

## Accord Housing Association Limited

# Bennett House

### Inspection report

Park Lane  
Woodside  
Telford  
Shropshire  
TF7 5HR

Tel: 01952582588

Website: [www.accordha.org.uk](http://www.accordha.org.uk)

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 27 July 2016 and was unannounced. At the last inspection completed 5 May 2015 we found the provider was not meeting the regulations regarding providing safe care and treatment in relation to the administration of medicines. The provider sent us an action plan detailing the improvements they would make. We found at this inspection the regulation had been met.

Bennett House is a residential home that provides personal care and accommodation for up to 45 older people, most of whom are living with dementia. The service accommodated people across four separate units, with individual facilities connected by a number of communal areas. At the time of the inspection, there were 43 people living at the service and a registered manager was 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 told us that they felt safe living at the service and staff understood how to recognise abuse and protect people. Risks to people had been assessed and were managed effectively. People received their medicines as prescribed. There were enough staff to keep people safe and the registered manager had safe recruitment practices in place.

People received support from a staff team who understood their roles and responsibilities. People were asked for their consent before support was provided. The service had systems in place to assess people's mental capacity. Where required the registered manager made applications to the authorising agencies for a DoLS. Staff understood the principles of the MCA and DoLS and could apply these when delivering care and support. People had their nutritional needs met and enjoyed a choice of food and drinks. People's health needs were met and they were supported to access healthcare professionals where needed.

People felt staff were kind and caring and staff supported people with their individual preferences. People were supported to maintain relationships that were important to them. People could make choices about how they received their care and support. We saw that staff protected people's privacy and dignity and promoted people's independence.

People and their relatives were involved in the development and review of their care plans. People had access to a range of activities, which met their individual preferences. People told us that they were able to raise complaints and the registered manager responded to complaints appropriately.

People and staff were involved in the development of the service. The registered manager actively sought people's views to develop the service. The service was well led by an approachable management team who had systems in place to monitor the quality of the service.

## 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.

Medicines were safely managed and people had their medicines administered as prescribed.

People who used the service felt safe and staff understood how to protect people from the risk of harm.

People were supported by staff who understood how to assess and reduce risks to their health.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction to prepare them for their role and they received regular supervision and training.

People were asked for their consent before care was delivered and the provider had taken steps to ensure people's rights were protected.

People's nutritional needs had been assessed and they were supported to have enough to eat and drink.

People's day to day health needs were met by the staff and advice was sought from healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and they were knowledgeable about people's needs and preferences.

People were encouraged to be independent and supported to contribute to decisions relating to their care.

Staff respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning how they were supported and cared for.

Staff supported people to be involved in a wide range of activities .

People and their relatives felt listened to and knew how to raise any concerns.

### Is the service well-led?

Good ●

The service was well led.

The culture of the service was positive and inclusive.

The management were described as approachable by staff and families.

Feedback was regularly sought from families and comments and suggestions acted on.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

# 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 27 July 2016 and was unannounced. The inspection team consisted of one inspector. As part of the inspection, we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification contains information about important events, which the provider is required to send to us by law. We sought information and views from the local authority. We used this information to help us plan our inspection.

During the inspection, we spoke with four people who lived at the service and two relatives. We spoke with the registered manager, the deputy manager and seven members of staff including senior care staff, care staff, the cook and lifestyle coordinator, who was responsible for arranging activities for people. We reviewed records relating to medicines, five people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance. We also carried out observations across the service regarding the quality of care people received.

# Is the service safe?

## Our findings

At the last inspection, we found the provider was not meeting the regulation regarding providing safe care and treatment in relation to the administration of medicines. The provider submitted an action plan that outlined how they would make improvements. At this inspection, we found the provider had made the required improvements and the regulation was met.

People told us they were happy with how the provider managed medicines and they received them as prescribed by their doctor. One person said, "I have my medicine when I need it". We looked at people's medicine administration records (MARS) and found people had their medicine as prescribed, we also checked stock records and found these accurately reflected the medicine stocks. We saw where people had been prescribed 'as required' medicine there was a record in place, which told staff how people may communicate they needed this medicine and what to look for. For example, we saw instructions on how to assess pain levels and what actions staff should take and when to give medicine for pain. One staff member said, "Everyone has an individual record telling us when to give 'as prescribed' medicines". We saw the medicine records showed detailed information about people's medicines and staff understood how to administer medicine safely. Medicines received into the home were stored and when no longer in use disposed of safely. This meant people's medicines were administered safely.

People living at the service told us that they felt safe and that they could speak to staff if they had any concerns. One person told us, "I feel safe living here; staff help me when I need it." Staff could tell us the signs of potential abuse and knew how to report any concerns about people. One staff member said, "If there was a safeguarding incident I would always make sure the person was safe, and then report what had happened". We saw that staff had raised concerns about people previously and managers had investigated these concerns reporting to the local authority as appropriate and taking all required actions. This meant people were protected from the risk of harm.

