

## Accord Housing Association Limited

# Bennett House

### Inspection report

Park Lane  
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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 16 January 2019 and was unannounced.

Bennett House is a residential care home for 45 people some of whom live with dementia. The home has four units over one ground floor. These are called Primrose, Rosebud, Jasmine and Bluebell. At the time of inspection there were 38 people living in the home.

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.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Medications were safely managed. People who lived in the home and relatives we spoke with all gave positive feedback about the home and the staff who worked in it. The service had a relaxed feel and people could move freely around the service as they chose. People were able to have control over their lives and participate in activities they enjoyed.

Care plans and risk assessments were person centred and detailed how people wished and needed to be supported. They were regularly reviewed and updated as required showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. We saw the service had responded promptly when people had experienced health problems.

The registered manager and provider used different methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The staff team were consistent and the providers were also involved in the running of the service.

Staff were recruited safely, received a robust induction and suitable training to do their job role effectively. All staff had been supervised in their role.

The home had carried out various checks to ensure the environment was safe and infection control processes were in place. The home had up to date policies in place for staff guidance.

The registered manager had signed up to two pilots regarding oral health of people living in the home and staff training to reduce hospital admissions. This meant the registered manager and staff put people at the centre of the care being delivered.

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.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Bennett 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.

This inspection took place on 16 January 2019 and was unannounced. The inspection was carried out by one adult social care inspector and one 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.

We looked at the Provider Information Return (PIR) the provider had sent us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we asked for information from the local authority and we checked the website of Healthwatch for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During our visit we spoke with five people who used the service, three people's relatives and five members of staff. We also spoke with a visiting physiotherapist and district nurse. We looked at care notes for three people who used the service, medication storage and records, three staff records, accident and incident report forms, health and safety records, complaints records and other records for the management of the home.

During our inspection, we used the Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We observed people living in the home and saw that they seemed comfortable in the company of the staff. We asked people if they felt safe in the home and each person we spoke with said yes. Comments included "I'm happy and I felt safe here. The carers are around and always pleased to help you" and "Oh yes, very safe. There are no problems. You can ask anyone for assistance and they all come and help."

We looked at the records relating to any safeguarding incidents and we saw that the registered manager maintained a clear audit trail of any safeguarding incidents, what action had been taken to support any people who lived in the home and had made the required notifications to CQC. All staff we spoke to were able to show an understanding of the different types of abuse and processes. We looked at the records for accidents and incidents and saw that these also continued to be dealt with in a timely and appropriate manner.

Medicines were stored safely in a locked room. Medicines administration sheets indicated that people had received their medication as prescribed over the last month. The room was clean, tidy and well-organised with minimal stock in the trolley and cupboards. The senior member of staff who showed us the medicines said that there was no covert (hidden) administration of medicines. We identified that there was a minor recording issue that was immediately dealt with when brought to the registered manager's attention. We were told by people living in the home and their relatives that the medicines were administered on time and that they (or their relatives as far as they know) had never missed any. We saw that there had been an improvement programme in place regarding the management of medicines and that lessons had been learnt from any identified issues.

We looked at the recruitment processes and found that there were appropriate systems in place. We saw that all staff in the home had a Disclosure and Barring Service (DBS) check completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in case they were required in the event of an emergency.

Peoples risk assessments were personalised and robust and we saw evidence of this on the inspection. These included moving and handling and falls risk assessments that matched the person's PEEP.

The service made sure there were suitable numbers of staff to support people in the home. This was supported in discussion with people and their relatives. One relative told us "I have no concerns about safety, none at all. [Person] is certainly well looked after. There are always at least two staff present and if needed can be called" and another commented "Staff are always around and regarding staff and carers I

have witnessed only good. Generally, there are two carers on site and they are always monitoring the residents."

We saw staff made use of appropriate protective equipment, such as disposable gloves and aprons. Staff we spoke with was aware of their role and responsibilities with infection control and hygiene and the importance of best practice. One relative told us "The home is usually clean and tidy."

# Is the service effective?

## Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people were supported to make their own decisions and their choices were respected. We saw evidence of best interest's meetings and decisions being carried out appropriately.

We saw evidence in people's support plans that support had been agreed and consented to by either the people receiving the service or if appropriate their representative. Everyone we spoke to told us their choices were respected. We were able to see how people's needs were delivered in line with current legislation, standards and evidence based guidance to achieve effective outcomes.

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs. We looked at three staff files and the training records for the whole staff group. These showed each staff member had attended and successfully completed the provider's induction schedule that included the Care Certificate.

Staff had training in all of the required areas the provider deemed was necessary and in additional areas to meet the needs of the people whom they supported. We spoke to four care staff who said that there were no barriers to access training, and listed a whole range of training courses that they had attended. People we spoke with said that care staff were very good at looking after them and visitors thought that the staff had the skills and training to look after their relative.

