

Bennetts Castle Limited

# Bennetts Castle Care Centre

## Inspection report

244 Bennetts Castle Lane  
Dagenham  
Essex  
RM8 3UU

Tel: 02085177710

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13 March 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bennetts Castle Care Centre is a residential care home providing the regulated activities of personal and nursing care and treatment of disease, disorder or injury to up to 64 people. The service provides support to older people, many of whom are living with dementia. At the time of our inspection there were 63 people using the service. This is a purpose-built care home, built over three floors. Care is provided on the ground and first floor. The second floor is used for laundry and administrative purposes.

### People's experience of using this service and what we found

Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Medicines were managed in a safe way. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

Quality assurance and monitoring systems were in place to help drive improvements at the service. People and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement [published 15 June 2022] and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced inspection of this service on 27 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Bennetts Castle Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Bennetts Castle Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector, a nurse specialist advisor 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.

#### Service and service type

Bennetts Castle Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bennetts Castle Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 10 people who used the service and 3 relatives. We spoke with 11 staff: the registered manager, two directors, two nurses, two nursing assistants, one senior health care assistant and three health care assistants. We spoke with four health care professionals who were visiting the service on the day of our inspection. We observed how staff interacted with people. We reviewed 8 records relating to people's care and treatment and multiple medicines records. We reviewed a variety of records relating to the management of the service, including a sample of policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, we found risk assessments did not cover all significant risks people faced. In particular, risk assessments were not satisfactory in relation to managing diabetes and seizures. During this inspection we found this issue had been addressed.
- Risk assessments were in place for people. These were of a good standard, comprehensively setting out the risks people faced and they included information about how to mitigate those risks.
- In addition to covering people's health conditions, they also covered medicines, mobility, the risk of falling, skin integrity and nutrition and hydration. Assessments were reviewed every month, which meant they were able to reflect the risks people faced as they changed over time.
- Checks were carried out to ensure the premises were safe. These included checks of fire systems, gas and electrics. A person told us, "We've got good bedroom doors that shut [automatically] when the fire alarm goes off."
- However, the annual check for water safety was overdue. We discussed this with a director who was able to demonstrate that this check had been booked to be carried out by the end of March 2023.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found medicines were not always managed safely. We found some medicines stock balances were incorrect, there was not always guidance in place about when to administer PRN 'as required' medicines, and body maps were not in place to guide staff about where to administer medicated creams. During this inspection we found these issues had been addressed and medicines were now

managed in a way that was safe.

- Medicines were stored securely in designated and locked medicine cabinets, which were stored in temperature-controlled treatment rooms. Medicines administration records were maintained so there was an audit trail for all medicines administered. We found these were completed correctly without any unexplained gaps. Guidance was in place about when to administer PRN medicines.
- People and relatives told us they got safe support with medicines. One relative said, "They've got their medicines sheet, and as soon as they move away from the [medicines] trolley, they lock it."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. The provider had a safeguarding adults policy in place. This made clear their responsibility to report any allegations of abuse to the local authority and Care Quality Commission. Records showed the provider had followed their policy when there had been any allegations of abuse.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicions of abuse. One member of staff told us, "I would report it to [line manager]."
- People and relatives told us they felt safe using the service. One person said, "I don't think there's anything that doesn't make me feel safe." A relative told us, "Yes, [it's safe]. We trust all of the 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were set by the use of a dependency tool, which worked out the level of support each individual required. We observed staff responded to requests for support promptly. We saw that when an alarm call was used by a person, staff were quick to attend.
- Staff told us there were enough staff and that they had time to carry out all their duties and meet people's needs. People and relatives told us there were enough staff. One person said, "I've not used it for a while [alarm call] but they come quickly." A relative told us, "If we call them for [our relative], as soon as we call, they come."
- Processes had been established and operated to help ensure that suitable staff were recruited to work at the service. Prior to their employment, the provider carried out various checks on staff. These included checking of identification, ensuring the staff member had the right to work in the UK, and carrying out criminal record checks on them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of



infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People told us the service was clean. One person said of their bedroom, "Yes it's clean. They come in [to my room] every day [to clean it]." A relative told us, "Always one room is deep cleaned every day."

Visiting in care homes

- There were no restrictions on visitors to the service. The provider was operating in line with the government guidance in place at the time of the inspection.

Learning lessons when things go wrong

- The provider had systems in place for learning lessons when things went wrong. They had an accident and incident policy in place which stated accidents and incidents should be reviewed. Records confirmed the provider followed its policy. Accidents and incidents were reviewed to learn lessons about how to reduce the likelihood of similar accidents re-occurring.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed to implement effective systems to monitor and improve the quality and safety of care and support provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection we found that quality assurance and monitoring systems were not always effective. For example, the provider had failed to identify shortfalls with people's risk assessments and the management of medicines. At this inspection, we found these issues had been addressed.
- Effective quality assurance systems had been implemented by the provider. These included various audits. For example, audits were carried out in relation to infection control, medicines and health and safety. Care plans and risk assessments were subject to regular review.
- People and relatives told us they were able to contribute to improving care at the service. One person said, "If I'm not happy with what's happening I'll tell them and they sort it out." A relative told us, "It's [the service] well run."

Promoting a positive culture that is person-centered, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service which was open and inclusive. Since the last inspection, the registered manager had moved their office from an out of the way area where people and visitors did not go. It was now by the main entrance and they told us this helped to encourage people to engage with them.
- Staff spoke positively of the senior staff at the service. One member of staff said, "[Registered manager] is an understanding person. They come on the floor regularly." Staff also spoke positively about the working atmosphere. One staff member said, "The staff are very helpful, the nurses as well, we are like a big family here, we work together." A person told us, "[Registered manager] is lovely. Everyone here cares. They're all nice, every single one of them."
- Care was person-centered which helped to achieve good outcomes for people. Risk assessments and care plans centered on the needs of individuals, and staff had a good understanding of people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider understood their duty of candour to be open and honest with people when things went wrong. Various systems were in place to address mistakes. For example, there was a complaints procedure in place and accidents and incidents were reviewed. Any allegations of abuse had been reported to the local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles and understood regulatory requirements. Staff understood who they were accountable to, and were provided with a copy of their job description to help give clarity about their role.
- The provider understood their regulatory requirements. For example, they had employer's liability insurance cover in place in line with legislation. The registered manager was knowledgeable about what they had a legal duty to notify the Care Quality Commission about, and records confirmed they had done this as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged and involved people who used the service and others. Meetings were held for staff, people who used the service, and their relatives. These gave people the opportunity to raise issues of importance to them. A person told us, "We used to have meetings [before Covid] saying 'What do you think of us?'" Meetings for people had subsequently been reintroduced at the service since the end of the Covid-19 pandemic, the most recent took place on the 13 January 2023.
- Surveys were also carried out with staff, people who used the service and their relatives, and professionals who worked with the service. Completed surveys contained mostly positive feedback. For example, a relative wrote, "We visit [relative] regularly and we always receive a warm and friendly welcome. [Relative] always looks nicely dressed and happy."
- The provider considered the equality characteristics of people and staff. For example, care plans included information about equality and diversity needs. Staff recruitment was carried out in line with good practice in relation to equality and diversity.
- The provider worked in partnership with others to share best practice and develop knowledge. For example, they worked closely with the local authority, and various health professionals involved in people's care.