

# Active Care Homes Limited

# Bennethorpe House

## Inspection report

68 Bennethorpe, Doncaster  
South Yorkshire, DN4 6AD  
Tel: 01302 367672

Date of inspection visit: 25 February 2015  
Date of publication: 03/07/2015

### 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 

### Overall summary

We inspected Bennethorpe House on 25 February 2015. The inspection was unannounced. Bennethorpe House was last inspected in July 2013, no concerns were identified at that inspection.

Bennethorpe House provides accommodation and personal care for up to two people with learning disabilities and autistic spectrum disorders. On the day of the inspection two people were receiving care services from the provider.

The home 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.

During our inspection we spoke with two people who used the service. We also spoke with one member of care staff, one visiting healthcare professional, the nominated individual and the registered manager.

During our visit to the service we looked at the care records for two people and looked at records that related to how the service was managed.

# Summary of findings

People who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. One person said, "I always feel safe here."

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. A person who used the service said, "The staff are smashing."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work at Bennethorpe House. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was

demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. This meant that the service was formally monitored to ensure good care was provided and planned improvements and changes could be implemented in a timely manner.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

# 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 safe.

There were appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

The care staff knew how to protect people from harm. There were systems to ensure people knew which staff would be coming to their home. The care staff identified themselves to people, so they knew who they were allowing into their homes.

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work at Bennethorpe House.

Good



### Is the service effective?

The service was effective.

People received the support they needed to lead their lives as they wanted and to remain as independent as possible.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and it's Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

Good



# Summary of findings

People were treated with respect and their privacy, dignity and independence were protected.

## Is the service responsive?

The service was responsive.

People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

Good



## Is the service well-led?

The service was well-led.

There was a registered manager employed. The registered manager set standards and used good systems to check that these were being met.

People who used the service knew the registered manager and were confident to raise any concerns with them.

The registered manager had formal quality assurance process systems in place to monitor the quality of the service provided. People who used the service were asked for their views of the service and their comments were acted on. Their views were actively sought and people told us they felt listened to.

There were good systems in place for care staff or others to raise any concerns with the registered manager. The registered manager took appropriate action when concerns were raised.

Good



# Bennethorpe 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.

We carried out this inspection on 25 February 2015 and it was unannounced. The inspection team consisted of an adult social care inspector.

The inspector visited the service to look at records around how people were cared for and how the service was managed. We looked at the care records for two people and also looked at records that related to how the service was managed.

Before the inspection the registered manager of the service had completed a Provider Information Return (PIR). 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 our inspection we reviewed the information we held about the service, including the information in the PIR.

# Is the service safe?

## Our findings

People who used the service we spoke with told us that they felt they were kept safe. One person said, "I always feel safe here." We spoke with an external healthcare professional who told us, "My belief is that Bennethorpe House is a safe environment for people."

We looked at the arrangements in place for the administration and management of medicines and found that these were appropriate. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MAR). Arrangements were in place for the storage of controlled drugs if required and we saw from training records, all staff had received medicines training.

The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received the service. We spoke with two staff about their understanding of keeping people safe and how to act if they had any concerns that someone might be being abused. They were aware of different types of abuse and the signs that could indicate that abuse had occurred. Staff were aware of their responsibilities towards people and were clear how they would act on any concerns. Staff were confident that the provider would take any action needed to make sure people were safe.

Discussions with staff and a check of records confirmed that staff were trained in safeguarding vulnerable adults. The registered manager was aware of the procedure for acting on potential safeguarding incidents. Our records confirmed that when such incidents had occurred they were referred to the local authority safeguarding team.

We looked at two care records which confirmed that the provider had risk management systems in place. These were individualised, taking into account each person's needs and wishes. Policies and procedures to keep people safe were in place

to ensure staff provided care in a consistent way that did not compromise people's rights. Records showed that risks were reviewed regularly and updated for specific activities, for example going on holiday.

Bennethorpe House supported people to maintain their independence. Prior to commencing a service the provider met with the person and relevant others such as social workers and family members. They identified with the person their levels of independence and the support they required. They also identified any risks that person may need supporting with and looked at how to reduce them.

The provider regularly undertook an environmental risk assessment which highlighted any risks the person may be exposed to at Bennethorpe House and how to reduce them as much as possible. We saw the provider had a specific cupboard to store household products which could be harmful, for example toilet disinfectants. This cupboard was locked and had a sign on it to remind staff to keep it locked when not in use. We found that some food items, for example, potatoes were stored in this cupboard. We brought this to the registered manager's attention on the day of our inspection. They informed us that alternative storage for these food stuffs would be found immediately.

There was a recruitment and selection process in place. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre employment checks of references and a criminal records check.

The provider had a policy for whistleblowing. The two care staff we spoke told us they were aware of the policy and how to whistleblow, should the need arise.

We found staffing levels to be appropriate to those recommended in people's care plans to support their needs. We looked at historic staff rotas and found that there were always enough staff. The

## Is the service safe?

registered manager and staff we spoke with told us that arrangements for staff sickness was covered by the existing staff pool agreeing to take on additional shifts. This ensured that staffing levels were always appropriate.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC), is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the Act's provisions and how it affected the people they provided a service to. They were aware of people's mental capacity to make day to day decisions about their lifestyle.

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the needs of each individual before providing care and support on their own. Four training and supervision records showed staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively as they had received training in areas essential to the service such as fire safety, infection control, safeguarding, moving and handling and medication. Documents also showed that staff had completed training including first aid, nutrition and health, mental health and challenging behaviour. The manager had a system which identified when

staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

Staff files showed that staff received regular supervision. The providers development plan stated that staff should receive six supervisions per year. We found this guidance was being followed. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs. One member of staff told us, "Supervision is really useful, I value it a great deal."

