

Active Care Homes Limited

# Bennethorpe House

## Inspection report

68 Bennetthorpe  
Bennetthorpe  
Doncaster  
South Yorkshire  
DN4 6AD

Tel: 01302367672

Date of inspection visit:  
07 March 2017

Date of publication:  
18 April 2017

## 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

Bennethorpe House is registered to accommodate a maximum number of two people with a learning disability and autistic spectrum disorder. The property is within walking distance of the Doncaster town centre and many local amenities including transportation links. There were two people using the service at the time of inspection.

At the last inspection in February 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

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, caring and protected people's dignity. They treated people with respect and supported them in a way that allowed them to be as independent as possible. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The service also had a clear process for handling complaints.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Bennethorpe House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 February 2017 and was announced. We informed the registered provider of our inspection the day before. We did this because people who used the service were often out and we needed to be sure somebody was in.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider. We emailed the local authority commissioning team and the safeguarding team at the local authority to gain their views; we did not receive a response.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included two people's care records including care planning documentation and medicines records. We also looked at three staff files, including recruitment, supervision, appraisal and training records. We look at records relating to the management of the service and a wide variety of policies and procedures.

We spoke with two members of staff, the registered manager and a director of the organisation. We spoke with two people who used the service and spent time observing staff interactions with people throughout the inspection.

# Is the service safe?

## Our findings

People told us they felt the service was safe. One person told us, "I feel safe here, staff look after me."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment including disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. We found detailed risk assessments to demonstrate people's involvement in risk taking. For example, when using kitchen equipment and going out into the community.

The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we look at were completed correctly with no gaps and correct stocks.

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. One staff member told us, "There are definitely enough staff." Overnight there was one support worker on duty who went to sleep when people who used the service went to bed.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits.

The service had safe infection control procedures. A cleaning schedule was in place and had been regularly audited. We saw evidence that observations had been made on correct hand washing techniques to make sure this was done correctly.

## Is the service effective?

### Our findings

People and healthcare professionals said that the staff were effective. One person told us, "The staff are very good, I don't need to worry." A healthcare professional said, "The staff are very good. I know they have had training about autism and sensory differences, to enable them to meet the needs of autistic service users." They said that the registered manager was "Proactive in seeking training and advice"

Care workers were well supported in their role. The registered manager had a matrix in place for staff appraisal and monthly supervision. We found records to demonstrate 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. One staff member said, "I get regular supervision, it's really useful and valued."

Records we viewed showed staff had received the necessary training to meet the needs of the people using the service. Mandatory training included safeguarding and whistleblowing, dignity and respect, equality and diversity, infection control and first aid. Specific training had also been completed when required, for example, autism training. This meant the provider ensured staff were skilled to meet people's specific needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of people's capacity in care records this told us people's rights were being protected.

People were involved in choosing the food and drink that they were provided with and assisted the care staff in shopping for and preparing meals. One person told us, "I like the food I get here." A member of staff said, "People choose what they want to eat but we encourage health and nutrition." We observed the lunchtime meal and saw staff were attentive, supportive and engaged with people who used the service.

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.

# Is the service caring?

## Our findings

People we spoke with during the inspection told us that they were very happy and that the staff were very caring. One person said, "They are kind and funny, we laugh a lot." Staff told us they enjoyed working at the service. One staff member said, "It's a great place to work. We have a good team that works well together."

During our observations we saw staff had positive interactions with people. We saw staff talking to people in a kind and gentle way and people smiling in response to this. Staff knew people well and how best to communicate with them. Staff told us that one person communicated using minimal words and that it was important for staff to read body language. From records we reviewed we saw there were clear instructions for staff to follow on how to communicate with individuals. The atmosphere was relaxed and friendly between staff and people. We saw that people actively sought the company of staff.

Staff knew people needed privacy and respected this when they wished to spend time on their own. When assisting with personal care staff said they always made sure bathroom doors were shut and bedroom curtains closed. People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community.

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day 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 happiness.

It was clear staff knew people's care 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.

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. Staff told us how they encouraged independence on a daily basis. Information on advocacy was available for anyone who required this and was displayed around the service.

## Is the service responsive?

### Our findings

People told us they felt the service provided personalised care. One person told us, "Staff know what I like and how I like things done." Another person put their thumbs up when asked if they enjoyed living at Bennethorpe House.

We saw people received person centred care. This meant the service put people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome. During discussion, staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual.

People's needs had been assessed before and after admission to the home. Each person had support plans that were tailored to meeting their individual needs. The support plan was made up of separate areas of needs such as daily living skills, emotional needs, eating and drinking and activities. Support plans also contained capacity statements stating whether the person had any capacity difficulties in any area of their support.

People were encouraged to follow their own interests and hobbies. People were supported to access the local community to attend social and educational activities. Some people attended day centres to further develop their independence and life skills. People were also supported with social activities of their choice. We spoke with one person who told us that they regularly went to watch their favourite football team, Doncaster Rovers. They told us, "I always watch them, staff helped me get a replica shirt." Care plans and risk assessments also detailed activities such as meals out, snooker and ten pin bowling.

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 in the last twelve months. People we spoke with told us that they were happy with the service and had no complaint to make. One person said, "I never have any complaints."



# Is the service well-led?

## Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had worked within the learning disabilities field for a number of years. This meant they had a good understanding of the service at all levels and what was required to maintain a well led service. The registered manager told us they felt well supported by the director of the service.

People who used the service spoke highly of the registered manager. One person said, "I really like them, they are kind and make me laugh."

Staff told us the service was well-led and the registered manager was extremely approachable and supportive. One staff member told us, "They are great, very supportive." Another staff member said, "This is a great place to work, we all work well together."

Regular feedback was sought in relation to the care and support given to people. This was gained from people in the service, relatives and other stakeholders via informal discussions, meetings and surveys. Staff were able to support the development of the service through team meetings, supervisions and appraisals. Staff also completed a survey which also gave them the opportunity to identify ways in which the service could be improved.

The registered manager carried out a number of quality assurance checks, in areas including medication, care planning, health and safety and staff files, to monitor and improve the standards of the service. Action plans were produced when required and these were reviewed by the registered provider's directors to ensure all actions had been completed. The directors also completed their own quality audits every month to ensure the effective running of the service.

There were robust arrangements for the management and storage of data and documents. People's written records were stored securely and could only be accessed by authorised staff.

We looked at the culture of the service and found it open, transparent and accountable. Throughout the inspection all staff were open and cooperative, answering questions and providing any information and documents that we requested.