Bennfield House Limited

Bennfield House

Inspection report

65 King Edward Road
Thorne
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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

Overall summary

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 29 October 2015. The home was previously inspected in August 2014, and at the time was meeting all regulations assessed during the inspection.

Bennfield House provides care for up to 27 older people with dementia, mental health needs and nursing. It is located in Thorne and is situated on a main road and has easy access to local transport, shops and other community facilities. There were 26 people living at the home when we visited.

A registered manager was in post. 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 provider worked in the home as the matron, alongside the registered manager, and a general manager who oversaw all of the ancillary aspects of the service.

The feedback we received from everyone was overwhelmingly positive. For instance, we explained to

Summary of findings

one person's relatives that at our inspection we were asking if the service was safe, effective, caring, responsive and well led. They responded, "We would say a resounding yes on all five counts."

There was a strong person centred and caring culture in the home. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was very positive and very much about showing love and care to people. This had resulted in some very positive experiences for people living in the home. This vision was shared by the managers, the nurses and the care team. For instance, one external professional told us that the matron was determined that the people who used the service should know that they were valued, and should be told that they were loved every day.

When we asked one professional what they felt was good about the service they replied, "Everything. I absolutely love this home. They really care. The matron absolutely cares about the people who live here. She also cares about her staff, and makes sure they do things to the right standard."

Staff told us they worked as part of a team that was particularly nice to work in, and very committed to providing care that was centred on people's individual needs. Staff received the training they needed to deliver a high standard of care. They told us that they received a lot of training and their achievements were celebrated.

Everyone we spoke with, including people who used the service, their relatives and external professionals said people received exceptional and individualised care. They said the service provided specialist care for people living with dementia, particularly well. Especially for those who presented behaviour that may challenge others. We found that the management team and staff were continually looking for innovative ideas to help improve the experience for people who used the service.

The service provided end of life care and there was a strong commitment to supporting people and their relatives, before and after death. People had end of life care plans in place, which clearly stated how they wanted to be supported during the end stages of their life. People told us that the staff provided this care with true compassion, and this extended to the support they provided to members of people's families and their friends. Professionals commented that it was very rare that people were hospitalised, as they always found ways to meet people's needs in the home.

There were systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. Where people displayed behaviour that was challenging the training and guidance given to staff helped them to manage situations in a consistent and positive way. This protected people's dignity and rights.

We saw that staff recruited had the right values, and skills to work with people who used the service. Where any issues regarding safety were identified in the recruitment process appropriate safeguards had been put in place. Staff rotas showed that there were consistently high levels of staff, and this helped to keep people safe.

We found that the care planning process very much centred on individuals and their views and preferences. This also involved people who were important to them, such as their close relatives and in some cases, their neighbours and friends. People were supported to maintain their important relationships through visitors being made so welcome in the home and we were told that staff were particularly caring towards people's relatives.

People had contact with their GP and other health professionals, as needed. People were protected from the risks associated with poor nutrition and hydration and spoke positively about the choice and quality of the food. Where people were at risk of malnutrition, referrals had been made to the dietician for specialist advice.

Staff engaged with people and supported them to be involved in a broad range of activities to enhance their wellbeing and there was a very warm, positive and homely atmosphere in the service.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The members of the management team and nurses we spoke with had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their

Summary of findings

freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well and that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People and their relatives told us this was a very good service and that it was a safe place for people to live.

Risks, safeguarding matters and medication were managed well and this helped to ensure people's safety.

There were high levels of staff, with the right competencies, skills and experience available, to meet the needs of the people who used the service and to keep them safe.

Good

Is the service effective?
The service was effective.

People, their relatives and health professionals told us that care at the service was of a very high standard.

Where a person lacked capacity to make decisions we saw that the Mental Capacity Act (MCA) 2005 best interest decisions had been made. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

Meals were designed to ensure people received nutritious food which promoted good health and reflected their specific needs and preferences and people were supported to have access to appropriate healthcare services.

The environment had been arranged to promote people's wellbeing. Staff worked creatively to best use the space to support people's independence and personal identity.

Good

Is the service caring?
The service was very caring.

People told us it was an exceptionally caring and loving environment and were very enthusiastic about the care provided. Everyone told us that staff were very respectful of people's privacy and dignity.

