

# Runwood Homes Limited

## Bennett Lodge

### Inspection report

Waterson Road  
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Essex  
RM16 4LD

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Date of inspection visit:  
12 July 2018

Date of publication:  
22 August 2018

### 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

Bennett Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bennett Lodge does not provide nursing care. It is registered for up to 47 older people some of whom may be living with dementia. At the time of our inspection there were 47 people using the service.

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. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager 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 service protected people from the risk of harm and abuse. Staff were trained and demonstrated a good understanding of their responsibilities to keep people safe. There were policies and procedures in place to guide staff, and staff said they knew how to implement them. Risks were managed well, and people were supported with every-day risks to help them maintain their independence. Although people had mixed views, staffing levels were good overall, and they enabled people to access the local community. There was a robust recruitment process in place, which ensured staff were suitable to work with vulnerable people. Medication management was good and people received their medicines as prescribed. Staff had been trained, and knew people, and their medicine needs well. The service had good infection control policies, procedures and practices. The registered manager shared information with staff to ensure that lessons were learnt when things went wrong.

People received a detailed assessment of their needs before they moved into the service and their care plans were devised from the assessment process. Staff received a good induction, and were well trained and supported to do their work. The registered manager worked well in partnership with other professionals to ensure people received the care they needed. People had sufficient good quality food and drink to enable them to keep healthy. Staff provided people with the healthcare they needed, when they needed it. Although the building was rather tired looking, it was safe and suitable for people's needs. The registered manager had plans in place to improve the décor and replace items where necessary. People had as much choice and control over their lives as possible. The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) and had completed mental capacity assessments and Deprivation of Liberties (DoLS) where required to ensure people's rights and freedoms were respected and protected.

People were cared for by kind, caring and compassionate staff who understood their individual needs.

People told us that staff treated them respectfully, and that they ensured they were treated with dignity, while maintaining their privacy and supporting their independence. People and their families were actively involved in every aspect of their care; they made daily decisions about their care and support.

People received person-centred care that was responsive to their changing needs. The care plans were written in a way that ensured people were supported to maintain their skills for as long as possible. The service employed an activities coordinator who arranged regular activities for people throughout the day. People also had the opportunity to go out in the service's mini-bus for visits to the seafront for an ice cream. There was a good complaints system in place and people said they were confident when raising any concerns. The service had dealt with complaints quickly and had recorded the outcomes.

People received a good quality service. Staff shared the registered manager's vision to provide people with person centred care that gave them as much control, choice and independence as possible. The quality assurance system was effective. The service's audits had identified where improvements were needed, and the registered manager had plans in place to ensure they were made. Staff learnt from mistakes through discussion and made continual improvements to the service. The registered manager ensured that all interested parties were kept fully involved and worked well with other professionals to ensure that people received good quality person-centred care.

Further information is available 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?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Bennett Lodge

## 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 was a comprehensive inspection.

This inspection took place on the 12 July 2018. It was unannounced and carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider returned a Provider Information Return (PIR) when requested. This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We checked if the information in the PIR was up to date as the PIR was dated 2017, and the deputy manager updated us where necessary. We also reviewed any other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

Throughout the inspection, we observed staff's interaction with people and how well people responded. We spoke with 12 people who use the service, four of their relatives, two health and social care professionals, the registered manager, the deputy manager and six members of staff.

We reviewed four people's care and support files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, training records, medication system, staff duty rotas and complaints records.

# Is the service safe?

## Our findings

At the last inspection, this key question was rated good. At this inspection, it remains good.

All the people we spoke with told us they felt safe, and we saw they were relaxed and happy when interacting with staff. One person said, "The staff are lovely so I am safe here." Another person told us, "Everyone is so nice here and there is nothing here to harm me." Relative's comments included, "Very safe." "No one can get in." And, "It's absolutely safe here." There were clear policies and procedures in place and staff had been trained, and had a good knowledge of how to protect people from the risk of harm and abuse.