We saw that people had good information in their files surrounding their nutritional needs and support. An example of this included allergies, likes and dislikes and monitoring of people's diets was robust and up to date. No one we spoke with had any issues with the support they received with accessing food and drink. People told us "The food is very good", "Very good, excellent" and a relative told us "It looks really good. I've seen my dad tucking in. It smells quite good." We were also able to observe lunchtime and saw it was calm and pleasant and the food looked appealing.

We saw examples of how the service had worked in partnership with other teams and services to ensure the delivery of quality care and support for people using the service. For example, local commissioning teams, health and social care professionals such as social workers, GPs, and district nurses subject to individual need.

We saw that the service was not entirely dementia friendly however there was a plan in place to update the environment to include appropriate décor and signage for those living with dementia. People were provided with equipment to keep them safe and comfortable, for example mobility aids. We saw that there was a smoking area for people living in the home and we observed staff ensuring people were able to access this area safely.

## Is the service caring?

### Our findings

We observed the interactions between staff and people living in the home and it was clear from our observations that the staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. We observed the staff ensured the privacy and dignity of the people who used the service. We saw the staff interact with the people and they appeared to know the person well and they had an understanding of the personal needs and the background of the person. One person told us "They are polite and caring. Nothing is too much trouble for them" and another said "They look out for you. If I go to the big room for some peace and quiet, they will come and ask you if you are alright". A relative told us "[Person] has been here for over 10 years. They always have a very caring approach."

We observed the lunchtime period. As some people had communication difficulties due to declining mental health, we completed a Short Observation Framework for Inspection Tool (SOFI) in two of the communal lunch rooms. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

Using the SOFI, we saw that the staff interactions with people were positive. We observed staff asking people if they had enjoyed their meals, offering to assist them with their food and having a laugh and a joke with people. A relative told us "After we first dropped dad off here we used to be worried if he would be cared for. Now I can go home without any worries knowing that he is in good hands."

People told us that staff always knocked on their bedroom doors before entering. One person told us "When staff want to talk to me about something personal or attend to me they always take me aside". Confidential information was kept secure so that people's right to confidentiality was protected. This meant that people's dignity was respected.

Information available for people who received a service from Bennett House in the form of a 'Welcome Pack' from the provider. This included an overview of the service, the type of support that could be provided, service user rights and how the service delivers care. The 'service user guide' also included information people's rights to complain and information on advocacy.

Relatives we spoke with also told us that communication with the service was very good. We were told how staff talked to them about how things were and how they got feedback about their relatives.

## Is the service responsive?

### Our findings

We looked at three care plans and found that they contained assessments that were reviewed regularly to monitor the person's health and welfare. Care files included detailed information about people's needs. This included 'my care support needs' that contained detailed guidance for staff, examples being personal care including oral health care, how a person needed encouragement to attend falls prevention classes and the need to show how to use the call bell as it will be forgotten by a person. We saw that regular reviews of support plans had been carried out.

Bennett House had a clear written complaints policy a version of this was at the entrance of the home and included in the 'Welcome pack' given to people who wanted to use the service. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome. We asked people if they felt comfortable raising any concerns and each person we spoke with said yes. One person told us "Yes, I have a complaint form in my room. But I have not yet filled it in" and one relative stated "I would talk to the nurse or someone in the office. They do listen to you."

We observed that staff would engage with people living in the home by playing board games or puzzles. One person was assisting a carer to clean out a parrot cage. The communal garden with raised beds which people said that they enjoyed in good weather was the result of the care and attention that one of the people living in the home had put in. A visitor said of their relative, "Carers take him into the main function room and I have witnessed him getting involved in crafty things. They don't just leave him sitting there." One person told us that staff played with a ball with them or engaged them with gentle exercises. Another visitor told us that the last time they came to the home they saw their relative doing flower arranging and another time an exercise class with a soft ball.

We saw that the home had a policy in place in regard to end of life care and we saw that care plans were in place for those who were in need of them. We saw those who were receiving end of life care had relevant health and social care professionals involved to ensure they met people's needs and wishes at the end of their life.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

The registered manager and provider had systems available to them to monitor the quality of the service and drive improvement. Quality and safety audits such as night audit, data protection, care observations, and falls. We also the provider completed audits regularly and the registered manager told us that the provider was easily contactable and supportive. The registered manager regularly held staff meetings where staff were able to air their views. We spoke with five staff who told us they were motivated and said that they were well looked after and happy to be working at the home.

The service worked with other organisations to make sure they were following current practice, providing a quality service and the people in they supported were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians. We saw from the documentation in the support plans and other records that there was good communication with other professionals.

We saw how the registered manager had signed up to two pilot schemes. One surrounding the extra training of staff to reduce hospital admissions and another surrounding oral health care. We spoke with a physiotherapist and district nurse who were involved with training in staff. They told us that this had been a success and that working with the home was always smooth with good communication.

We saw a customer satisfaction survey 2018 results showed that 88.9% respondents were satisfied or very satisfied (91% response rate). One person told us "Everyone's happy. Nothing is too much trouble for them". We asked people how they would improve things, they all said that they were happy with the service they were getting.