Staff spoke with pride about the service and about the focus on promoting people's wellbeing.

The service managed end of life care to people in a compassionate and positive way.

People were supported to maintain important relationships and staff were particularly caring towards people's relatives.

Good

Is the service responsive?
The service was very responsive.

Outstanding

Summary of findings

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to activities that were important to them. These were designed to meet people's individual needs, hobbies and interests, which promoted their wellbeing.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good

The service was very well led.

The registered provider and the management team had developed a strong and visible person centred culture in the service and staff were fully supportive of this.

There was a strong emphasis on promoting a homely and loving environment for people. Staff told us the management team were very knowledgeable, inspired a caring approach and led by example.

Systems were in place to monitor the quality of the service and people, their relatives, staff and other professionals were actively asked for their opinions and suggestions about how the service could be improved.

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 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.

We visited Bennfield House on 29 October 2015. The inspection team consisted of two social care inspectors.

We spoke with eight people who used the service, and six people's relatives, who were visiting the service. We also spoke with four health and social care professionals who regularly visited the service, including social workers and specialist community nurses, both on the day and by telephone after our visit.

We spent time observing the care people received and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex needs.

We looked at records in relation to six people's care and medication. We also spoke with three nurses, six care staff, the general manager and the matron, who oversaw the service. We looked at records relating to the management of the service, staff training records, quality assurance and safety audits and a selection of the service's policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives described the service as very good and everyone we spoke with told us they felt that people were kept safe. For example, one external professional who was visiting the home at the time of the inspection said that Bennfield House was excellent at providing a specialist service to people living with dementia, especially those who displayed behaviour that may challenge others. They said, "I am really impressed at the knowledge and skills that the staff have to care for the people living here."

The peoples' care files that we looked at showed the actions taken to minimise any risks to people that used the service. Each person had assessments about any risk that were pertinent to their needs and these had been reviewed regularly. Assessments and care plans had been developed where people displayed behaviour that challenged. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. These plans were reviewed regularly and where people's behaviour changed in any significant way saw that referrals were made for professional assessment in a timely way.

We were told that people were free to move around the home and we saw this during our visit. We saw staff assisted people who had mobility difficulties and needed help to move around in a safe and reassuring way.

Some people who were being cared for in the home were quite ill and some people were receiving end of life care. Where people were assessed as being at risk of pressure sores they had individual risk assessments in place about their tissue viability. Specialist equipment, such as air mattresses had been provided and people's care plans included instructions for staff concerning the monitoring of these. People's particular needs for fluids and a balanced diet were included, along with any checks and treatment required for their skin integrity, and their weight was regularly recorded and monitored. At the time of our visit the nurses told us that no one in the home was being treated for any pressure sores.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in infection control. Care workers were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. People who used the service told us care workers practised good hand hygiene when delivering personal care. We were shown around and saw that the home and all of the equipment was clean and well maintained. The people we spoke with confirmed this. For instance, one person's visitor told us they visited regularly and, "The home is always clean."

Nurses were on duty at the service on a 24 hour basis to help make sure that the people who had nursing needs had their health needs met at the home. The staff rotas we saw showed that there were consistently enough nurses and care staff on duty with the right competencies and experience to keep people safe. The service also employed a catering team and ancillary staff responsible for keeping the service clean and in good repair.

All of the people who used the service, their relatives and other professionals we spoke with told us that the service maintained high levels of staffing, and that this was a contributory factor in how good the service was. There were 14 staff, including four nurses on duty during the day shifts to make sure that the people who used the service were safely supported and could have their needs met. One person observed, "There are always plenty of staff around and they are never rushed." Another person said, "The staff are brilliant, people are not left in rooms by themselves. There are always staff with them, or looking in on them and looking after people."

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Where any issues had arisen as to applicant's suitability to care for vulnerable people there was evidence that the risks had been considered and appropriate safeguards had been put in place to ensure people's safety.

The safeguarding and whistle blowing policies and procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns.

Good

Is the service safe?

