

Active Care Homes Limited

Bennethorpe House

Inspection report

68 Bennetthorpe
Bennetthorpe
Doncaster
South Yorkshire
DN4 6AD

Tel: 01302367672

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30 October 2019

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10 December 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:

Bennethorpe is a care home registered to care for two people who have a learning disability or autistic spectrum disorder and mental health needs. At the time of the inspection two people were living in the home.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

We found the outcomes for people using this service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

People were safe and protected from avoidable harm and relevant risk assessments were in place. We saw that people were comfortable in the presence of the staff and people told us they felt safe. People's medicines were managed safely. There were enough staff on duty to ensure people's needs were met and they had been recruited in a way that helped to keep people safe.

People were supported to access healthcare services as needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training to ensure that they had the necessary skills to care for and support the people who lived at the home.

Staff were kind and caring towards people and had developed strong and positive relationships with them. Staff treated people with respect and supported them in a way that allowed them to be as independent as possible. People and their relatives were involved in the planning and review of their care.

Care and support plans were personalised and detailed. They included information about people's preferences and abilities. People were supported to make day to day choices and decisions about their lives and were able to participate in their hobbies and interests. There was a focus on treating people with equality and on involving and empowering those with communication difficulties, to ensure their voices were heard and valued. There was a system in place to manage complaints.

Leadership and management were of good quality and people who used the service, their relatives and representatives were involved in how the service was run and operated. The service had systems in place to monitor the quality of the care provided. Staff felt supported and spoke positively about the provider and registered manager.

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

Rating at last inspection:

The service was rated good at the last inspection in March 2017 (published 19 April 2017).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well led.

Details are in our well led findings below.

Bennethorpe House

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 undertaken by one adult social care inspector.

Service and service type:

Bennethorpe House is a 'care home.' People in homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection.

The service specialises in providing care and support to people with learning disabilities and other complex needs, such as autism or mental health needs. The accommodation is an ordinary family home in the community.

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

We visited Bennethorpe House on 30 October 2019. We gave the registered manager short notice that we were going to visit. This was because this is a very small service and we wanted to be sure someone would be in when we visited.

What we did before the inspection

We reviewed information we had received about the service. This included reviewing any notifications of accidents and incidents and information we had received from external agencies. We also received feedback about the service from one social care professional. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

This inspection included meeting the two people who lived at the home, the registered manager and two care workers. We reviewed the two people's care records, two staff personnel files, audits and other records about the management of the service. We observed the interactions between the people who lived in the home and the staff supporting them.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems in place to safeguard people from abuse were effective.
- We saw that people were comfortable in the presence of the staff and people told us they felt safe.
- Staff had received safeguarding training and understood the safeguarding and whistleblowing policies and how to follow them. Whistleblowing is one way a worker can report concerns, by telling someone they trust.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety were well managed.
- Risks to people were recorded and reviewed with control measures put into place to minimise the assessed risks.
- The management of risk was practical and proportionate and did not negatively impact on people's activities and freedom. Detailed risk assessments demonstrated people's involvement in risk taking. For example, when using kitchen equipment and going out into the community

Staffing and recruitment

- There were enough staff to support people's needs.
- The registered manager assessed how many staff were needed dependent on people's support levels. This included if people needed more than one member of staff to keep them safe when they were in the community.
- People told us there were enough staff to help and support them, and to accompany them when they wished to go out
- Recruitment procedures were thorough, and all necessary checks were made before new staff commenced employment. This helped to make sure people were protected against the employment of unsuitable staff.
- People told us they played a part in staff recruitment decisions. This meant they had some influence on who was employed to support them and staff retention was very good.

Using medicines safely

- People were provided with safe and appropriate support with their medicines.
- People's plans included information about the medicines they were prescribed and clear guidance about the support they required from staff.
- Staff were trained were assessed as competent before administering people's medicines. Medicine administration records (MARs) we look at were completed correctly with no gaps and medicines were stored safely.
- Regular medicines audits were completed. Medicines records were checked by the management team to make sure people received their medicines as prescribed. The audits reflected that errors were very rarely

made. In part, because there was a very stable staff team who were familiar with people's medicines and how they liked to take them.

