

Bennfield House Limited

Bennfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bennfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home offers accommodation for up to 27 older people living with dementia, mental health or nursing needs. Bennfield House is situated on a main road and has easy access to local transport, shops and other community facilities. There were 22 people living at the home at the time of the inspection.

At our last inspection we rated the service 'good'. At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Bennfield House' on our website at www.cqc.org.uk

There was a registered manager who had been in post since 2007. 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.

People told us they were very happy with the quality of the care they received, and said staff treated them with respect and dignity, and cared for them in a way which met their needs and preferences. This was also confirmed by the relatives and healthcare professionals we spoke with.

There were arrangements in place to keep people safe and to help safeguard people from the risk of abuse. Staff understood their responsibilities for safeguarding people from harm. Systems were in place to identify potential risks associated with people, the environment and equipment.

Medicines were stored and administered safely and medication records were legible and accurate.

Recruitment procedures continued to be robust, but we noted the application form did not request a full employment history, which would allow the registered provider to check people's employment history more thoroughly. The registered provider said they would address this immediately. There was sufficient staff available to meet people's needs safely. Staff received the training and support they needed to meet people's needs and develop their skills and knowledge.

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.

People's needs and choices continued to be assessed when they moved into the home and periodically

after that. People were involved in planning their care. Care plans were personalised and overall they clearly reflected people's current needs and preferences. People had access to a varied programme of social activities and events.

The service had an open and positive culture that encouraged involvement of people using the service, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. People were encouraged to raise concerns or complaints and were asked for feedback about the service they received. Staff spoke positively about the service and had a clear understanding of their roles and responsibilities.

Checks were carried out to identify areas where the service needed improving. The general environment needed some attention in places, for instance some areas needing redecoration or repair. However, these had been identified by the registered provider and action was being taken to address them.

The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below.

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?

Outstanding ☆

The service remains Outstanding.

Is the service well-led?

Good ●

The service remains Good.

Bennfield 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 was planned to check whether the registered provider was 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.

The unannounced inspection was carried out on 12 June by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the registered provider had also 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 requested the views of other agencies that worked with the service, such as service commissioners, healthcare professionals and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people who used the service and six relatives who were visiting their family members. The registered manager was not available on the day we visited, but we spoke with the registered provider, two members of the management team, a nurse and three care staff. We also observed care being provided throughout the day.

We looked at documentation relating people's care, staff files and management records. This included reviewing three people's care records, medication records, staff training and support files, two recruitment records and a selection of audits completed by the management team to check the home was operating as expected.

Is the service safe?

Our findings

Care and support was planned and delivered in a way that ensured people's safety and welfare. People we spoke with told us they felt safe living at Bennfield House. A relative said, "Staff really cares for people they are looking after. I have never seen anything of concern."

Risk assessment had been carried out to assess if there were any potential risks to each person using the service, staff and the environment. We saw risk assessment and management plans were in place to minimise those risks where needed, while allowing people as much freedom and independence as possible. For instance, where necessary sensors were used on bedroom doors, so staff knew when someone had entered or left their room. This enabled them to monitor people better and provide support in a timely way.

The registered provider continued to effectively protect people from the risk of abuse, because they had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had completed training in this topic and demonstrated a good awareness of the types of abuse that could take place, as well as their role in reporting any concerns.

The company's recruitment and selection process continued to be robustly followed, which helped ensure new staff were appropriate to work with vulnerable people and had the right skills and knowledge to carry out their job. However, we noted that the application form only asked for the last 10 years employment history, rather than the required full history. The registered provider told us they would amend the form as soon as possible to reflect this.

Sufficient staff was employed to meet people's individual needs and enable them to participate in social activities. The registered provider told us there was a stable staff team, but when additional staff were required, to cover for leave or sickness, they used the same agency staff, as this provided people with consistency. People were attended to promptly when they needed assistance and we saw staff had time to sit with people and assist them to carry out activities. The people we spoke with, including staff, said they felt staffing numbers were good. A relative told us, "Staff handle [family member] really well. [Name] was really agitated on admission, but not now. Staff are always around to address any issues, [name] is never left alone." Another person said, "There is always plenty of staff."

