

# Runwood Homes Limited

## Bennett Lodge

### Inspection report

Waterson Road  
Chadwell St Mary  
Essex  
RM16 4LD

Tel: 01375842724

Date of inspection visit:  
24 February 2016  
02 March 2016

Date of publication:  
17 March 2016

### 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 24 February 2016 and 2 March 2016. This inspection was unannounced.

Bennett Lodge is registered to provide care and accommodation for up to 48 older people some of whom may be living with dementia. There were 46 people living in the service on the first day of our inspection visit.

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.

People's care and support was provided in a way that ensured their safety and welfare. There were sufficient numbers of safely recruited staff who were well trained and supported to meet people's assessed needs. There were safe systems in place for receiving, administering and disposing of medicines. People received their medication as prescribed.

Staff had a good knowledge of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had up to date care plans and risk assessments in place to ensure that people were cared for safely.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed. People had enough to eat and drink to meet their individual needs and preferences. People's care needs had been assessed and their care plans provided staff with the information required to meet people's needs and to care for them safely. People's healthcare needs had been monitored and staff sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and knew people well. They ensured that people's privacy and dignity was maintained at all times. People expressed their views and opinions and they participated in activities of their choosing. People were able to receive their visitors at any time and their families and friends were made to feel welcome.

People were confident that their concerns or complaints would be listened to and acted upon. There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

## 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 was safe.

People were protected from the risk of harm. Staff had been safely recruited and there were enough suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were treated respectfully by staff who knew them well and who were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

### Is the service responsive?

Good ●

The service was responsive.

The assessment and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people

were confident that their complaints would be dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff had confidence in the registered manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and to drive improvements.

# 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 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 24 February and 2 March 2016. It was unannounced and carried out by two inspectors.

Before our inspection we reviewed information that we held about the service such as previous inspection reports, 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people who were using the service, one of their relatives, the registered manager, the deputy manager, the regional care director and 10 staff. We also spoke with a visiting healthcare professional. We reviewed six people's care files, six staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and compliance records.

# Is the service safe?

## Our findings

People were protected from the risk of abuse. They told us that they felt safe and secure and throughout both our visits they were comfortable, relaxed and happy with staff and with each other. The registered manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure available for staff to refer to when needed. There were leaflets and posters about safeguarding people displayed in the entrance hall and staff room. Staff had been trained in safeguarding people and knew the actions to take if they witnessed or suspected abuse. One staff member said, "There is plenty of information about how to keep people safe. I would report any worries to the manager or to the social services."

Risks to people's health and safety were well managed. Staff had received training in fire safety and first aid and they knew to call the emergency services when needed. There were detailed fire evacuation plans in place and the contingency plan showed contact names and numbers and places of safety where people could go in the event of an emergency. Staff told us and the records confirmed that regular fire drills had been carried out.

People had personal risk assessments together with management plans for their skincare, nutrition, mobility and falls. Staff demonstrated a good knowledge of people's identified risks and described how they would manage them. The registered manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were safety certificates in place. The maintenance person told us, and the records confirmed that minor repair works and decorating was carried out when required. The records showed that repairs had been carried out in a timely manner. The service employed contractors to carry out other work such as electrical and plumbing. People were cared for in a safe environment.

There were enough staff to meet people's assessed needs. People told us that staff were quick to respond to them when they needed help. One person said, "They [staff] answer my call bell quickly when I press it." Another said, "The staff are very helpful when I need something." During our visit call bells were answered promptly. The duty rotas showed that staffing levels had been consistent over the eight week period checked and we saw that there was enough staff on duty to meet people's needs during our visits.

The service had a robust recruitment process in place to ensure that people were cared for by suitable staff. The registered manager had obtained all of the appropriate checks in line with regulatory requirements such as Disclosure and Barring checks (DBS) and written references before staff started work. Staff said that the recruitment process was thorough and they told us that they had not been able to start work until all of their checks had been carried out.