Preventing and controlling infection

- Effective measures were in place to prevent and control the spread of infection.
- Staff were trained in infection control, including correct hand washing techniques.
- A cleaning schedule was in place and had been regularly audited.

Learning lessons when things go wrong

- The service learned from past incidents and accidents to enable them to support people better.
- The management team were keen to develop and learn from events and used this as an opportunity to improve the service for people and for staff.
- Accidents and incidents were recorded and analysed. This enabled possible trends to be identified and, where needed, action to be taken to reduce future risk.
- Regular staff meetings included discussion about any incidents, and lessons learned.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care and support was delivered in line with people's choices and preferences.
- Everyone's feedback about the service was very positive and records showed people's support was provided in line with current good practice guidance.
- People and those important to them such as their close relatives, were involved in the assessment process.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to support them effectively.
- Staff were well supported in their role and there was an effective, ongoing programme of essential training. Specific training had also been completed when required, for example, autism training. This ensured staff were skilled to meet people's specific and individual needs.
- Staff told us they received regular supervision and appraisal. Records we saw confirmed staff received their appraisal every 12 months and had supervision on a regular basis. Supervisions provided staff with the opportunity to discuss any concerns or training needs.

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

- People received a balanced diet, which took into consideration their preferences and dietary requirements.
- People told us they were happy with the food and staff knew people's likes and dislikes.
- People were involved in choosing, shopping for and preparing their meals with assistance from staff
- When needed, staff closely monitored people's food and fluid intake. and sought advice from relevant community healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
- People were supported to attend appointments with other healthcare professionals, such as GPs, mental health professionals, dentists and opticians to maintain their health and well-being.
- Care and support plans included information about people's health, so staff could provide appropriate support.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the Mental Capacity Act 2005.
- People's mental capacity to make decisions was assumed unless there was evidence to suggest otherwise. There was a real emphasis on involving people and enabling them to make choices wherever possible.
- We saw assessments of people's capacity in care records, which told us people's rights were being protected.
- Staff had received training and knew the principles of the MCA.
- Appropriate applications had been made to the local authority for DoLS. to ensure people's rights were protected.

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

- Bennethorpe House was very homely in style and decorated to suit the needs and preferences of the people who used the service.
- Where there was a need to redecorate, this was identified and planned for.
- During our visit parts of the home were being redecorated. People were fully involved in the decisions about this and they went out on a shopping trip in the afternoon, to choose and buy new items for their home
- People's bedrooms very much reflected their individual preferences and interests.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- There was a person-centred culture, with staff ensuring people were treated equally and fairly.
- We saw staff talking to people in a kind way and people smiling in response to this. The atmosphere was relaxed and friendly. The staff members' approach was supportive, caring and inclusive.
- People's diversity and individuality were respected, and their rights were considered when their care and support was being planned. Staff received training in equality and diversity and spoke to people with warmth and respect,
- Staff we spoke with had a very good understanding of people's individual communication, care and support needs.

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

- We saw staff consistently involving people, asking their opinions, and offering choices.
- People's views were central to how their care was planned and delivered.
- People and those who were important to them, such as close relatives, were involved in planning their care. This meant people's care was planned as they preferred.
- Staff knew people well and encouraged them to make choices in all areas of their lives.
- Information on advocacy was available for anyone who required this and was displayed around the service. An advocate is someone who can help people say what they want and make sure their rights are protected.

Respecting and promoting people's privacy, dignity and independence

- Observation, discussion and records showed us that staff upheld people's dignity and privacy.
- Staff knew people needed privacy and respected this when they wished to spend time on their own.
- People were supported to maintain and develop their independence. Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection.
- The service maintained their responsibilities in line with the General Data Protection Regulation (GDPR). The GDPR sets out guidelines for the collection and processing of personal information. People's confidentiality was respected, and their personal information was kept securely and could only be accessed by authorised staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People benefitted from a service that provided personalised care. This meant the service put people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcomes for them.