Risks were well managed. People had risk assessments and management plans in place for any areas of identified risk. They contained good information about how, and when staff should intervene to protect people. Staff knew people well, and told us the risk management plans gave them enough information to enable them to keep people safe. Other risks, such as for health and safety, fire and the prevention of infection were well managed. There were safety certificates in place for the electrical, gas and water systems. Regular fire checks and drills had taken place and staff were aware of the actions to take in the event of a major electrical or plumbing fault.

We received mixed views about staffing levels. Some people told us that staff were very quick to respond to their call bells. Others said they had to sometimes wait for longer than they would have liked. One person said, "Staff come fairly quickly, usually within about five minutes." Another person told us, "Staff mostly come quickly when I call for them but sometimes they are so busy I have to wait a little longer to get things." Relatives said that staff were always nearby. One relative said, "They [staff] come pretty fast whenever they've been called." Another relative told us, "Although I think there is enough staff my relative always says they're run off their feet." The duty rotas showed, over the six-week period checked that staffing levels had been consistent. However, it was noted that additional staff such as the registered manager, office administrator and other ancillary staff who worked during the week, were not working at the weekends. This may have contributed to the feeling that there were less staff at weekends. The registered manager told us they would review the deployment of staff during weekends to ensure people received their care in an appropriate timeframe. The service had a robust recruitment process that included all the relevant checks, such as Disclosure and Barring Service (DBS) checks, written references and a full employment history. Staff told us, and the records confirmed that the recruitment and induction process was detailed and fair.

People received their medicines as prescribed. There was an effective system in place for ordering, receiving, administering and the return of medicines. We carried out a random check of the medicine system and found it was correct. The records were of a good standard and appropriately completed. Staff were trained, and they had their competency to administer medicines checked to ensure safe practice. They demonstrated a good understanding of the service's medicine procedures.

The registered manager and staff had been trained in the prevention and control of infection. Staff wore

appropriate protective equipment such as gloves and aprons to ensure they minimised the risk of infection. There were policies and procedures in place and regular audits had been carried out to ensure that infection control measures remained effective. The service was clean, tidy and fresh.

Staff said they learnt from incidents and accidents, and they knew their responsibilities to report them to the appropriate authorities. Information about incidents, accidents or near misses was discussed at staff meetings to ensure that lessons were learnt and improvements made.

# Is the service effective?

## Our findings

At the last inspection, this key question was rated good. At this inspection, it remains good.

People had received a detailed assessment of their needs before they moved into the service. The assessment process looked at all areas of need, including people's social and emotional needs. It considered people's wishes and preferences, and their care plans reflected this. People and their relatives told us they had been fully involved in the assessment process.

Staff were well-trained and supported. They told us the registered manager was very, 'hands on' and that they often worked alongside them. They said, and the records confirmed they had regular supervision sessions where they could discuss any developmental needs. People told us the staff knew what they were doing. One person said, "I feel that they [staff] all know what they have to do and how to do it." Another person told us, "The staff move me using the hoist and they know how to do it properly. They have done it so many times and I have never been hurt or injured. They are skilled and experienced and know what they are doing." Relatives said they believed staff had the right skills and experience to support people. One relative told us, "The staff are skilled and you can tell as there is a confidence about them." Another relative said, "The staff are skilled, absolutely. They're stringent in their routines and consider safety at all times." Staff said, and the records confirmed they had received a wide range of training that enabled them to give people effective care and support. They told us that any e-learning was followed up by practical training to ensure they had fully absorbed it.

All of the people we spoke with told us the food was good. They also said that they had choice and that there was, "Plenty of it." One person said, "It's all that I would eat at home, it's very good." Another person told us, "The food is very good, there is always something I like on offer. If I don't like beef, I can have bacon instead." Relatives felt the food was good. One relative said, "I have seen the menus and I'm impressed." Another relative told us their loved one had said that the food was the best in the country. We saw people being offered a choice of food and drink and that portion sizes were generous. Relatives told us, and we saw there were jugs of juice around the service, in lounges and in people's rooms. One relative said, "There are always plenty of drinks available." The service monitored people's dietary intake and weight to ensure people received sufficient nutrition to keep them healthy.