People's medicines had been managed safely. People told us that they were given their medication when they needed it. Staff had a good knowledge of people's medication needs and individual medical histories. We carried out a random check of the medication system and observed a medication round. We found that the medication was correct and the medication administration record sheets (MARS) had been completed

to a good standard. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. There was a good system in place for ordering, receiving, storing and the disposal of medication.

Staff had been trained and had received regular updates to refresh their knowledge. Their competence to administer medication had been regularly checked. They had policies, procedures and guidance available to support them in medication management. Senior staff told us that they were responsible for ordering medication, which was done on a 28 day cycle. They told us, and the records confirmed that unused or spoiled medication was recorded in the returns book and returned to the pharmacy. People received their medication safely and as prescribed.

# Is the service effective?

## Our findings

People were cared for by staff who felt supported and valued. Staff told us, and the records confirmed that they had received a full induction to equip them to do their work. They said that they had received regular supervision from their manager and that they felt well supported. One staff member said, "The registered manager is very supportive and will always take the time to resolve any issues. I get regular supervision and good training." Another said, "The training is very good and I get regular updates and refreshers. I have supervision every few weeks."

Staff had the knowledge and skills to care for people effectively. People told us that the staff were very good and knew what they were doing. Staff told us, and the records confirmed that they had received recent training that included basic life support, dementia, food safety, health and safety, infection prevention and control, manual handling and first aid. Staff told us that they had completed a qualification in care. The records showed that 22 of the service's 38 care staff had either achieved or were working towards a National Vocational Qualification (NVQ) or QCF (qualifications and credit framework- the new NVQ). People were cared for by well trained 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 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. Staff had been trained in MCA and DoLS and they demonstrated a good understanding of how to support people to make decisions about their everyday lives. Appropriate DoLS applications had been made to the local authority when needed. People told us, and we heard, that staff asked them for their consent before carrying out any tasks. Mental capacity assessments had been completed where required. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People said that the food was lovely; they told us it was home cooked and that there was always plenty of it. One person said, "The cook does a lovely roast dinner with Yorkshire pudding and fresh vegetables. There is always another choice if you don't want the main meal." Another person said, "All the food is tasty and they [staff] always ask me if I have had enough to eat." A visiting relative told us, "The food is very good, there is plenty of choice and the staff ensure that [person's name] has plenty to eat and drink throughout the day and night."

We observed the lunch time meal and saw that staff were encouraging and supporting people to eat their



lunch. We heard staff asking people if they wanted gravy on their meal and where people were being supported to eat their meal staff did so sensitively. Where required, people's dietary needs had been assessed and their food, drink and weight had been monitored to ensure that their nutritional intake kept them healthy. People enjoyed a pleasant relaxing mealtime experience where they were chatting freely with each other and with the staff.

People's healthcare needs had been met. They told us that they saw healthcare professionals when needed such as opticians, occupational therapists, chiropodist, physiotherapist, district and specialist nurses and the doctor. People told us, and the records confirmed that they got the support they needed to help them to remain healthy. The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed.

## Is the service caring?

### Our findings

People told us that the registered manager and staff were kind and caring. Everyone we spoke with said that they were treated kindly and that staff were 'the best'. Some of their comments included, "They [staff] look after me well," and, "The staff are lovely, they are very caring and kind to me." A visiting relative told us that they were very happy with the care their relative received and they said, "The staff are fantastic. My relative is always well dressed and presentable; the staff ensures this because they know it is important to them."

Staff knew the people they cared for well and had clearly built up positive caring relationships with them. They displayed kind and caring qualities when interacting with people and treated them with dignity and respect. People were not rushed and staff spoke with them politely and with respect. Staff were seen to knock on people's doors and wait for a response before entering the room. To protect people's dignity staff had closed the doors when providing them with personal care. Throughout our visit we heard staff discreetly and sensitively asking people if they wished to go to the bathroom.