- People's care and support plans were person-centred and detailed. They noted information about people's daily routines, including the tasks they could do independently and where they needed support.
- When asked if they were happy living at Bennethorpe House both people confirmed that they were.
- We saw that people were able to move freely and safely around their home. People were able to choose to go to their rooms to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and wellbeing.
- It was clear staff knew people's needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person.

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 were supported and encouraged to maintain relationships with their friends and family, this included staff supporting people to visit those who were important to them.
- People were enabled to participate in a range of activities, to suit their individual interests.
- People's plans confirmed they had regular opportunities to access their local community and to go on trips and holidays further afield.
- One person told us they regularly went to watch their favourite football team. Another person proudly showed us their model bus and care collection. Care plans and risk assessments also detailed activities such as meals out, snooker and ten pin bowling.
- People indicated they were very happy with the support staff gave them to follow their hobbies and interests. They confirmed they were able to go out when they wanted to.

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.

- There was a focus on treating people with equality and on involving and empowering those with communication difficulties, to ensure their voices were heard and valued. We saw examples of different types of communication being used to support people's understanding and engagement.
- Staff knew people well and how best to communicate with them. One person communicated using

minimal words and staff said it was important to read their body language. We saw clear instructions for staff to follow on how to communicate with each person in their care and support plan.

- Most written information was available in different formats, such as easy read and pictorial versions, to make it easier for people to understand.

End of life care and support

- People's care records included information from people and their families about their preferences for when people neared the end of their life.
- No one using the service was receiving end of life care at the time of the inspection.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy in place. This was available to people in an easy read format.
- The registered manager showed us the system where any complaint received would be recorded and dealt with. None had been received since the last inspection.
- People were happy with the care and support provided and did not have any complaints to tell us about. They indicated they had a staff member they would tell if they had any concerns.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture at Bennethorpe House was open, welcoming and inclusive of people's unique needs and diversity. People and staff told us they were a good team that worked together well.
- Staff told us they felt well supported and loved their jobs. They spoke highly of the managers and company directors and the support they provided. They told us they were always approachable and helpful.
- We found the culture of the service to be open, transparent and accountable. Throughout the inspection all staff were open and cooperative, answering questions and providing any information and documents that we requested.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff we spoke with were clear about their role and responsibilities. They were professional and open when speaking with us about their role and the people they supported.
- We saw a range of audits were completed at regular intervals by different members of the staff and the registered manager. These were effective in identifying and addressing areas for improvement.
- Audits were also carried out regularly by the company directors to assess the overall quality of the service. This included ensuring the registered manager was undertaking their role effectively and working in line with regulatory requirements. This contributed to a culture of continuous improvement within the service.
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to CQC as required by law and the rating of the last inspection was on display within the home.

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

- The registered manager took opportunities to ask people who used the service for their feedback in an almost daily basis, as people were not very keen on formal meetings. It was clear that people's opinions were respected and acted upon to improve their opportunities and quality of life.
- The registered provider also asked people and their relatives to complete surveys about the quality of the service on a regular basis. The feedback the service received indicated the home was well run, people were happy, and their individual needs were met.
- Staff meetings were held regularly and covered a range of topics. Staff also completed a survey which also

gave them the opportunity to identify ways in which the service could be improved.

Continuous learning and improving care

- The service had maintained the person centred care, activities and independence for people seen at the last inspection in 2017, demonstrating that good management and leadership had been sustained over this time.
- The registered manager and the staff we spoke with were committed to continued learning and improvement in the quality and safety of the service provided to for people.
- The registered manager attended regular meetings with members of the senior management team, an element of which was to ensure learning and good practice were shared.

Working in partnership with others

- People experienced care which was person centred, from a service that understood their needs.
- Discussion and records showed the provider, registered manager and staff team endeavoured to work in partnership with health care professionals, organisations and other community and social care providers.