Medication was managed safely. People's medicines continued to be safely stored and administered. The services uses an electronic medication system, but holds a paper copy of records in case there is any problems with the electronic system. Medication records had been completed correctly and regular checks had been made by senior staff to make sure people had received their medication as prescribed and records were accurately completed.

The control and prevention of infection was managed well and staff had received training in this topic. Protective clothing such as disposable gloves and aprons were used by staff when undertaking some tasks, and hand gel was readily available to minimise the risk of cross infection. People told us they thought the home was clean and well maintained. The nurse manager at a local GP practice told us, "When called to do

home visits the home is always clean and tidy." A relative told us, "There are no [unpleasant] smells. It's a home from home."

Reported incidents and accidents had been monitored to help minimise risks to people by looking for trends and patterns.

Is the service effective?

Our findings

People's care and support was delivered in a way that achieved effective outcomes for people using the service. A relative told us, "Nothing is too much trouble for the staff here. It gives me peace of mind." Another relative said, "No matter what they [staff] keep their cool."

Assessments had been completed before people moved into the service and this information had been used to form their care plan. Care records contained clear information about people's assessed needs and the actions staff needed to take to support people. People using the service, and often their relatives had been involved in discussions about their care needs and their opinions had been respected.

Technology and equipment was available that increased people's independence and safety. Examples included sensory alarms for people at risk of falls, hoists for assisting with transferring people and a call bell system that enabled people to call for assistance when needed.

People were encouraged to maintain a healthy diet and their dietary requirements were being met. We spoke with the cook who explained about the different diets they catered for including textured and blended meals. They said there was a four week rolling menu, but people could ask for alternate meals. They demonstrated a very good knowledge about people's preferences and dietary needs. Everyone we spoke with said they were very happy with the meals provided. One relative commented, "[Family member] has a special blended diet. They set it out lovely and staff assists them to eat. There is always a good choice on the menu, and on birthdays and anniversaries they put on a lovely tea for the family." Another relative said, "The food's outstanding, he eats everything." In the dining room we saw files with pictures which were aimed at helping people choose the food they wanted.

People told us staff supported them to access healthcare professionals such as GPs, chiropodists and opticians. The nurse manager at a local GP practice told us, "I can confirm excellent working relationships between Bennfield House and [name of practice] exists. The [registered provider] is highly experienced in the field of dementia and care of the elderly and well respected by her peers. We have on several occasions engaged with [registered provider] for staff training at our own surgery. Carers and nurses appear knowledgeable in their field of practice and have always shown good relationships with their residents."

Consent to care and treatment was sought in line with legislation and guidance. People who lack the 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]. We checked whether the home was working within the principles of the MCA and found it was. Systems were in place to assess peoples' capacity to make decisions about their care and DoLS applications had been completed where appropriate. During our inspection we saw staff consistently encouraging people to make their own decisions and seeking their consent before providing care and support.

A consultant in the care of older people told us, "Bennfield House staff have demonstrated a good

understanding of the Mental Capacity Act, best interests and DoLS process for those who lack capacity and understand the concept of providing the least restrictive option when making such decisions. I have regularly seen the use of the MCA forms in the care plans. The staff proactively engage next of kin in any best interest decision making and appear to have good relationships with relatives."

We found the home was clean and generally well maintained, but, there were some areas that needed attention. For instance, some areas needed redecorating. However, the registered provider had already identified these and an action plan was in place to address them. The home supported people living with dementia, and some attention had been given to make the home more dementia friendly. For instance, pictures from different decades were displayed around the home and signs with pictures helped people find their way round the home.