People told us that they were able to practice their faith. They said that they enjoyed the church singers and visitors. The registered manager told us that pastors visited the service on a monthly basis. They said that one person had received Holy Communion and that other people had been supported to attend local church services. They also told us that a gospel church choir had visited the service monthly and sang for people. People's religious faith was respected and their cultural needs had been met.

Staff supported people to maintain their independence and to be as actively involved as possible in making decisions about their care and support. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. The care plans contained good information about people's likes, dislikes and choices to enable staff to care for people in a way that they preferred.

The activities person was in the process of assessing people's individual activity and past time preferences to ensure that people were offered activities that suited their culture and background. There were 'happiness boards' in place where photographs of people doing various activities showed how happy they were. People told us there was 'usually something going on'. On the day of our visit there was a singer and people were singing and dancing to the music. One person said, "I love singing and dancing and we do a lot of that here." Another person said, "I enjoyed a visit from the animals and was able to hold them." Photographs of these events were on the 'happiness board' and they showed people holding Guinea pigs and a bearded dragon. A visiting relative told us, "My relative likes going out into the garden, it has become more difficult for them to do this on their own lately because of their dementia, but the staff supported them to access the garden and to keep them safe." People were supported to maintain their independence such as with carrying on with as many of their preferred activities as they were able to do with staff support.

There was good information on the care files about people's life history. Staff told us that they were better able to support people because they knew about their background. One staff member said, "[person's name] was a dancer so we talk about dancing. [Person's name] likes cats and that is always a good topic to

discuss with them. It keeps them engaged with you. People always seem happier when they are talking about things that are important to them." The registered manager told us, "We have started to gather more information from relatives about people's past lives. One person was a weight lifter so we put drawings and pictures of gym equipment and weights on the wall outside their bedroom door. This helped to remind them of their past and to identify their room."

People told us that their visitors were made welcome at any time. One person said, "I can see my visitors whenever I want. They can come at any time." Another person said, "The staff are very nice to my visitors, they always make them welcome and I can see them in my room or anywhere else that I choose." A visiting relative told us they were always made to feel welcome whenever they visited.

Where people did not have family members to support them to have a voice, they had access to advocacy services. There was advocacy contact details displayed on the noticeboard in the foyer. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

People had received a full assessment of their needs prior to moving into the service and together with their families had been fully involved in the assessment and care planning process. One person said, "They asked me what I needed help with and my family was there to support me as I sometimes forget things." Another person told us, "Before I came here the staff asked a lot of questions about my life. They said they needed to know all this to care for me properly, which they do."

Staff clearly described how they met people's needs and the care plans described how people liked to be cared for. For example their preferred name, the time that they liked to get up and go to bed and whether they liked their curtains open or closed and their light left on or turned off. One staff member said, "I know how [person's name] likes to be cared for, their preferred name and when they want to go to bed and get up." Another staff member said, "I know people here quite well and know what to do to support them. If I am not sure about anything, the care plan is very detailed and would tell me what I wanted to know."

There was good information about people's family history and past hobbies and interests. People told us that staff responded quickly to any change in their needs. Staff told us that they had been kept up to date with any changes to people's care needs through shift handovers, the communication book and regular meetings. One visiting relative told us, "The management and staff always keep us informed of any changes in [person's name] condition." Care plans and risk assessments had been regularly reviewed and updated to reflect people's changing needs.

People told us that the service provided them with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility needs. We saw that people had their own mobility aids according to their individual needs.

People said that staff responded quickly when they needed help. One person said, "I never have to wait long if I need help with anything. They [staff] are very good here and come quickly when I press my buzzer." Another person said, "I might have to wait a little bit but they are never too long if I need help in any way." We heard call bells being pressed throughout our visits and saw that they were answered promptly.

A visiting health professional told us that the service was very responsive to people's needs and that they always made appropriate referrals for support and guidance. They said, "The staff are on the ball here, they provide the information and support that we need, when we need it." One relative told us, "All the staff here are fantastic including the housekeepers who always check on and talk to [person's name] when they are in the room or passing by." People received appropriate support when they needed it.

