Accord Housing Association Limited

Bennett House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place 5 May 2015 and was unannounced.

Bennett House is registered to provide accommodation with nursing and personal care for a maximum of 45 people. On the day of the inspection 42 people were living at the home.

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

People told us they felt safe living at the home. Staff knew how to protect people and report incidents of concern.

People's medicines were not managed safely. Staff did not follow the provider's guidance in administration, storage and disposal of people's medicines.

Summary of findings

People were supported by sufficient staff numbers and by staff who received appropriate training, support and supervision. There was a recruitment procedure in place which was followed. This ensured staff were appropriately checked before they started work at the home.

The registered manager and staff were familiar with their role in relation to protecting people's human rights. Where people did not have the capacity to make their own decisions appropriate assessments were being completed.

A menu was produced which provided a range of choices. The home catered for special diets.

People had access to healthcare professionals when they needed them.

People were supported to maintain independence and control over their lives by staff who treated them with dignity and respect.

Individual hobbies and interests were encouraged and social activities were available for people to choose from.

The registered provider had a complaints policy which was available to everyone. Complaints were managed well and in line with the policy.

Systems were in place to regularly audit the quality of the service. However, we found audits relating to medicines were not effective.

We found one breach in Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

The provider did not have effective systems in place for the management of medicines. Individual risk assessments were in place to help minimise risks to people. Procedures were in place to protect people from harm and staff were aware of their responsibilities to report poor practice.

Requires improvement

Is the service effective?
The service was effective.

Staff received support and training to develop their skills. People had sufficient food and drink and enjoyed the meals. People received appropriate support with their health needs.

Good

Is the service caring?
The service was caring.

People told us they were treated in a caring and respectful way by staff and were involved in decisions about their care. Staff knew people's preferences and individual needs. People were involved in the planning and reviewing their care. People were treated with dignity and respect and the service promoted their privacy and independence.

Good

Is the service responsive?
The service was responsive.

Staff understood how to respond to people's individual needs. People knew how to make a complaint and were confident that their concerns would be addressed.

Good

Is the service well-led?
The service was not always well-led.

The service had an open and transparent culture and people and staff were able to discuss any issues with the registered manager. Although there were systems in place to monitor quality, we found these were not always effective to drive improvement.

Requires improvement

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 05 May 2015 and was unannounced.

The inspection team consisted of three inspectors which included a pharmacist inspector.

As part of the inspection we reviewed the information we held about the home. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan our inspection of the home.

During our inspection we spoke with 10 people who lived at the home. We also spoke with three family members, five care workers, one kitchen staff, one healthcare professional the care co-ordinator and the registered manager. We looked in detail at the care four people received, carried out observations across the home and reviewed records relating to people's care. We also looked at medicine records, recruitment records and records relating to the management of the home.

Requires improvement

Is the service safe?

Our findings

We spoke with two people about their medicines and found they were happy with how their medicines were being managed. One person told us "I'm happy about my medication." We looked in detail at six medicine administration records and found that people's medical conditions were not always being treated appropriately by the use of their medicines. For example, our audit of the medicines administration records found that some people were not getting some of their medicines at the frequency that their doctor had prescribed them. We found two people had not received the correct dose of their inhaled medicines.

We looked at records for people who were having medicinal skin patches applied to their bodies. We found the provider was not making any record of where the patch was being applied for one person. This is important to safely administer these patches, for when this needs to be re-applied? We also found that there was a record showing when/where these patches were applied for another person. However, this patch application record showed that the applications of the patches were not being applied in accordance with the manufacturer's guidelines. The provider therefore was not able to demonstrate that these patches were being applied safely and could result in the risk that people's pain would not be well controlled.

The refrigerator temperature records showed that medicines were not being stored correctly so they would be effective. The records showed that the refrigerator temperature had been above the maximum accepted temperature on 26 occasions during April and on 15 occasions during March and February 2015. We found that this refrigerator was storing temperature sensitive medicines called insulin and the poor storage would have meant that there was serious risk that people's diabetes would not be effectively controlled.

We saw that some people were prescribed 'as required' medicines, which should be administered when needed. We found that the information available to the staff for the administration of 'when required' medicines was not robust enough to ensure that the medicines were given in a timely and consistent way by the senior care staff. When speaking to the senior care staff they were not fully sure on how some of these medicines should be administered and agreed that further information would help them to decide when it would be most appropriate to administer these medicines.

We found that the registered person had not provided care and treatment in a safe way for service users. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the home and safe with the staff who supported them. One person told us, "The staff all work very hard; they are very nice. I couldn't fault any of them. They are incredibly patient with me and the others. I feel safe living here." All of the staff we spoke with could explain how they would recognise and report abuse. They told us that they received regular training in protecting people from harm. Staff were aware that they could report any concerns to outside organisations such as the police or the local authority. Staff understood how to report poor practice anonymously about the registered manager and colleagues and were confident that action would be taken if they had any concerns.