People received care and support from staff who had the training, skills and knowledge to meet their needs. New staff received a structured 12 week induction. Following induction staff had access to a varied training programme to update and enhance their skills and knowledge. They were also encouraged to undertake nationally recognised awards in caring for people. All the staff we spoke with felt they had received the training they required to do their job. A nurse told us that as well as the company's mandatory training they had undertaken courses in medication, catheterisation and PEG feeding [Percutaneous endoscopic gastrostomy], this is when someone is fed through a tube in their stomach. Nurses told us they were also supported to maintain their nursing registration.

Records and staff comments showed they received periodic one to one support sessions and an annual appraisal of their work performance. Staff told us they found these sessions useful, adding that they could approach the management team for guidance and support at any time.

Is the service caring?

Our findings

All the people we spoke with said staff were caring, friendly and welcoming, with one person describing them as "Like friends" adding, "As soon as you come in they ask you if you want a drink." A relative told us, "Staff are so helpful and polite. They know them [people] well so everyone feels totally at ease." Another relative said, "Staff are so caring, they [family member] gets so much more attention here." Other relatives commented, "Staff are openly affectionate with people when they pass by and the residents are very responsive to this" and "They [staff] are marvellous. I know [family member] is being looked after well. Nothing is too much trouble for them here."

We spent time observing the interactions between staff and people who used the service. We saw staff were kind, compassionate, patient and respectful to people, and people seemed relaxed in their company. Staff communicated with, and treated people in a caring way. Where necessary, they spoke with them in a discreet, quiet and calm manner. They listened to people, making eye contact and waiting patiently for answers. This was particularly helpful in communicating effectively with people who were living with dementia.

Care records told staff what name the person preferred to be called and clearly identified people's preferences and how they wanted their care delivering. This meant staff had clear information about the people they were caring for, so they could provide personalised care.

Staff were respectful of people's dignity and protected their right to privacy. We saw when people were supported with personal care doors were closed and staff were seen knocking on people's doors before entering. All the relatives we spoke said they felt their family member's dignity and privacy was respected by staff. One relative told us the registered provider employed people who "Care [about people] every single one of them. They give people love and respect." They added, "Dementia is a horrendous disease, but here they make people's lives as good as it can be."

People's choices were respected. We saw staff asking people what they wanted to eat, where they wanted to sit and if they wanted to take part in social activities. The people we spoke with confirmed staff asked them what they wanted and responded to people's choices.

People were encouraged to be as independent as they were able to be. Staff assisted people to communicate by ensuring hearing aids and glasses were worn and used non-verbal ways to communicate, such as pictures to help people express what they wanted.

The service continued to maintain excellent links with the local community and families, which enabled people to maintain important relationships and thereby contributing to their wellbeing. People's religious needs were also accommodated with regular prayer and hymn services. Relatives told us they could visit without restriction. On the day of the inspection there was a pleasant, lively atmosphere which people seemed relax and happy with.

People's rooms reflected what was important to them, their backgrounds and their interests. They had been encouraged to personalise them as much, or as little as they wanted to. We saw most people's rooms had personal possessions such as ornaments, pictures and photographs. A relative said, "It's a lovely home from home here, with older furniture, it suits the people who live here."

The service supported people to express their views and be involved in making decisions about their care and support. Staff we spoke with were keen to make sure people made their own choices and respected the decisions they made. Relatives told us, and we saw, people's views about their care were regularly sought and listened to.

Is the service responsive?

Our findings

Relatives told us Bennfield House staff provided excellent care and support. They said staff supported people as they wished and responded to their preferences and changing needs in a timely manner. One relative said, "It suits [family member], there is much more nursing care here and they meet their needs well."

The service continued to effectively assess the care and support people needed, and delivered this in line with their individual support plan. The registered provider told us as a mental health nurse she carried out assessments prior to admission. They said this meant people were assessed more thoroughly, so their one to one needs were understood better. We saw these assessments had been used to develop people's tailor made care plans.

Each person's care files provided information about the care and support they required, as well as their preferences, religion, culture and daily routines. The plans provided staff with clear guidance about how to meet each person's needs, and daily notes showed staff had followed the plans. The plans also highlighted people's abilities, so staff knew what they could do for themselves and where assistance was needed, which helped them to promote people's independence.