We spent time in the kitchen whilst one person prepared and ate their breakfast. We saw the food was appetising and nourishing. We also saw the person was involved in choosing their lunch. Staff said people had access to good quality food and there was plenty of choice. One staff member told us, "People choose what they want to eat and we discuss nutrition and the importance of a balanced diet." Fresh fruit was also available and people could access snacks and drinks throughout the day. The registered manager, staff and people who used the service told us that menus were individual to the person and all meals were planned and discussed. One person who used the service told us, "I eat what I want to eat but I talk to staff about healthy eating."



# Is the service caring?

## Our findings

We saw staff interacted well with people. People were given choices and staff were aware of people's likes and dislikes. A visiting Community Learning Disability Nurse said of their patient, "I have known (person) for years. I knew them before they came to Bennethorpe and I can say that here at Bennethorpe is the best they have ever been." A person who used the service said, "The staff are smashing."

We observed staff relationships with people living at Bennethorpe House were strong, supportive and caring. One member of staff told us, "People's independence is paramount, it's nice to be a part of it." People told us that their individual care needs and preferences were met by staff who were very caring in their approach. One person said, "I like the freedom I get but staff are always there when I need them. I like them a lot."

We spoke with staff about how they preserve people's dignity. One member of staff told us, "The basics of knocking on doors etc. are important and straight forward. Timing your assistance and support or the offer of it is just as important to promote independence and maintain dignity."

One person who lived at Bennethorpe House invited us to look at their room. The room was well decorated and spacious. The person told us, "I can put all the things I like in here such as my photographs and football things."

The two support plans we looked at had been written in a person-centred way. Each one

contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. Each care plan contained a one page profile of the person. This included information such as, 'What is important to me', 'How to support me.' And 'What people like about me.' It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected.

Staff were able to demonstrate a good knowledge of people's individual preferences. For example, we saw it was documented that one person enjoyed football. We spoke to the person about this activity, they told us, "I like to go and watch when I can." A visiting healthcare professional said, "Staff really do know them so well."

We saw that daily records were kept for each person at Bennethorpe House. These records documented a person's daily activities, nutritional information, incidents, behaviours and events. These documents were signed by staff and formed part of a staff handover. This meant that all staff were aware of the immediate needs of all the people who lived at Bennethorpe House.

Regular meetings were held between the people who used the service and the staff. These were called 'house meetings'. This was a forum where people could raise any issues they had with their care and support. We saw from the minutes of one of these meetings, that trips and activities were discussed and planned as well as ideas for a forthcoming programme of redecoration.

# Is the service responsive?

## Our findings

Care plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written with the involvement of the person. People had signed to say they agreed to their plans. Care plans described how people should be supported with their, likes and dislikes. We saw staff supporting people in accordance with the assessed needs described in care records. These records had been kept under regular review or as people's needs changed. Reviews involved the person, relatives and other healthcare professionals.

We spoke with one person about how they were able to access activities. They said, "We have a lot of activities. I don't fancy it all the time so I don't do it, it's my choice." They also told us, We get to be involved in choosing colours for painting our rooms."

People who used the service led active social lives that were individual to their needs. We noted there was individualised activities plans on each file. We found that people had their individual needs assessed and consistently met.

In addition to formal activities, people who used the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members. All the care plans we saw detailed the support to be given to the person who used the service to visit their family members and maintain social networks.

We saw the service had a complaints procedure which was publicly displayed however this was not displayed in an easy read format. The nominated individual committed to address this immediately. People we spoke with knew how to make a complaint. One person said, "If I was unhappy about something I would tell (manager) and they would help me." Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow. One staff member told us there was a positive way they could raise any concerns either directly with the manager or at staff meetings in that the manager saw it as a route to improvement.

# Is the service well-led?

## Our findings

The service was well led by the manager who had been registered with the Care Quality

Commission since March 2011. People we spoke with told us they knew who was the manager and said they were approachable. One person said, “I really like her, she is funny and kind”. A visiting healthcare professional told us, “Communication is always clear, there is a consistent staff team who are well led.” The registered manager worked alongside other staff to provide hands on care and support to people. They led by example to provide a service which was tailored to each person’s individual needs and wishes.

Staff felt the registered manager was relaxed yet professional. They felt the manager listened to them and that they could speak freely with them about any aspect of the service. One member of staff said, “We have a great team who are always supportive of each other.”

The provider had systems in place to assess and monitor the quality of service that people received. These checks took place on a daily, weekly and monthly basis. The registered manager monitored the service and planned improvements through these formal quality assurance processes they had in place. They completed audits in areas such as care records, infection control, medication, health and safety and both the internal and external environments. This meant that the service

was appropriately monitored to ensure good care was consistently provided and planned improvements and changes could be implemented in a timely manner. The provider had received no complaints since our last inspection. We saw there was an appropriate system to monitor and investigate complaints although this was not displayed in an easy read format.

We saw there was a suite of policies and procedures covering all aspects of the service including care, personnel, the environment and governance. Policies and procedures were up-dated on an annual basis. People’s views and opinions were taken in to consideration and people felt involved in the service. Questionnaires were used on an annual basis. We saw all the returned questionnaires had rated all aspects of the service very highly. Care plans also documented conversations, wishes, views and opinions with people who used the service and their relatives.

Staff told us that if the manager was not in the home there was always a senior member of staff on duty to make sure there were clear lines of accountability and responsibility. Either the provider or a nominated senior carer provided on-call back up to the home overnight. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.