Risk assessments were used which helped to ensure people's care and support was delivered in a way that kept them safe. We saw staff supporting someone who was had diabetes to maintain their blood sugar at the right level. We saw staff used the information from the person's risk assessment and action plan to prevent the person from becoming unwell, they advised the person about their diet when delivering care and support to the person. Risk assessments had specific action plans to protect people who had an identified risk and we saw staff used these to deliver care and support.

Staff told us they understood how to appropriately report accidents and incidents. We saw records of accident investigations carried out by the registered manager and the actions taken. For example, an increase in falls resulted in a series of actions to prevent future falls, including providing crash mats and an externally provided falls prevention programme, which had reduced the number of falls for people at risk. This showed us the registered manager had systems in place to respond to incidents and learn from them.

People received support from safely recruited staff. Staff told us about the recruitment process and the checks which were completed before they started their job. One staff member told us, "I could not start work

until all my checks were completed". Records we looked at showed the registered manager had carried out reference checks and criminal records checks before staff began working at the service. This demonstrated the provider had safe recruitment processes in place to ensure staff were safe to work with vulnerable people

People told us they thought there was enough staff available to meet their needs. One person said, "I think there is enough staff, I can ask people for the things I need". Staff told us they felt there were enough staff to keep people safe and be able to spend time with people. We saw there were enough staff on duty throughout the day of the inspection to meet people's needs in a timely manner. We saw staff were always available on each unit to support people; there were also senior care workers on duty, which provided additional support where this was required. We saw staff could support people when they needed it and had time to spend with people chatting about their day. There were additional staff to provide activities throughout the day. We saw when people asked for support this was always available. One staff member said, "Every unit has two care staff and one senior, if there are less it can be busy". The registered manager told us they reviewed staffing levels by looking at people's dependency levels to make sure they had enough staff to meet people's needs. This showed us the registered manager had enough staff in place to keep people safe and meet their needs.

## Is the service effective?

### Our findings

People received support from staff who had received training that enabled them to be effective in their roles. People and their relatives told us the staff seemed well trained. One relative said, "The staff seem really well trained to me, they always look like they know what they are doing". One staff member told us, "The training I have had is really good, I feel confident in my role". The registered manager told us training was updated on a regular basis; the records we saw supported this. Staff told us they received specific training to support people with health conditions. We saw staff using this training when providing care and support to people. Staff told us they received an induction and ongoing training, which included specific courses to support people who used the service. One staff member said, "I felt confident after my induction, it covered personal care, fire safety and I had to shadow people". The records we saw supported this. Staff told us they found staff meetings were supportive and they could use their supervisions to identify training and development opportunities. One staff member said, "Meetings are used by managers to raise any issues about practice, for example they talk about medicine errors and give advice to staff on how to stay focussed when administering medicines". Another staff member said, "Supervision is really good we look at the role, personal issues and my development". Staff had access to support and training in order to perform their role.

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. We saw staff ask permission before supporting people with care and support, for example, we saw staff asking people if they were ready to take their medicines and asking people if it was ok to help them get out of the chair. One staff member told us, "I always ask people if it's ok before I offer care and support". Another member of staff said, "You have to make sure people are giving consent, if they can't verbally communicate look for other signs like body language". Where people did not have the capacity to consent to their care, staff understood what they needed to do and confirmed the care plans gave clear information about consent. The records we saw supported this. We looked at records and saw the registered manager had completed assessments of people's capacity. We saw records of discussions that had taken place with the person and their representatives, to support people with making decisions about their care in people's best interests. This meant people's rights were protected in line with the principles of the MCA.

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). The registered manager and staff understood the MCA and how to support people when their liberty was restricted. One staff member said, "An assessment has to be done to determine capacity, only where people lack capacity can we apply for a DoLS". We saw where people had been deprived of their liberty in order to protect their health and wellbeing; the required applications had been submitted to the Local Authority by the registered manager and DoLS authorisations were in place. We saw the care plans reflected the information contained in the approved DoLS. This showed us where people's liberty was restricted it was done in line with the principles of the MCA.



People had access to health professionals when required. People told us they had access to health professionals, one person said, "The Doctor comes if I need to see them". We saw people's health records were up to date and detailed visits from health care professionals such as doctors, district nurses and opticians. We saw staff took action to seek health professional's advice and followed the actions set out by health professionals. The registered manager told us they had a single point of referral for the district nurse and doctor and had good support from the local practice nurse. This showed us people could access professional support when they needed it.

