas decorated looked welcoming and pleasant.

People living at the home and staff liked the manager and provider's representative. They said they were a visible presence in the home and were improving the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Potential safeguarding concerns were recognised and addressed. The staff team had received training in understanding safeguarding adults and the procedures to follow.

Sufficient staff worked at the home to support people living there.

The environment was safe for people living and working there.

Medication was managed safely.

Is the service effective?

Requires Improvement 

The service was always not effective.

People's legal rights were not always protected.

Improvements were being made to the environment to make the home a more pleasant place to live.

Staff received the training, support and supervision they needed to enable them to support people safely.

People received meals that were of a good quality and met their cultural and religious beliefs.

Is the service caring?

Requires Improvement 

The service was not always caring.

Staff did not always observe or respond to people's needs swiftly.

People told us that they liked living at Bentley and liked the staff team.

Systems were in place for communicating with people whose first language was not English and for gaining people's views of the service they received.

Is the service responsive?

The service was not always responsive

Not all care plans were accurate, up to date or reviewed.

There were no organised activities at the home and people told us they were bored.

A system was in place for listening to and responding to concerns and complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The home did not have a registered manager in post. An appointed manager was in post and had applied to register with CQC.

A system for quality assurance had been introduced within the home. This was an honest assessment of the home that acknowledged the improvements required.

People liked the new manager and provider's representative and felt their views were listened to.

Requires Improvement ●

Bentley 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. We carried out this inspection at this time as the home were in special measures and had been rated inadequate and we needed to check that improvements had been made to the quality and safety of the service. We also needed to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 September 2016 and was unannounced. It was carried out by an Adult Social Care (ASC) manager and ASC inspector.

Prior to our visit we looked at any information we had received about the home including contact from people using the service or their relatives, agencies including social services and any information sent to us by the manager or provider since our last inspection in July 2016.

We spoke individually with nine of the people living at Bentley Care Home and met with several other people living there. In addition we spoke with ten members of staff who held various roles within the home. This included the provider's representative and the manager.

We looked around the premises and spent time observing the care and support provided to people.

We looked at records including care plans and a sample of medication records. We also looked at recruitment records for two new members of staff and training records for all staff. In addition we looked at records relating to the safety and quality of the service provided.

Is the service safe?

Our findings

We asked people if they felt safe. One person told us "Of course I feel safe. This is my home." Another person told us then when they were feeling unsafe they spoke with the staff who reassured them and helped them to feel better.

At our last three inspections of the home we had found that adequate systems were not in place in place to safeguard the people living there. This was because we did not see any evidence that staff had received training in safeguarding adults and we saw that care plans lacked guidance to protect people who may make allegations. At this inspection we found that improvements had been made to systems for supporting people at risk of abuse.

Records showed that staff had received training in safeguarding adults and staff had an understanding of safeguarding procedures, how to report concerns and what constituted potential abuse. Policies and procedures were in place for staff to follow with regards to safeguarding adult's and whistleblowing. Whistle blowing protects staff who report something they think is wrong in the work place that is in the public interest.

We looked at care plans for people who had a history of raising concerns that could fall under safeguarding procedures. These showed that staff had liaised with outside professionals to find the best way to protect the person and that guidelines were in place for staff to follow to support the person.

The manager had made appropriate safeguarding referrals when concerns had arisen and was investigating older safeguarding concerns that had been notified to the local authority.

We looked at the safety of the premises and found that all of the required checks had been carried out and that safety certificates were in date and stored appropriately. We saw that the manager had introduced a new 'grab file' that contained up to date PEEPS (Personal Emergency Evacuation Plans) for each person who lived in the home in the event of an emergency.

Checklists had been introduced and regularly completed to ensure that doors leading to hazards such as electrical cupboards and steps were locked. These had been completed regularly.

People who smoked continued to be supported to do so safely. We saw that people made use of an outdoor smoking shelter and we saw no evidence that people were smoking inside the building.

We saw that the manager had introduced a monthly audit of accidents and incidents. Falls were now monitored to look for trends to see if adaptations were required to people's care. This had only recently commenced so it was difficult to see how effective the audit was.