Where safeguarding concerns had been raised, we saw that the registered manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved. There was evidence that staff felt able to raise concerns about safeguarding issues, including issues about each other's practice. For instance, one person who used the service had been lifted inappropriately by two staff members and this had been reported by a senior staff member, investigated and responded to appropriately.

The members of staff we spoke with said that they had training about safeguarding people from abuse and had a good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them. They were very clear that they would report concerns to any member of the management team immediately and that they knew about the whistle blowing policy. The staff training records that we looked at confirmed that staff had regular training in safeguarding people. We also saw that staff who were due for refresher training had been identified and this was being arranged as a priority.

The way that people's medicines were managed was good. Nursing staff spent a good deal of time ensuring people received their medicines at the correct time and in a way that suited them. We observed that nursing staff supported people to take their medicines appropriately and explained to them what medicine they were taking and why. We observed that one person took several minutes to take their liquid medicine and the nurse spent this time with them very positively and patiently, so as not to rush them. Medicines, including controlled drugs were stored securely and safely. Information was in place for each person listing their medication and the way they liked to take it, as well as any other relevant information such as any allergies. We looked at all the Medication Administration Records (MAR) charts and saw that these had been completed correctly.

Medication audits were undertaken, including the MAR charts, to check that medicines were being administered appropriately. Staff checked the MAR charts at each shift change to identify any errors or omissions, and told us that these were dealt with immediately. The controlled drugs book was in good order and medicines were clearly recorded. Staff were aware of the side effects and risks associated with the medicines that were prescribed to people and it was clear from the records we saw that people's medicines were kept under review by external professionals. One visiting professional said, "The matron will not allow anyone to be overmedicated, especially if they only seemed to be prescribed to make life easier for staff."

Good

Is the service effective?

Our findings

Everyone we spoke with praised the quality of the service, including the food. One person's relative told us, "The food is always good here and if someone wants something that is not on the menu it would be provided." Another person's relative said, "They do a marvellous job. Everything is freshly cooked every day."

We looked at two people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals were made to dietetic services, for specialist advice.

The menu included good nutrition and choice, and people's specific individual dietary needs and preferences were catered for well. We observed a meal time at the home. There was a good range of choices for the meal and people who used the service were given the support that was needed to help them eat and drink, in accordance with their care plans.

One professional told us, an area that the matron set high standards was in making sure that people had the food they fancied, as they would in their own home. They said, "I know of a time when someone said they wanted a steak and chips at midnight, and they got steak and chips at midnight. Even if she has to cook it herself, the matron makes sure that people receive what they want."

On the day of the inspection one person was being admitted to the home and all of the family members who accompanied their relative were also offered a choice of meal. We spoke to the kitchen staff and they had a clear understanding of the individual dietary needs for the people who used the service and were aware of recent regulatory changes regarding making information available about allergens that meals may contain, and aware of any food allergies that people had.

People's care records showed that their day to day health needs were being met. People had good access to healthcare services such as podiatry, chiropody, dental and optical services. People's care plans also provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from professionals such as the tissue viability nurse, district and community mental health nurses and dietician's to help make sure people received safe and effective care and to reduce the risk of malnutrition and harm. Staff kept people's relatives up to date about people's health. For instance, one person's relative told us, "If [my family member] needs a visit from a doctor or other medical professional, [the staff] always let me know."

The staff records we saw showed that staff received regular training to help make sure they had the skills and knowledge to meet the needs of the people who used the service. Staff records showed they had received a good quality induction when starting work in the home and new staff undertook the care certificate. The care certificate is an identified set of standards and aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

The records we saw showed that staff had attended regular training, both external and in house, which included infection control, safeguarding adults, moving and handling and fire safety. The general manager told us they had trained as a trainer and had the responsibility to provide in house training to all staff in health and safety and moving and handling. Staff we spoke with also told us they had other, specialised training in order to meet people's needs. This included working with people living with dementia and caring for people at the end of their life.

Staff told us they felt very well supported by the registered manager and received regular one to one supervision with their line managers, along with annual appraisals. Staff supervisions were one to one meetings with their line manager, which ensured staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. Each member of the management team provided support and supervision to a part of the staff team. For instance, the general manager told us they had responsibility to provide staff supervision to the housekeeping staff. The registered manager, who was qualified nurse, provided supervision to the nursing staff.