People had enough to eat and drink and enjoyed the meals provided. One person told us, "I have had a lovely pie for my lunch; the food is very good here". We saw people had meals provided which took account of their dietary needs and their preferences. Where people had special dietary needs the cook and staff understood people's needs and sought professional advice where required, for example they made referrals to the speech and language therapy team (SALT). We saw the professional advice was followed by staff during mealtimes. We saw care plans included records about dietary needs and people's preferences and we saw staff following these plans. People told us that they had a choice at meal times and we saw menus were prepared with a variety of options available for people, including things, which were not on the menu that day. One person said, "I can choose what to have for my meals from the menu". We saw people could choose what they had to eat and they appeared to be enjoying their meals. The cook told us people had access to whatever meals they wanted and they understood how to provide specialist diets. We saw people had a calm and pleasant environment in which to eat their meals and they received appropriate support and equipment to meet their needs. This showed us people could choose what they wanted to eat and drink and had access to enough food and drink to remain healthy.

## Is the service caring?

### Our findings

People and their relatives told us the staff were kind and caring. One person told us, "Staff are very kind they spend time with me and have a chat". A relative told us, "When we see staff with people they are kind and caring in their approach". We saw people chatting to staff and people smiled when staff approached them. Staff supported people to have pets, we saw people enjoyed spending time with them, and this created an opportunity for people to engage in conversation with other people. The staff told us they spent time getting to know people and if people could not communicate verbally, they spoke to families about what they liked and disliked. One staff member said, "We always spend time each day with [a person] they have a visual and hearing impairment and are very isolated so it's important we interact with them". Staff we spoke with told us about people's preferences such as which colour nail varnish people preferred to use.

People were encouraged to maintain relationships that were important to them. Staff told us visitors could come anytime and they had invitations to attend events. One staff member said, "We have birthday celebrations for people who live here and invite family members, it helps people to stay in touch". A relative told us, "I can visit whenever I like and we are always made welcome". This meant the service encouraged and supported people to maintain relationships.

People told us they were involved in decisions about how their care and support needs were met. One person told us, "I can choose what I have to eat and where I spend my day". People told us they could choose how their rooms were furnished and decorated and had been able to bring things in from home. We saw one person's bedroom when they invited us to look at their pictures on the cabinet of their family members. Throughout the day we saw staff providing people with a choice such as with meals, drinks and activities. For example, one person had chosen to have a late breakfast on the day of the inspection. Staff told us people were involved in making choices about their care on a daily basis. One staff member told us, "I always ask people what they want, like what to wear or what they want to drink". Staff told us they understood people's preferences and the care plans included information about what people liked and disliked, the records we saw confirmed this. The registered manager told us they were confident people were given a choice about how their care and support was delivered and they undertook observations to ensure staff promoted choice for people. People were able to make choices about their care and support and how it was delivered.

People's independence was promoted. One person told us, "Staff encourage me to do things like make my bed and put my washing away, I like being independent". Another person told us, "I can make my own drinks in the kitchen". Staff told us they encouraged people to maintain their independence and gave us examples of how they did this. One staff member said, "I always encourage people to do as much of their personal care as they can manage". We saw staff encouraging people and promoting their independence. For example, we saw people could access a kitchen area on each unit to make themselves something to eat or drink. This showed us the service maintained people's independence.

Staff respected people's privacy and dignity. One relative said, "Staff speak to people respectfully and when they do things for people they are very discreet". Throughout the day we saw staff protected people's

privacy and dignity. For example, we saw staff taking people to a private area to discuss confidential issues. We also saw staff knocking on people's doors before entering their rooms and addressing people by their preferred name. The registered manager told us they also undertook observations to ensure staff respected people's privacy and dignity when supporting or providing care to people. They said, "I observe staff and check how they speak to people, are they discreet in how they offer care and support and we discuss this in our meetings and supervisions". This showed us staff promoted people's privacy and dignity.

## Is the service responsive?

### Our findings

People and their relatives were involved in the planning of their care and support. One person said, "I speak to staff about what I need". Relatives said they helped staff to understand people's likes, dislikes, and life histories where people could not contribute this information for themselves. We saw staff talking to people about their care needs and how they wanted to be supported. For example, one staff member said, "Can I help you get closer to the table?" When supporting people at lunchtime. Another staff member was observed asking one person about what time they would like to have a bath. People identified the things they wanted to do and this was recorded in the care plan. We saw individually tailored care plans, which had detailed information about the person for example their life history and important relationships, independent living, their health and accessing the community. We saw staff following these plans throughout the day. People were involved in reviewing their care plans. One person said, "The staff have reviews of my care plan and I am involved in this". Staff told us they involved people in planning their care, held reviews of people's care needs every other month, and invited family members to attend these where appropriate. The registered manager told us when people's needs changed suddenly they would put a temporary care plan in place to respond to changing needs. This showed us the registered manager had systems in place to provide personalised care that responded to people's needs.