Records, and people's comments, showed referrals to external healthcare professionals had been made in a timely manner. Where guidance or instruction had been provided by external professionals this had been incorporated into people's care plans. For instance, we saw staff had been very responsive to someone who needed protective equipment to reduce any injuries they might have if they fell or bumped into solid objects. Staff had taken prompt action to involve healthcare professionals and act in the person's best interest. For another person, who displayed behaviour that may challenge other people, records demonstrated how staff had monitored and managed episodes of challenging behaviour effectively.

A consultant in the care of older people told us, "I have worked with [name of registered provider] and the manager there, as well as nursing staff to ensure that the healthcare needs of residents are being met. [Registered provider] has welcomed multidisciplinary meetings to discuss the health needs of residents and pro-actively invited mental health services to these meetings." They added, "I have been consistently impressed by the level of care in Bennfield House. The staff clearly take the effort to get to know the residents and their families. They go out of their way to get to know them as a person, their likes and dislikes and their priorities. They have demonstrated skills in managing challenging behaviour without the need for physical or chemical restraint and importantly the culture appears to be that this is seen as paramount. They also appear to have a good understanding of how the offer from the health service may need to be adjusted to meet the priorities of the individuals and will contact primary care and secondary care doctors to ensure that this is addressed. Examples of this might be with respect to decisions around medication, outpatient attendance, resuscitation, alternative feeding, hospital admission and other advance care planning decisions. Bennfield House have worked with me in a very collaborative way, providing information, liaising with families, involving other services where needed. My personal experience of the care at Bennfield House has been excellent. I genuinely feel that the wellbeing of the residents is at the heart of

the care provided."

People who used the service and the relatives we spoke with confirmed they had been involved in care reviews and felt they had been encouraged to contribute to them. They told us any changes in people's condition was acted on promptly and felt their input was taken seriously. One relative said, "I was involved in the care plan and have been to two reviews with the doctor and staff. I am aware of what's in it and have reviewed it continually."

Staff demonstrated a very good knowledge of each person they supported and a good awareness of how living with dementia could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people could live a happy and active life. They spoke about respecting people's rights and their diverse needs. We saw care plans provided detailed information about offering people privacy, dignity and choice on an individual basis.

End of life arrangements were discussed in each person's care file. Staff had access to end of life training and they were able to describe to us how they supported people at the end of their life care, this included seeking support from outside healthcare professionals where necessary. People's spiritual preferences were recorded, where they had been shared with staff, and staff respected these.

We observed people being engaged in one to one activities that met their individual preferences throughout the day. Staff worked flexibly to fit into the best time for people to take part in activities. For instance, we saw one care worker sitting doing a jigsaw with one person, while another read a book with someone about a subject they were really interested in. Posters and notices told people about activities planned for June. These included sing-a-longs, world cup team games, plans for father's day and regular bingo and hairdressing sessions. We were also told of several outings that had been arranged for 2018. These included, visiting a garden centre for afternoon tea, a boat trip on the canal, on an adapted barge that was dementia friendly, and a trip to the coast.

There was a summer house in the garden that people refer to as the café. On the day we visited it was someone's birthday so a birthday tea had been set up in the café for them and their relatives to enjoy. They told us they thought this was very thoughtful. All the relatives we spoke with said they were very happy with the social stimulation their family members received. One person told us, "There is always something happening and staff sit and do things with them [people using the service]. I see it every day." Another relative commented, "This morning staff have been playing ball with [family member] to open his hands, which can curl up."

The nurse manager of a local GP practice told us, "On several occasions we have attended during activity sessions which the residents evidently enjoy and have been invited to participate in some of them." One person told us how they had recently had a puppy come to live with them at the home. They said they looked after it, but staff supported them with this when needed. They told us this had made a big difference to their wellbeing. A relative described how their family member was always worrying about money, so staff had organised a job for them setting the tables in the dining room. They had also laminated some 'pretend money' so they could be paid for the work they had done. The relative said this had been a very positive step for their family member.