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

Good

Is the service effective?

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 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 on authorisations to deprive a person of their liberty were being met.

We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations. Out of 26 people who used the service 15 had restrictions identified and authorised through the DoLS process. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of families and multi-disciplinary teams. We did not identify anyone who was being inappropriately deprived of their liberty at the home.

We also checked people's files in relation to decision making for people who are unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests.

The staff had received Mental Capacity Act and Deprivation of Liberty Safeguards training and the senior staff we spoke with had a good understanding their responsibilities under the Act. The care staff we spoke with were also able to tell us what this meant in terms of their day to day care and support for people.

The service provided specialist care for people living with dementia. We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. Staff had worked creatively to best use the space to support people's independence and personal identity. There was a welcoming and friendly atmosphere communal had an assortment of decorations and objects to stimulate activity and engagement between people.

Each person had their own bedroom, which could be individually personalised by bringing in ornaments, pictures and items of furniture, and we saw that people had been very effectively supported to do this. We also saw that in order that people's names and pictures could not be taken down from outside their bedroom doors, they had been attached just slightly higher up, so they were visible, yet out of reach. This helped people to identify their bedrooms.

There were different, cosy lounges, which led to one another, so that people could move freely around the shared areas, within the sight of the staff. There was also a nicely furnished, light and airy garden room. Throughout the day we saw that people took advantage of the variety of spaces and chose to spend time in different areas. Each room was decorated in a homely way, and where possible, specialist equipment such as special chairs had been chosen to look like ordinary, domestic furnishings.

There were particularly nice ornaments, pictures, books, board games and puzzles displayed and within easy reach throughout. Staff told us the home was deliberately furnished and decorated in a way that drew on the furnishings and styles that people would have in their own homes, to help make the home feel familiar and as homely as it could be for people. Staff and a visiting professional told us that if any of the decoration, ornaments or pictures were broken, they were simply replaced without fuss or reference to cost.

Good

Is the service caring?

Our findings

Everyone we spoke with was overwhelmingly positive about the staff and the management team. Several people, including relatives and external professionals said they could not fault the service. They said the staff were exceptionally considerate, kind and caring. For instance, one person said, “We feel blessed with the staff here.”

People told us they felt loved, cared for and that they mattered. They told us staff were extremely good at helping them to remain independent. One person’s relative said, “The staff are very proactive and responsive to people’s needs.” Another person’s relative said, “The nurses are very good and the carers are too. Nothing is too much; they always go the extra mile.”

The external professionals we spoke with said there was a very person centred approach, which was focussed on helping people to know that they were loved and valued for who they were. They told us they had seen this have an immensely positive effect on the lives of some people, particularly those who struggled to express themselves. Staff told us a large part of their induction and training was about approaching people in a positive way, and understanding people's individual ways of communicating.

The service had a strong commitment to supporting people and their relatives, before and after death. People had end of life care plans in place, we saw that next of kin and significant others had been involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. Several visitors made similar comments about the sensitivity, empathy and caring attitude of the staff including, “The staff here are like family, they don’t just support the people who live here, they support the families as well, no matter what time, night or day."

One visiting professional said they were really impressed with the way the staff provided people's care at the end of their lives. For instance, they said of one person who used the service. “They have been very good with [the person]. They’ve not only kept an eye on [the person's] welfare, but also on their spouse’s.” Other comments from professionals included, “It is very rare that people are hospitalised as they find ways to meet people’s needs here. One person I placed here was receiving end of life care and I thought the member of care staff who sat with them was really lovely with them.”, “It’s homely, the staff are very attentive, there are lots of staff and they are always looking at ways of making patient’s care better for them. They are caring, responsive and deal with any problems as they arise.”

We saw that care delivered was of a kind and sensitive nature. Staff interacted with people positively and were respectful when talking with people, calling them by their preferred names. People told us that staff were caring and respected their privacy and dignity. We saw that this was the case. For example, we saw staff speaking with people discretely about their personal care needs. They explained and asked people before assisting with their care needs and knocked on doors before they entered. People, their relatives and other visitors said they always experienced this to be the case. They told us staff set very high standards in the way they provided this aspect of people's care.