We looked at the rotas and saw that staffing levels were generally maintained in the home. At previous inspections we did have concerns that there were a lot of agency staff used to meet the staffing levels and

these staff did not always know the people who lived in the home. This was not the case at this inspection and we saw that the staff team was stable and agency staff were only used in an emergency. None of the people we spoke with raised any concerns about staffing levels.

We looked at two recruitment files for staff that had commenced work since the previous inspection. We saw that these staff had been recruited safely and adequate checks had been carried out prior to them starting work. We saw that the manager had introduced a new induction checklist for new staff to follow when they commenced working in the home.

Medication at the home was stored in a locked room with lockable cabinets and trolley in the house and in a locked cabinet and trolley on the unit. We looked at how medication was managed in the house. The room was clean and tidy and records had been maintained of the fridge temperatures to ensure medication was being stored at the recommended temperature. No thermometer was available for checking the overall temperature of the room and we were assured by the provider's representative that a thermometer would be provided.

We found that stocks of medication were very well managed with a clear system in place for ordering medication and ensuring no build-up of stock occurred. We checked samples of controlled medication, medications administered through a stomach tube and medication prescribed short term. We found that these were given as prescribed, medications stocks tallied with records of medication administered and records were clear as to when and how these were to be given.

We saw that the home had been audited by Liverpool Health Authority Infection Control Team and had achieved a non-compliant score of 68% in July 2016. Urgent action had been taken by the home to address the concerns raised and a re-inspection in August 2016 gave the home a compliant score of 92%. During our inspection the home appeared clean and we did not see any poor practice in relation to infection control management. We also saw that the home had been awarded a three star rating from the Environmental Health Agency for the cleanliness in the kitchen which is satisfactory. We were informed that work was due to start shortly to address the areas for improvement that had been noted by Environmental Health. This included decorating parts of the kitchen and repairing tiles.

Is the service effective?

Our findings

Everyone we spoke to was complimentary about the food. One person told us "The food has gone alright now. We have three choices at lunch time and two at night. The new chef does a good job." Another person commented, "The food is lovely. He is a good chef."

People also told us that they had received the support they needed with their health care. One person explained, "They bring me the doctor."

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that they although improvements had been made the home were not fully working within the MCA.

We saw that DoLS applications for some people had been made and were advised by the manager and provider's representative that they had prioritised the people who they considered would benefit the most from a DoL safeguard. We saw records for other people who may require the protection of a DoLS due to a lack of capacity and found that these had not been applied for. We found that an assessment of people's capacity to consent to live at the home and therefore assess whether a DoLS should be applied for on their behalf had not always been carried out.

We first identified that people had not been assessed to see if they required the protection of a DoLS at our inspection in September 2015 and subsequent inspections in March and July 2016. Although action was being taken to apply for a DoLS for people who needed it this was not yet complete and needs to be prioritised to ensure people have the protections in place they need.

These were continued breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured the care and treatment of service users met their needs and reflected their preferences.

At our last three inspections of the home we had identified that staff had not received appropriate support, training and supervision to enable them to carry out the duties they were employed to perform. At this inspection we found that improvements had been made.

Staff told us that they had received training applicable to their role and also told us that they felt supported by the manager and provider's representative. They said that the manager and provider's representative were both present in the home regularly and very approachable.

We asked about staff training and saw that a series of training sessions had taken place in the previous three months and staff had been given the opportunity to undertake the training. However, not all of the staff were complimentary about the style of training which was via computer. The manager told us that there were plans to introduce face to face training. During the inspection we met a visiting community nurse who had come to the home to arrange specialist diabetes and peg feeding training.

We looked at supervision records and saw that all staff had received a supervision session in the previous three months. We saw that staff meetings were being held on a monthly basis with both the provider and the manager in attendance. Staff told us that they felt comfortable speaking out at these meetings and that their point of view was listened to.