Risk assessments were in place that ensured risks to people were addressed. Risk assessments covered potential risks, for example, falls and nutritional needs. Risk assessments identified the actions to be taken to prevent or reduce the likelihood of risks occurring. These were reviewed monthly and changes to the level of risk were recorded and actions identified to minimise the risks identified. Staff were able to explain the risks that particular people might experience when care and support was being provided. For example, staff were aware of the risks to people who were required to use walking frames to mobilise. They told us they ensured these were placed close to the person so that if they required them they were not at risk of falling if the walking frame was out of reach.

Two people told us there were not always enough staff on Rosebud household in the morning when people were being supported to get up. A visiting health care professional told us, "They could do with extra staff at busier times such as meal times". The registered manager had already discussed this with us at the beginning of the inspection. They informed us of their plan to get an extra member of staff to support on the household at busy times during the day. People we spoke with on the other three households told us there were enough staff to meet their needs. One person told us, "I do not have to wait when I

Requires improvement

Is the service safe?

need help. Staff are quick to answer the call bell when I use it". Observations we made on households where people had high support needs showed that there were sufficient numbers of staff on duty. For example, we observed a member of staff ask another member of staff to cover the lounge area whilst they supported a person to the toilet. This ensured that people's safety was maintained by a staff member being present.

Records we saw showed safe recruitment procedures were in place that ensured staff were suitable to work with people. Staff had undergone the required checks before starting to work at the home. We spoke with one member of staff who had recently been recruited and they told us, "I went through a detailed recruitment procedure that included an interview and the taking up of references before I could start work here".

Good

Is the service effective?

Our findings

Staff told us the training they received was good. One member of staff told us, "I had three weeks of solid training when I started". Another member of staff told us, "I received training for four weeks where I was supervised". Staff told us the provider would arrange additional training if it was required. Staff told us they were up to date with essential training and felt supported by the registered manager and senior management team. One member of staff told us, "We can discuss areas of our work and I am given feedback about my performance during regular meetings with the manager".

People told us that staff asked them for their consent before they supported them. People said they were able to make choices about aspects of their care. One person said, "I am asked when I would like to take a bath". Staff told us they had received training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw staff obtained people's consent before providing them with assistance and supported people to make decisions. These included choices about what people wanted to drink and whether people wanted to attend the day unit for a sing along session. We found some people were able to discuss and consent to their care and support. This was recorded in their care records and people had signed to confirm their consent. For example, one person had signed to consent to photographs being taken and for staff to administer their medicine.

We found where people were not able to give informed consent the requirements of the MCA had not always been followed. We saw some people had authorised DoLS in place. Records had been completed correctly and staff were aware of who was being deprived of their liberty. One person's DoLS had expired however, the registered manager told us they had requested a review. We did not see assessments of people's capacity for people who were unable to make decisions and could not find documentary evidence to show how the specific decisions had been made in each person's best interests. We discussed this with the registered manager and staff and were told that mental capacity assessments were being undertaken. They showed us new forms that were being implemented when people lacked capacity. We saw some people's finances were being managed by the home. However we were not able to see if the named person on the file had the legal authority to do so where people lacked capacity. For example, where there had been a last power of attorney granted by the court.

People told us that they liked their meals. One person told us, "You get proper dinners". We saw staff spent time explaining what was available for lunch. Where people did not want what was on the menu an alternative meal was provided. One person said, "I can choose something different if I don't want what is on offer". Another person told us, "You can have drinks when you want". People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care records. The kitchen staff explained that they were told about each person's dietary needs. Staff were able to explain the dietary needs of people who had diabetes or were on low fat or high protein diets. Where required we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties swallowing. Where individual's had been identified as being at risk of malnutrition or dehydration fluid and food intake was being monitored. This ensured that staff could take appropriate action if necessary. For example, we saw staff took action if a person had not had their required minimum of fluid intake within a specific time period.

People were able to access medical care when they needed. Care records showed that the home liaised with relevant health professionals such as doctors and district nurses. One person told us, "If I need the doctor sometimes I go and see them at the surgery. They are only across the way". A visiting health care professional told us, "We offer training to carers in clinical skills. For example, "We train staff to take people's blood pressure and pulse to help speed up any further medical intervention people needed". This meant staff worked with other agencies to provide the care and support people needed.

Good

Is the service caring?

Our findings

People told us that they were treated in a caring and respectful way by staff and were involved in decisions about their care. One person said staff were, “kind and considerate”, and another person told us, “They are nice people who look after us”. We observed staff interacting with people in a friendly manner. Interactions demonstrated that staff knew people well.

Staff demonstrated a detailed understanding of people’s personal preferences and life histories. For example, one staff member gave us details about a person’s former profession and how this affected their behaviour now, as well as their preferences in relation to the type of care they required. For example, we were told that the person liked to undertake a security check of the building because they had previously carried out similar checks during their working life. Staff structured their day to include this because this was how they used to structure their day when they were working.

Staff understood people's diverse needs and supported them in a caring way. For example, we saw that people’s spiritual needs were met and people with communication difficulties were given time to express themselves. People who had sensory impairment disabilities such as hearing problems and sight problems were referred to the audiology department and opticians for assessments.