One professional said, “The matron is very caring. She takes a personal interest in every person and strongly advocates for people, to make sure they get the best service possible. She’ll always go that extra mile, and I think that’s what makes a big difference. I cannot find a fault to tell you. I wouldn’t put my [relative] anywhere else but here.”

The matron told us that staffing numbers were configured to allow staff time to sit and chat and to do activities with people, and we saw that staff were doing this, so there were high levels of engagement with people throughout the day. During our observations there were always staff present and actively engaging with people, sitting with people, talking, reminiscing, playing board games, doing puzzles, reading, walking with people, having a cuddle, or simply stroking people's hands or their hair.

Staff told us that the management team were very knowledgeable and led by example. One external professional told us that the matron was determined that the people who used the service should know that they were valued, and should be told that they were loved. They told us that the matron made a point of telling people how much they were loved every day. They said that the matron only had likeminded people in the management team. Every staff member adhered to the same principles, told people they were loved, and showed love and care towards people in many ways, every day.

We spent time in the communal areas during the inspection. We saw that staff were consistently reassuring

Good

Is the service caring?

and showed kindness towards people. They interacted with people in a caring and friendly manner when they were providing support, and in day to day conversations and activities. For instance, in every interaction we saw they approached people with smiles and were very positive in their approach to people. Throughout the day we saw several instances when a warm smile from a staff member caused people's faces to light up with a smile in response, and their mood became happier and more relaxed.

We saw that staff were particularly good at helping people to express themselves. They encouraged people to speak for themselves, and gave time for people to make decisions and respond to questions. The people we spoke with told us staff listened to them and valued what they said. People also told us that either the registered manager or the matron came to speak with them every day to ask how they were.

Staff used creative ways to engage people, using accessible, tailored and inclusive methods of communication. We were told by the professionals that we spoke with that staff worked hard to find ways to communicate with each individual person, in ways that the person understood and was meaningful to them. This in turn, encouraged people to express themselves. One example we saw was that the placemats had been laminated, with pictures and phrases that reflected the time of year and the autumnal weather. We saw that this was very effective in encouraging conversation at the dining tables. People and staff were reading out the poems and sayings and chatting about the weather. Staff told us the mats were changed to correspond with the seasons, the weather and other notable events and festivities that were important to the people who used the service, which also helped people to orientate themselves in time and place.

One staff member described how people were observed and monitored in relation to their well-being. They said that there was an emphasis on all staff observing people for their reactions and for any particularly for signs of distress, as not everyone communicated verbally. They explained that non-verbal communication was particularly important for some people living with dementia and the way they behaved gave staff clues to what they were trying to communicate.

People's care plans provided detailed information to staff about what specific support they needed, what they liked and didn't like, how they liked their care to be provided and how they communicated their needs and preferences. From conversations we heard between people and staff it was clear staff understood people's needs and they knew how to approach and communicate with each individual person. We saw several instances where they listened carefully to what people were saying, and gave them plenty of encouragement. When one person appeared to be sad, a staff member let them express their feelings without trying to 'jolly them along'. They listened, and showed that they cared. We saw that staff also recognised when people wanted time on their own.

The staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported. The service had a stable staff team, the majority of whom had worked at the service for a long time. This continuity had led to people developing positive relationships with staff, and this also helped to make sure they were supported to make their views known.

We found that care plans showed the degree of involvement that each person had with reviewing their care needs, and this reflected the help of their relatives. The plans we saw provided the opportunity for people and their relatives, to tell staff about their life history and this was added to whenever new information was provided. This also meant that people's religious, cultural and personal diversity was recognised by the service, with their care plans outlining their backgrounds and beliefs. One small lounge had been decorated to make it suitable for quiet, spiritual or religious contemplation and there were posters on the wall to say that, at a certain time each day, there were prayers and hymns there.

Other small, thoughtful touches had been used which made the home comfortable and homely. For instance, we saw that nice cushions and cosy throws were available on several of the chairs and sofas, and some people took advantage of these, while having a nap. One person woke up and said, "Oh, I dozed off. I had a lovely sleep." They said the throws made having a nap feel like a treat.

We found that the care planning process centred on individuals and their views and preferences. Care plans included information about the person's life so far. This information supported staff's understanding of people's histories and lifestyles and enabled them to better respond to their needs and enhance their enjoyment of life.