The service worked well in partnership with other organisations such as social services, the pharmacist and GP's. One health and social care professional told us, "The service works together with us to ensure people receive the best possible outcomes." Staff told us, and the records confirmed that the service worked together effectively with district nurses and GP's. This helped provide people with a seamless service that met their individual needs.

People received the healthcare support they needed. They told us that staff supported them with their healthcare needs. One person said, "When I needed to see the dentist the staff organised it all for me and took me there." Another person told us, "The GP comes here every week anyway so I can't foresee that I would have any problems getting health care treatment." Relatives said that staff were quick to arrange



medical appointments and referrals and that staff accompanied people if they were unable to. One relative told us, "I made my relative's hospital appointment, and the staff organised the transport for us. They are very good." We saw that the outcome, and any follow up action, of health appointments had been recorded.

Although the building was safe and suitably adapted to meet people's needs, there were areas that were looking tired and needed decorating and updating. The registered manager had highlighted this in their audits of the building and there were plans in place to make the necessary improvements. People's bedrooms were personalised and communal areas were themed. For example, there was a rock and roll area, with records, posters and guitars on the wall. There was also an underwater theme that included lights, a dolphin mural, pictures of fish, jelly fish made from shower caps, and divers legs (with flippers) hanging from the ceiling. The area was well thought out, and there were chairs for people to sit on and relax and enjoy the scene. People told us this enabled them to identify certain areas of the service due to reminding them of past times they had enjoyed. There was signage around the service to assist people with dementia to move around freely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. People told us, and the records showed that they had been supported to make choices every day. Staff fully involved people in decision making, such as what they wanted to do and how they liked their care provided. We heard staff consistently asking people for their consent throughout our visit. There were mental capacity assessments in place where needed and the service had applied for, and been granted DoLS where appropriate. Staff had been trained, and demonstrated a good knowledge and understanding of the MCA and DoLS. The service worked in line with legislation.

# Is the service caring?

## Our findings

At the last inspection, this key question was rated good. At this inspection, it remains good.

Staff demonstrated a good knowledge about the people they were caring for. People told us staff were kind, caring and compassionate, and we saw this in staff's approach throughout our visit. One person said, "They [staff] are lovely, all of them. They come into my room and have a chat. Nothing is too much trouble for them." Another person told us, "The staff are kind to me, they are all lovely and can't do enough for me." Relatives were very positive about how caring the service was. One relative said, "The staff are very kind, they laugh and joke with my relative and always stop and have a chat with them. They have a very good rapport." Other comments from relatives included, "They're all terrific, very good." "They're caring and thoughtful, anything my relative wants, they get." "I am impressed every time I come in as they [staff] don't mind doing anything for my relative." And, "All the staff make an effort, they are very friendly and very kind."

People said that staff treated them with dignity and respect. We saw staff interacting with people throughout our visit and they did so in a kind, caring and friendly way. They checked that people agreed with any actions before taking them and respected people's privacy and dignity at all times. One person told us, "They [staff] treat me respectfully, they don't talk down to me, they are all very nice." Another person told us, "All the staff are respectful. I have never felt anything else. It's their general attitude, they're very good." Visiting relatives said that all of the staff were respectful, kind and caring and they had a good attitude. Relatives described the staff as genuine and good at listening.

Staff knew the people they cared for well. People were positive about their relationships with staff. One person said, "They [staff] all know me well. We have a laugh together." Another person told us, "They know what makes me laugh. They spend time talking to me and getting to know me. They want to know me." Relatives were also positive about staff's caring disposition. They felt staff knew their relatives well, understood them, and that they had a good rapport. One relative said, "They [staff] know my relative so well. They even know what TV programmes they like best."