People told us that they enjoyed the meals provided at the home and we saw that the lunchtime meal looked appetising. This consisted of a choice of homemade soup and sandwiches or bolognaise and pasta. Meals for people who needed a soft diet had been piped onto the plate so that they looked appetising and people eating the soft diet had the opportunity to taste the different flavours. The cook told us that alternatives of a Chinese meal were served each night and that people could have an alternative meal if they did not like the choices available.

Throughout the day we saw that people were served drinks and biscuits. We observed the lunchtime meal in the house. No menu was displayed and the people we asked did not know what was for lunch until it arrived. We found that the dining experience lacked atmosphere and it was not a social occasion. We discussed this with the manager and provider's representative who told us they would address this.

Clear records were in place for supporting people who received their nutrition via a stomach tube to check they received the appropriate amount of nutrition and fluids.

Records showed that people received support with their health care and to access healthcare professionals. Although care records were mixed with some people having up to date care plans and other people's plans requiring updating we saw that people were receiving support with their healthcare. Staff were able to explain to us the support that people needed to maintain their health as much as possible.

We could see and were told that the home was undergoing improvements to the environment which were required. This had included fitting new flooring to the foyer and corridors and making a wet room. The living / dining room in the house had also been decorated in brighter vibrant colours. We were told that these had been discussed with the people living there and had also been researched as to the colours that would suit people living with dementia. This made a positive difference to the room which had previously appeared bland and unwelcoming.

All of the people we spoke to were pleased with the improvements made to the environment. One person told us "The wet room is nearly finished. It will be much better for me in my wheelchair. I'll be able to be more independent."

The provider told us that there were further plans to improve other parts of the home and this was reinforced in discussions with other members of staff who were able to tell us about further planned improvements. Work planned over the next few weeks included improving the kitchen, continuing to replace

corridor flooring and decorating a lounge in the house. These improvements will benefit the home as many areas remain old, shabby and uninviting in appearance.

Aids and adaptations provided in the home included passenger lifts in the house and the unit, grab rails in bathrooms, hoists and corridor rails. Ramps outside provided access and corridors were wide enough for people in a wheelchair to manoeuvre.

Is the service caring?

Our findings

People we spoke with were complimentary about the staff and the home generally. Comments we received from people living at the home included, "I like the staff. They are my family." "It's so much better here now. I like the changes. I like the staff and the food," and "Anything I want they give it to me. They are good."

Despite the positive interactions we saw, we still had some concerns about some of the people living in the home. We saw one person who needed some prompt support and intervention from staff and it required us to point this out. We saw a person who was dressed in dirty, shabby clothes and this person had required staff support to get dressed. We also saw very vulnerable people left for long periods sitting in chairs with no stimulation. Throughout the day we also noted some staff members congregating in corridors chatting which left people unsupported in lounges in the home.

At our last inspection we have found that although people were supported to smoke safely the practice of how this was done remained institutional. At this inspection we observed a member of staff providing unobtrusive support to people who wanted to smoke in a way that made the process more person-centred rather than routine.

At our last inspection we did not see any evidence that people living at the home were consulted about their care or the quality of the service they received. We found that improvements had been made at this inspection. There had recently been a resident' and relatives meeting at the home and a forum of people who lived in the home and their relatives was being set up. We saw that questionnaires regarding the quality of the service had been circulated and collated. Action had already been taken in a number of areas that the feedback had identified. We saw from the minutes of the meeting and people told us that manager was very accessible and had an 'open door policy'. We also saw that as new care plans were put into place the person and or their representative had been consulted regarding the contents.

We observed staff spending time with people chatting in the unit. There was a relaxed atmosphere and people were chatting to each other and staff, reading newspapers and magazines, and drinking cups of tea and coffee. A trolley was brought into the communal areas and people were helping themselves to drinks whenever they wanted.

We observed one person become very agitated and upset and staff dealt with the situation quietly and in an unobtrusive way, supporting the person to become calmer. It was obvious that staff knew the people who lived in the home well and how best to support them.