Good

Is the service caring?

Some people's rooms were filled with family photographs, ornaments and items of interest and importance in their lives, such as items associated with their work and their hobbies. For instance, one person had a whole wall covered with their hat collection, and proudly displayed their sporting equipment, from a career in sport. Where people did not have family or friends to help them to personalise their rooms, staff had put a lot of effort into helping them to make their rooms homely, using pictures, transfers and other attractive additions to the décor.

Outstanding ☆

Is the service responsive?

Our findings

One person's visitor told us, "We can't fault this place, or the staff. It's a new experience because we have not received this good care at previous homes where [our family member] has previously been placed."

We saw that prior to the admission of people to the home, a detailed care needs assessment had been carried out. This meant that the registered provider could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff members had some understanding of people's needs when they began living at the home. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

People were invited to visit the home before agreeing to move there. One person's relative told us. "Before deciding on moving here we visited other homes, when we saw this one we decided to agree to it, and not look any further. We had a lot of confidence in the ability of the staff and nurses." They went on to say that they were exceptionally pleased that they had chosen the service.

We looked at people's care plans. The care plan format provided a framework for staff to develop care in a personalised way. The care plans had been tailored to people's individual needs. For instance, they were about the person, their lives, achievements and individual interests. Some people's plans included pictures of themselves and the people who were important to them. People's plans had been reviewed on a very regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met.

One person's relative told us their family member had recently celebrated their birthday. They said, "We were knocked out at how lovely it was. [The staff] went to so much trouble. They did afternoon tea and a lovely birthday cake, and it was all laid out beautifully." They went on to say that the service was very individualised. They said, "An example of this was that when [our family member] moved in to the home, they were asked how they would like their room to be decorated." They concluded, "It is like a family. I would recommend this place to anybody. You really can't beat it."

We found that there was very good staff retention and spoke with staff who had worked in the home for a good length of time, so they knew people well and had built good relationships with, not only the people who used the service, but their families as well. One staff member told us they started 25 years ago; they had received training and support, and become a member of the management team. They were very proud of the high quality standards the home was run to. All staff we spoke with said they loved their jobs, and that it was the people who used the service that kept them there, along with the very good staff team.

One professional said, "I've known a few homes that provide nursing for people with dementia and there are times when they can't manage people's care. They can here. The layout of the building is a bit higgledy piggledy, but the staff are good and it's usually the same staff. There's good staff retention, so it's always consistent."

One person's relative told us, "There is tremendous respect for people. Another good example is that they [staff] are aware of people's moods and the effect they have on each other. Staff intervene to stop things escalating." Another person's relative said, "[Our family member] has put weight on, has lost that haunted look, and is more content."

We observed several examples of the individualised care which was provided to people to help manage any behaviour they presented which challenged, while making sure they had a full life. For example, one person had one staff member with them, who was in very close attendance. The staff member accompanied the person as they walked round the home, continually talking and engaging them, and diverting them gently each time they showed signs of becoming anxious or upset. The staff member responded to the person's needs with affection, positive validation and repeated kisses, as they were demanded regularly.

A visiting social worker told us that a person had care placements at other services, which had broken down due to them exhibiting behaviour that was challenging, frequently hitting out at other vulnerable people and staff. At Bennfield House, the matron was funding one to one

Is the service responsive?

staffing for the person from the home's funds, while the social worker put the case to a funding panel that this level of staff intervention was necessary to keep everyone safe. The social worker told us they were immensely impressed with the ability of the staff at Bennfield House to responds to people's needs and keep them safe, where other services had failed. They said that this was not a one off, but was a very consistent feature of the service. They praised the matron very highly; who they said was the 'driving force' for the high standards set by the service.

The staff demonstrated 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.

There was a very good range of activities and we saw that staff actively encouraged and supported people to engage, which helped to make sure they were able to maintain their hobbies and interests. Staff told us the activities provided aimed to promote people's wellbeing by offering a lot of one to one time.