We saw that communication throughout the service was good. Staff communicated well with each other during handover sessions, and by using a communication book. People had the use of technology such as a tablet computer to enable them to keep in touch with the outside world. One person said, "I would be lost without my tablet I do everything on it, emails, web searches and it keeps me up to date with all of my favourite sports."

People told us they had families and friends who would advocate for them if needed. However, should people need it there was information about advocacy groups displayed in the hallway in clear view for all to see.

People were supported to follow their faith. A pastor regularly visited to provide people with Holy Communion and there was a monthly church service which people attended. In the past, one person used to visit the church opposite the service with staff support. The registered manager said this would be

arranged for other people should they wish to do so.

People and their relatives told us there was no restrictions on visiting. Relatives said they were always made to feel welcome, and people were supported to maintain relationships with their families and friends.

# Is the service responsive?

## Our findings

At the last inspection, this key question was rated good. At this inspection, it remains good.

People and their relatives told us they were happy with the care they received and, that it was responsive to their changing needs. One person said, "They [staff] chat to me and check that I have what I need. They ask if I want anything different." A visiting relative told us, "I am involved in my relative's care plan, and staff speak to me every time I visit. I feel we're on top of their care." Another relative said, "My relative has a care plan and I have been involved in it. What I said was needed, is what they have printed on the plan." One relative told us they were not sure about the care plan review but that staff sit with them and their relative and ask them questions. The care plans and risk assessments had been regularly reviewed and updated to reflect people's changing needs.

The service employed an activities coordinator who was responsible for planning suitable activities. However, people had mixed views about the activities offered. One person said, "I watch TV in my bedroom but I don't do much else. It can get a bit boring at times but I went out on a coach recently to the seafront but got a bit sunburned." This person told us they were not offered sun cream for protection in the sun. The registered manager told us that sunscreen and drinks were taken on every trip so should have been applied before people sat out in the sun. The registered manager said they would investigate why this had happened, and take action to prevent it happening again. Another person told us they would prefer to do activities in their bedroom as they did not like joining in with the organised activities. Other people were happy with the activities and said they were supported to go out to local shops. One person told us, "I needed a new pair of shoes and my main carer went to the shops with me and helped me to choose a new pair." Relatives told us they had seen people participating in a sing-a-long. They said that people were asked what they wanted to do and if there was anything different they would like. People told us about a recent garden party, a gardening club and a day trip to Southend. One person said, "I have done some craft work and play bingo. I really enjoyed last night's garden party." Another person told us about a special bike they had ridden when they were young, which led to them meeting their partner. They had the same bike for 70 years and it meant a lot to them. The bike has now been donated to a museum and the person said, "Staff are going to take me to see the bike in the museum as soon as the exhibition opens. I can't wait." We saw that people had their nails painted and enjoyed the activities on the day of our visit. Some people sat and read newspapers, others chatted to each other and staff and others sat in the garden, watched TV or listened to music.

People were very confident about raising any concerns with the registered manager and staff. One person said, "It is just the way it is here. We can say anything and they listen and act on it." Another person told us, "I don't have any concerns but am sure they will deal with them if I did." Relatives said that the service listened to concerns and took action to resolve the matter. There was an effective complaints policy and procedure and complaints had been discussed at staff meetings to ensure that the service learnt from them and made any required improvements. We saw there were many compliments about the service. One stated, "A very big thank you for the love and care shown to my relative over the weekend when they were poorly. Staff went out of their way to provide their medication, which I am sure helped their speedy recovery."

People had end of life care plans in place describing how they wanted to be cared for and who should be contacted. There was information for families, regarding bereavement available in the hallway. A champion (named member of staff) was available should people have any concerns about bereavement or end of life care. Staff were fully aware of people's needs in this area. They told us they would refer to the person's plan as they were nearing their end of life to help ensure that they had a pain free and dignified death.