People told us they had no concerns or complaints, but said they would feel comfortable raising any concerns with the care staff or managers. The registered provider told us there had been no recent complaints, but a system was in place to record and monitor any complaints raised. In the past when we had asked the registered provider to look into concerns brought to our attention they always responded

promptly.

People had access to information about the home in different formats to suit their individual needs. For instance, for people with a sight impairment information was available in larger print. The registered provider also told us that in the past they had used Doncaster Library services to produce information in braille and they had also obtained talking books from the local library for someone who has no sight.

Is the service well-led?

Our findings

The service had a registered manager who was responsible for the day to day running of the service. 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 was not on duty on the day we inspected the service. However, the registered provider, who people referred to as 'Matron', was at the home. They told us they worked closely with the registered manager and were supported by the management team which included a finance manager, a compliance manager and a business support manager.

Relatives praised the management team for the way the service was run. From their comments they obviously saw and spoke with them regularly and felt able to discuss concerns and ideas with them freely. One relative made very positive comments about the registered provider adding, "She is very hands on and knows everything about everyone, and this rubs off on the staff. She keeps herself updated on the best things and then makes changes [as needed]."

The registered provider had gained people's opinion on how the home was operating through periodic meetings, care reviews and an annual survey. The latest survey was still underway, but the returned questionnaires we sampled contained positive responses and comments. However, we noted the outcome of the survey completed in 2017 had not been summarised and shared with people using the service. The management team said they would make sure the 2018 survey was summarised and shared with people so they were fully aware of the outcome.

Staff attended various meetings and support sessions where they said they could share their opinions and ideas. For instance, the cook told us every Monday they met with the business support manager, along with the housekeeping team, to discuss people's diets and any changes at the home. The staff we spoke with felt the management team listened to them and would take any ideas or concerns seriously. They said they enjoyed working at the home and felt they worked well as a team.

A system was in place to check the home was operating to expected standards and staff were following company policies. We found there was a programme of checks in place for areas such as mattresses, medication, care plans, complaints and falls. Most paper audits we saw had been completed in 2017. The compliance manager told us recent audits were not available as they were stored on the registered manager's computer, and the password was not available. We discussed the need for audits to be available to the management team to ensure actions required were followed up and addressed. The compliance manager, who was fairly new in post, told us the audit system was under review and new forms were being introduced, which had caused some disruption.

Following the inspection audits were sent to us. These included an audit of the general environment, these

showed regular checks had taken place. However, the environmental audit was not as comprehensive as it could have been. We discussed this with the registered provider who said they would include more detail in the audit in future. They also sent us the training matrix, as the one we saw on the day of the inspection had not been recently updated. The new matrix reflected the training staff told us they had completed. The compliance manager said he would make sure it was updated in a more timely way in future.

Policies and procedures were in place to guide staff and people using the service. A contingency plan was also in place so all staff knew how to deal with routine and emergency situations if the management team were not available.

Doncaster council assessed the home in 2017 to check it was working in line with their expected standards. When we contacted them prior to the inspection they told us they had no concerns about how the home was operating.

The registered provider demonstrated a good oversight of the service and was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. She spoke passionately about providing the care people needed and deserved at a high standard and described how they were heavily involved in groups that promoted best practice and providing a high standard of care. For instance, they had been involved in writing a report for the Alzheimer Society which was part of a presentation given to the Health Secretary in May 2018.

The nurse manager at a local GP surgery told us, "The home is very forward thinking and proactive in new developments of care. Different therapies are undertaken to improve quality of life for residents and very good care has always been delivered in a professional and calm way. There are many high risk patients and the home works alongside the practice to ensure that advanced care planning is in place and appropriate care by the right persons is available at the right time. I have participated in many patient reviews and best interest meetings with family and the management team and found that these are always handled with efficiency and empathy reaching a mutually acceptable goal. Bennfield House is in fact the only residential home that have invited us for such meetings, and as such portrays their very high standards that they strive to maintain."