People were involved in decisions about their care. One person told us, “They help when I want,” and another person said, “You can get help if you need it”. A family member told us staff discussed their family member’s care with them and were “kept informed” of any changes in their relative.

Care records showed people's likes and dislikes and included their preferred diet. We saw evidence that people’s personal preferences were respected throughout our visit. People told us that staff encouraged them to maintain relationships with their friends and family. Relatives confirmed they were able to visit without restriction and often attended unannounced.

People told us that they were treated with respect and their privacy and dignity was always respected. We observed staff knocking on people’s doors before they entered and people confirmed that staff did this routinely. Staff gave us examples of how they protected people’s dignity. For example, one staff member said, “We explain what we are about to do and if there is two of us, we don’t talk to each other about things while helping the person”. We observed staff responding to people quickly and with sensitivity when they required assistance. Staff told us they received training in privacy and dignity as part of their essential training.

Good

Is the service responsive?

Our findings

One person said, “They [the member of staff] came to see me when I was at home. They got a lot of information from me about what I needed assistance with”. We found? that people received care and support that met their individual needs. People and their relatives told us staff had met with them to assess their needs and plan their care.

Care records showed assessment information on people’s background and preferences. People confirmed the information gained by the provider was used to plan and deliver care that met their individual needs. For example, a relative told us, “The staff have taken on board what we have

told them about [my relative]’s needs and how they want looked after. It is their little ways that staff know about now that make the care special to [person’s name]. During the inspection a person and their family member attended a meeting to review and discuss any changes in their care. We looked at care records which all contained details of people's health, life history, activity preferences, health needs and lifestyle choices. Care records had information about how people liked to live, including when they wanted to get up or go to bed and the involvement they had with their families. People we spoke with told us staff supported them to have their personal preferences respected. These detailed care records enabled staff to have a good understanding of each person's needs and how they wanted to receive their care. Where people used equipment, such as a walking frame, their records explained how staff should support them to use it safely. People’s strengths were recognised and care records demonstrated that people were encouraged to be as independent as possible. For example, it was documented in a person’s care records, that staff were to encourage the person to perform what they could manage themselves. This was also confirmed with the person who the care record related to.

The provider had obtained the ‘Eden alternative award’ which promotes improving the quality of life for older people wherever they live. People told us there were some activities at the home which they could attend if they wanted to. One person told us they enjoyed a sing song in the day centre. We saw a member of staff support somebody to visit the local shops. One person said, “I go to the day unit. I like to sing, it’s good to sing. It’s great here as I can walk into the garden.” People told us they were able to follow their hobbies at the home such as reading and listening to music of their choice. One person told us, “I have no hobbies or interests but I used to like bowls and dominoes. I still play dominoes”.

People told us they were aware of how to make a complaint and were happy to raise any issues of concern. One person told us “I cannot say there is anything to complain about. But I would not be afraid to speak up and tell the manager if I had to.” One relative told us, “We had information about the complaints process on the first day we arrived.” They said, “We have no issues the home is A star.” We confirmed the homes formal complaints process was effective. Records showed complainants received an initial written acknowledgement of their complaint followed by a full written response to the concern they had raised. The registered manager tracked complaints to ensure they were dealt with promptly and in accordance with the timescales in the provider’s complaints procedure.

Requires improvement

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality of care and support that people received. We saw the results from this years' service user survey, which showed that people were satisfied with the service they received. We reviewed the quality assurance files and saw that they had looked at organisational risks and processes and had a structured system for collecting feedback from people. We found the management of medicines was audited by the provider, however the frequency and the audit process was not robust enough to ensure that discrepancies with the medicines were identified and dealt with in an effective manner. We found the provider was regularly carrying out assessments on their staff to ensure they were competent to administer medicines safely.

People told us that they liked the registered manager and found them to be helpful and responsive to their needs. One person said, "I would say it's well managed". A staff member told us, "The manager is very open to discussion. They are approachable and I'm confident they would listen to me. They are always here and the office door is not locked." A visiting professional told us they thought it was a happy staff team. They said, "I have no concerns with how the service is led. The seniors know what is going on".

The home had an open culture that encouraged people and staff to discuss any ideas or suggestions for improvement. The registered manager and staff team all had good relationships with people and involved them in decisions about the service. One staff member told us, "I think [registered manager's name] is really helpful. They help where they can and they are currently looking at getting us an extra member of staff to work on the household during busy times. They are very supportive and listen to what I have to say".

The home had a registered manager in place who demonstrated good leadership through being accessible for members of staff and working occasional weekends to see how the home worked at different times. Staff members were provided with regular feedback from the registered manager. This verbal feedback was constructive and supportive. One member of staff told us, "I'm well supported and very happy here".

People and their relatives were asked for their feedback on the home at regular meetings and surveys. For example, we saw the analysis of a survey carried out in February 2015. As a result of the feedback a garden improvement project was undertaken. People who lived at the home had been involved in this work. One person told us they had recently painted a bench outside as part of the gardening improvement project.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not provided care and treatment in a safe way for service users.