In addition to bigger events, such as visits from entertainers, group activities were offered to those who wanted to participate. These included reminiscence sessions, board games and puzzles, films, gentle exercise, painting and drawing, and crafts and 'pamper' sessions. We saw that people visited the home to provide specific sessions, including 'Sam's Safari' which brought exotic animals and pets to the home and people told us there was a therapist who visited, providing holistic therapies, such as hand and foot massage.

Some people liked to be involved in making sandwiches for afternoon tea and others in housekeeping tasks, such as folding laundry or dusting. The staff we spoke with told us the activities provided were designed to involve people, and help them feel stimulated, connected and engaged, productive and purposeful.

Where people spent a lot of their time in their rooms, they told us staff often came in to see them, to say hello and to ask if they needed anything. Staff told us they felt it important to simply sit and chat with people in their rooms, or read to them. This ensured that people were protected from the risks of social isolation and loneliness.

The home was decorated to a Halloween theme and lots of people's Halloween themed art work was displayed, especially in the dining area. One person told us, "We had a party for Halloween yesterday." Another person told us it had been arranged for a theatre group to visit the home and present a pantomime in December. The matron told us the summer house had been used a lot during the summer, as an ice cream parlour, as a shop and for events, such as coffee mornings.

A visiting professional said, "I often walk in and there is show or a singer. They are always doing activities to keep people's minds active. Staff go in and do things with people, such a chat or read to them, when they are nursed in bed and they can have music on in their rooms, or their televisions. I visited in the summer and they had a beach themed day. They were all sitting in the garden with sun hats on, eating ice lollies. I certainly would like any of my loved ones to be here. People are genuinely happy."

There were notice boards displaying information, such as what activities were planned, in ways which met people's different communication needs. These included clear language, large print and colourful and eye catching pictures.

There were several relatives and other visitors throughout the day of our inspection and we saw that they were made to feel welcome. One person's relative told us they liked the café area, where people could have drinks and snacks and they liked how the garden was decorated. There were old telephone boxes, bus stop signs and other items, such as washing mangles to help stimulate people's memories. They said, "The thing I like about this place is that they are always looking for ways to make it nice for people. One good example is the little coffee shop they set up in the garden." They said they were very impressed by enthusiasm of staff setting the coffee shop up and had seen a really positive response from the people who used the service.

Discussion with the members of the management team showed that complaints were taken very seriously and we looked at the complaints and compliments record. We saw that two complaints had been received and they had been addressed and resolved on the same day. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints. It was evident from the comments that were made by relatives and other visitors that they knew how to complain and felt confident that they would be listened to.

Outstanding ☆

Is the service responsive?

People told us that they were comfortable discussing their experience of care with any member of the management team or any staff member, and that they were encouraged to do this. They confirmed that where they had made comments they were kept informed of what changes had been made. One person said, “The management and staff encourage you to say if there is anything they can improve, they are always looking at how to do things better.”

Some people’s relatives had given written compliments and these had been kept in the complaints and compliments record. One person’s relative had written, ‘Staff at Bennfield House are always helpful, caring and obliging. They are excellent. It is a very happy place for the clients to live. I have no worries now my mum is here.’

Another person’s relative wrote, ‘What a joy to visit today and find mum so relaxed and happy, singing and chuckling. She has been dressed with care in clothes that match, her hair looks lovely and she is wearing nail polish in a very fashionable shade! Her room is immaculate and the photos from ‘Sam’s Safari’ are delightful, especially the caterpillar and spider cakes. All the staff are so thoughtful and considerate. We’ve been asked repeatedly by different people, if we’d like a drink. We feel blessed to have mum at Bennfield House and, as ever, because today is not a one off, we are very grateful.’

Good

Is the service well-led?

Our findings

The registered provider worked in the home as the matron, alongside the registered manager, and a general manager. The registered manager was not on duty at the time of the inspection and the matron supported us, along with the general manager and the nurses on duty.

There was exceptionally positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the service was run. There was a clear management structure in place and staff were aware of their roles and responsibilities. The management team included the matron, the registered manager, a general manager, and deputy manager. All the staff we spoke with said they felt comfortable to approach any one of the members of the management team. Staff said that each one of the members of the management team were very good at their jobs, exceptionally caring, very approachable and always put the needs of the people who used the service first. One nurse said they were all great, each had areas of expertise and, "They fit together really well, like a jigsaw and make an exceptional whole." This was echoed by people's relatives and the other professionals we spoke with.