## Is the service well-led?

### Our findings

At the last inspection, this key question was rated good. At this inspection, it remains good.

The registered manager had been in post for many years and people and their relatives knew them well. The service had a consistent staff team who worked together with the registered manager to give people good quality care. Staff shared the registered managers vision to continually improve the service to make life better for people. The registered manager told us it was their aim to retain good staff and provide them with the training to enhance their skills and knowledge. Staff told us they felt well supported by management. One staff member said, "I have developed in my role here and been given the opportunity to learn more. The manager is very knowledgeable and is happy to share their knowledge with us." Another staff member told us, "I really do feel well supported. The manager offers me guidance and takes the time to explain anything I am not sure of."

People and their relatives told us the registered manager and staff were nice and friendly. One person said, "They [registered manager] are lovely. They always pop their head round the door to see how I am." Another person told us, "The manager is very nice, I talk to them a lot, and they listen to me." One relative said, "The registered manager is very approachable, friendly and helpful. They are always there, even after hours they stay and take the time to talk with me." Another relative told us, "The registered manager is easy to get along with, very good at listening and making suggestions too." People said the service was always scrupulously clean and that there was a calm and friendly atmosphere.

People had good community links and went out with staff to local shops and further afield in the service's mini-bus. Regular meetings took place for people who used the service. However, the records showed that they were general chats about how people were feeling, and if they were happy. We suggested that the notes could be more detailed, have an agenda and include the details of who had been invited, and had refused to attend. This would help to show how people were kept involved and offered choice.

Staff told us, and the records showed that the topics discussed included, the philosophy of care, health and safety, training and infection control. We saw one entry in the minutes that showed the registered manager respected their staff. They had written, "Please make sure that in this heat you're keeping yourself hydrated as well as the residents."

The registered manager and staff worked in partnership with other organisations. They had recently changed their pharmacy and worked very closely with the new pharmacist to ensure that medicine management was good. The pharmacist was very complimentary about the registered manager and staff and said they followed written instructions extremely well. They told us they had completed a recent audit of the medicine system and were satisfied with the outcome.

The registered provider had schemes in place to drive improvement and recognise good practice. Their recognition of service excellence award is an internal scheme where locations compete against each other for this achievement. Bennett Lodge won this award in 2016 and in 2017. Staff's photographs, name and

grade were displayed in a frame in the hallway. This ensured that people and their visitors were able to identify staff and this makes the service more inclusive. The registered manager told us they also participated in the provider's 'blooming marvellous' competition. This was an internal competition between all the provider's services for the best kept gardens. People had been very involved in creating and maintaining the garden, and were very proud of their work. The service had achieved third place in the competition last year.

We saw that relatives had rated the service highly on the carehome.co.uk website. Of the 15 reviews on the website, 14 were extremely likely to recommend the service to others and one was likely to. Their comments were positive and included, "They made my relative feel at home. Any problems were solved immediately." "Bennett Lodge is a lovely, caring and friendly home which goes above and beyond to care for their residents, treating them with dignity and respect. The staff, at all levels, are always caring, approachable and wanting the residents to be as happy and comfortable as possible, from carers, domestic, maintenance, activities, care team managers and admin, led by a lovely manager and deputy manager. They are all very approachable and professional, wanting to help as much as they can." And, "All the staff are the best, very caring, cannot fault anything at all."

People's personal records were securely stored, and the computerised system was password protected to ensure people's confidentiality was maintained. Staff had received training in data protection, and there were policies and procedures in place for dealing with confidential data. Staff were aware of who they could, and could not share confidential information with. This ensured that people's confidential information was protected in line with data security standards.

The registered manager had effective quality assurance systems in place and continuously assessed and monitored the service. This included audits of managing safeguarding concerns, incidents, accidents and complaints. The records showed that the registered manager and staff had learnt from these audits and had taken steps to minimise the risk of a re-occurrence.