People told us that they participated in activities of their choosing. The registered manager said that although the care plans included people's social needs they were undertaking a more detailed assessment in this area. They said that the activities person was in the process of compiling activity assessments for each individual to determine what was more important to them. The assessments looked more deeply into what people preferred to do with their free time. One person said that the musicians, singers and animals

were their favourite activities. Another person said that they preferred the quizzes and making cards even though they enjoyed the music and dancing. Records of activities were being kept in a separate folder and they described what people had participated in. People received personalised care that was responsive to their changing needs.

People said that staff had regularly asked them for their views and opinions. We saw this in practice throughout both days of our inspection. People told us, and the records confirmed that they had attended meetings where they were able to discuss the running of the home. People had the opportunity to talk about the food, the activities and staffing. There were notices displayed informing people of meeting dates and times. People told us they were happy that they could share their views with the registered manager and the staff.

People told us they knew how to complain. One person said, "I would tell the manager or the staff if I was not happy and I feel sure they would do something about it." A visiting relative told us, "I would certainly know who to complain to as there is plenty of information available but have never needed to." There was a good complaints process in place which fully described how any complaints or concerns would be dealt with. The registered manager told us, and the records confirmed that when complaints had been received they were dealt with quickly and appropriately.

## Is the service well-led?

### Our findings

The registered manager has been in their post since October 2012. They worked in the service on a daily basis and knew people well. They told us they lived locally and were available to support staff when not on the premises. Staff told us that the registered manager was very supportive and would support and guide them whenever they needed it. They said that there was a good management team in Bennett Lodge and all of the staff were positive about the service and said it was well led. Staff told us that they felt valued. They shared the registered manager's vision to provide people with good quality, safe, person centred care.

The registered manager encouraged an open, positive culture. They said that their door was always open where people, their relatives and staff could speak with them. People had confidence in the registered manager and told us they were very approachable and professional. One visiting relative told us, "There is good leadership here, the management and staff are fantastic. I never have to worry about leaving [person's name] here as I know the home and its staff are great."

There were clear whistle blowing, safeguarding and complaints procedures in place and staff had confidence in implementing them. One staff member said, "I would report any concerns or issues to the manager and I know they would deal with them properly."

There was an effective quality monitoring system in place. People told us that they were actively involved in making decisions about how to improve the service. Regular meetings had been held where they had discussed their views about the food, activities and the running of the home. Their responses had been analysed and actions had been taken to address any shortfalls in the service.

In addition to the regular in-house surveys such as for the quality of the food the service also had an independent annual quality assurance audit carried out in November 2015. Where shortfalls had been identified they had developed an action plan and had made improvements to ensure that people received a good quality service.

Regular audits had taken place such as for medication, health and safety, infection control, care plans, hotel services (laundry and cleaning) and maintenance of the building. The registered manager told us, and the records confirmed that they had also completed monthly manager's audits. People told us that they were very happy with the quality of the service. One visiting relative said, "This is such a good home, staff are so caring, they treat my relative as they would treat their own. I have recommended this home to others because the management and staff run it so well."

Regular staff meetings had been held where a range of issues such as safeguarding people, medication and care practices had been discussed. Staff told us that the registered manager allowed sufficient time during staff meetings for them to have an open discussion and to air their views. They also said that they were fully involved in how the service was run. One staff member said, "The manager always listens to what I have to say and they will take it seriously. I am very happy here."

Staff had good communication with each other as there was a handover at each shift and a communication book in use to record important information. This meant that staff could quickly access information on

return from leave or days off to ensure that they had good up to date information so they could care for people safely. This showed that teamwork was good and that staff had up to date knowledge about people's care needs.

Personal records were stored in a locked office when not in use but they were accessible to staff, when needed. Computers were password protected to ensure confidentiality. The registered manager and staff had access to up to date information to ensure that they had the knowledge to keep people safe and provide a good quality service.