We were told and saw in the records that one person's life had been significantly improved by the life story work that the staff were supporting people to complete in the home. This person could play a musical instrument and no one had been aware of this before. They also had a friend locally who they had reconnected with and now saw on a regular basis. This person's well-being had been improved through the care planning process and staff acting upon the information. There were plans to do this work with all of the people in the home but this had not yet been completed.

Some of the people living in the home were Chinese. These people were now being supported each week to access the local Chinese community centre. The manager also told us that she was able to communicate to a degree with the Chinese people living at the home in their preferred language.

Is the service responsive?

Our findings

People living at the home told us that if they had any concerns or complaints they would feel comfortable raising them with a member of staff. One person explained, "I would tell the staff or the nurse in charge." People also told us that they were bored at times and would like more activities to take place.

During our last inspections of the home we had found that risks to the health and safety of service users had not been adequately assessed and action had not been taken to mitigate risks. We had also found that the care and treatment of service users did not meet their needs and reflected their preferences. At this inspection we found that improvements had been made but further improvements were needed.

An electronic system for assessing and planning people's care was in use at the home. At the previous inspection we had found that care plans were generic and populated with statements that were often inaccurate. At this inspection we saw that work had commenced to make care plans more person centred and to provide clear guidance for staff to follow to support the person with their safety, health and chosen lifestyle.

We saw several care plans that had been completed and were written in a person centred way that provided up to date guidance on supporting the person. However work to update other care plans had not commenced or not been completed. We looked at a care plan for one person who was over 100 years of age. This was still paper based and we could not find any clear guidance within the plan on how to support the person. A care plan for another person for supporting them with their mental health had not been reviewed or undated since May 2015 and a plan for supporting them with their behaviour since January 2014.

A system had been put into place by the manager and provider's representative for updating care plans however this did not take into account ensuring the most important parts of people's care plans were completed first.

These were continued breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured the care and treatment of service users met their needs and reflected their preferences.

These were continuing breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not ensure risks to the health and safety of service users had been adequately assessed and action had not been taken to mitigate risks.

At our previous inspection some of the people living at the home told us that they were bored. We did not see any activities taking place other than staff on the unit sitting and talking with people. We were told that an activities coordinator had been employed since our last inspection but had since left. The manager explained that an experienced activity coordinator had been recently employed and was due to commence work in the home shortly.

We saw that the complaints procedure was displayed in the entrance area in the home and complaints forms were also available for people to take and fill in. We looked at the complaints file and saw that one complaint had been made since our previous inspection and this had been documented and resolved.

Is the service well-led?

Our findings

People we spoke with made positive comments about the manager and the provider's representative and the changes they had made to the service. One person said "The changes are good. It's better here now."

The home did not have a registered manager. No registered manager had been in post at the home since October 2015, a period of eleven months. A manager had commenced working at the home following the September 2015 inspection and subsequently left. At our inspection in July 2016 a manager had been in post for two weeks and was still in post at this inspection. She had made an application to be the registered manager which was required to satisfy the registration requirements of the home.

At our inspection of the home in July 2016 we found that systems for monitoring and improving the service were not yet robust enough to ensure the people living there received good quality, person centred support. At this inspection we found that improvements had continued to be made but further improvements were needed to ensure people receive a consistently good service.

We saw that a number of audits had been introduced. It was difficult to see how effective these audits were as they were very new and there was limited information. We did see that the manager had completed a very honest overall audit of the whole service and was using this as a bench mark to make improvements. However there were still significant concerns with some of the care files and the lack of risk assessments. We asked the manager and the provider's representative to prioritise these urgently to ensure that everyone in the home was receiving safe care.

Staff told us that they liked the new manager and provider representative. They said they had seen continual improvements to the service since their arrival. Comments we received from staff included, "There have been big changes. Big improvements." "It's a different culture now," and "Lovely, very approachable."

Staff told us that the new manager was always visible and spent time observing the care that people received. One member of staff explained, "You see her round the building checking regularly."

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured the care and treatment of service users met their needs and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure risks to the health and safety of service users had been adequately assessed and action had not been taken to mitigate risks.