People told us the matron was a particular inspiration for everyone to set the highest standards. For instance one person said, "The matron works tirelessly to make this the best service it can be." They said she knew and took an interest in every person who used the service, cared very much about people, their families and the staff. She was, "Meticulous in the way that things should be done, set exceptionally high standards and was good at bringing out the best in everyone in the staff team."

When we asked one visiting professional what they felt was good about the service they replied, "Everything. I absolutely love this home. They really care, it's not a money thing, the matron absolutely cares about the people who live here. She also cares about her staff, and makes sure they do things to the right standard." One person's relatives said, "You get the impression that the staff are well managed and know their role, and they are on the ball."

We found that there was clear communication between the staff team and the managers of the service and that members of the management team and the nurses were aware of best practice, and shared their learning and experience with the whole team. For instance, all staff we spoke with had a very good awareness of best practice in working with people living with dementia. One professional told us, "The matron has such an extensive knowledge of dementia I would class her as an expert in this field. I often contact her for advice and I absolutely trust what she does. She has passed her knowledge on to every member of the team." Additionally, one nurse told us they had not had experience of providing end of life care before working at Bennfield House and, since working in the home they had learned a great deal about how this could be provided in a person centred, compassionate and positive way**.**

The management team and staff were continually looking for innovative ideas to help improve the experience for people. One example of this is that the service had recently been part of a pilot, 'My life TV' which was about engaging people who would normally require calming medication when they became distressed or upset. When people started to show signs of distress they were encouraged to watch pictures of things that were important to them, including themselves and their family members on the television, and to chat with a staff member about it. We were told that as the pilot for the approach was very successful, the approach had now been taken up by other services.

The culture of the service was inclusive and positive and people's views were respected. This was evident from conversations that we had with people and through our observation. The emphasis as firmly placed on finding ways to communicate with people in ways that were meaningful to them and including people in the decisions about their service. To help with this, regular residents' and family meetings were held to gain peoples' opinions on how the service operated. The relatives we spoke with said their views were actively sought and well received. For instance, one person's relative said, "We do get regular questionnaires and we feel we could raise concerns if necessary. This is because of the matron's high standards. She runs a tight ship. They [the staff] seem really grateful whenever we suggest anything." Another relative said, "I work and they change the meeting times and days, so that I can attend the meetings."

Staff felt valued by the management team and there was high praise from the professionals we spoke with, which included, "There is an excellent management team

Good

Is the service well-led?

with the matron and the registered manager. The matron is very hands on. She knows every person very well and goes out of her way to make sure they absolutely know they are loved."

We were told that each year there was a party and awards celebration and we saw that there was a nice display in the dining area of trophies which had been awarded to staff. These rewarded and recognised staff for outstanding service, innovative ideas and for their achievements in terms of their training and qualifications.

One visiting professional told us it had been the home's 30th anniversary this year, "There was a magnificent party with a marquee, everyone dressed up in their most glamorous clothes and there was lovely food and drink, and music and dancing." They added, "This sums up the home. It's a special place, not just a place to stay and get looked after." Another said, "All the management team are approachable and if anyone, including the most junior member of staff has a good idea it is implemented."

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. The provider had an organisational governance procedure which was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We saw that audits were regularly carried out in all aspects of the service including areas such as the environment, health and safety, infection control, records, medication, and staff training. It was clear that timely action was taken to address any improvements required.

All staff on duty on the day of our inspection showed calm under pressure. One person arrived to be admitted to the home and they were accompanied by several of their family members. Several other people's relatives visited at various times throughout the day. There were a number of people who used the service who were receiving close supervision, as they had very challenging needs. One person's social worker visited to review their care and prepare for a funding application. A specialist nurse also came to visit the people they were involved with. There were a number of people who were receiving end of life care and serious events were taking place in relation to this. It was a credit to the staff and management team that we remained unaware of this until we were informed, towards the end of the day and more importantly, the atmosphere for the other people who used the service remained calm, positive and pleasant throughout the whole day. People's care, meals and medication were managed well and staff were friendly, open and helpful and appeared unhurried.