People could choose how to spend their time and could shape what activities were on offer at the service and decide which activities to do. People told us they enjoyed the activities and there was a choice of things to do. One person told us about how they chose to spend their time looking after the communal garden areas, they said, "I love the garden and I choose to spend my time outside". Another person said, "Look the cinema is on this week, [pointing to a poster on the wall of the activity room] I love that". People had individual discussions with the staff about what they liked to do and how they wanted to spend their time. Staff told us this was recorded in their care plans and the records we saw supported this. The registered manager had employed a staff member who was responsible for arranging social activities for people. The staff member responsible for activities said, "I speak to people and do consultations about what they want to do, I find out about people and what they like to do so this can be included in the activities plan". The staff member responsible for activities told us they involved people in running the activities, for example one person shared their skills with others by running a cookery class. The staff member said, "I like to get people to share their skills, [a person] run a cooking class to teach others how to make a curry". We saw people decided which activities to take part in on the day of the inspection. There was a choice of activities for people to take part in including exercise programmes, pottery and visits from external people to run sessions. For example on the day of the inspection, a horse visited the service and we saw people smiling and talking about the horse visiting, people seemed to enjoy this and it stimulated conversation amongst people. We saw pictures on display of events, which had taken place and people, told us they had fun. There was a dedicated area for activities to take place, which included space for people to do individual activities, a kitchen area for cooking and a large screen for cinema evenings. This showed us people had access to a varied activities programme tailored to their individual preferences.

People told us they knew how to raise concerns if they were unhappy with their care. Relatives also told us they knew how to make complaints and felt the staff would listen to them. We saw people raise issues with

staff and the registered manager during the inspection. For example, one person was waiting for a newspaper to arrive and staff sorted this out for the person. The provider had an effective complaints procedure in place. Learning from complaints extended to all localities operated by the provider and the policy included external investigation as required. The records we saw confirmed registered manager followed the policy and responded to people's complaints. This showed the service listened to people and learned from their complaints.

## Is the service well-led?

### Our findings

People and their relatives told us they felt the management team ran the service well, they made positive comments about the environment, the staff, and the care people received. One person said, "I really like it here, people look after me really well". A relative told us, "We have no concerns about the home, it seems very well run". Staff told us the management team were approachable and had good communication systems in place, which supported them to work as a team. The staff told us the management structure worked well and they received support and had opportunities for development. One staff member said, "The management team structure works well, there is always a senior on duty and you can always get advice and support." We saw the registered manager encouraged people to share their ideas, be open with each other and they involved people and the staff in the development of the service. This showed us there were effective management systems in the home.

People contributed their views about the quality of the care through a regular quality satisfaction questionnaire. We saw the results of the questionnaire along with the actions taken displayed within the home. People's views had resulted in changes such as different meals and activities and changes to the environment, following the surveys. We saw people contributing their views throughout the inspection. For example, we saw the staff asking people for their views about things throughout the day, such as meals, whether they had enjoyed activities and if they had whether they were happy with what staff had done to assist them. Staff told us they could approach the management team and make suggestions about how to improve the service. For example, one staff member told us, "Managers are really approachable, I have recently made the suggestion to do a newspaper for people about what is happening in the unit and they are supportive of this, I am starting this soon". This showed us the registered manager had systems in place to promote an open and inclusive culture and involve people in improving the service.

The registered manager encouraged staff to empower people and place them at the centre of everything that happened in the service. We saw people were happy to raise things with staff throughout the day and say how they wanted the service delivered. For example, one person asked staff to put the music on and we saw people then spent time singing along. We saw staff spending time talking to people about events that had happened throughout the day. We saw people were comfortable to raise things with the staff and management team during the inspection. The registered manager sought opportunities to develop the knowledge and skills of the staff. For example, the service was involved with the Eden Alternative, which aims to remove loneliness, helplessness and boredom from residential homes to create a sense of belonging and community for the people who live there. This approach guided the management approach and service delivery. For example, the project had resulted in people having access to plants and animals in the service to create a homely environment, which we saw people enjoying during the inspection. People were encouraged to build relationships and friendships. For example, we saw staff encouraging people to engage in conversation with each other and people told us they liked to spend time with their friends. This showed us the registered manager made sure staff had the skills to provide a good quality of life for the people who used the service.

The registered manager had submitted notifications to CQC in an appropriate and timely manner in line

with the guidance. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe.

People had access to effective care and support, which was monitored by staff. The provider operated a quality assurance system, which identified trends and learned from things like accidents, incidents and complaints. This meant staff could prevent similar things happening to other people. The registered manager undertook monitoring audits which included safeguarding, accidents and complaints, medication audits, care plan audits, diabetes audits and infection control. We saw records of the completed audits and the action taken to manage any identified areas of concern. One senior care told us, "We have responsibility for audits in our areas and making sure action is taken to solve issues". For example, we saw care plan audits, which identified where people's care needs required a review and the action taken by staff to complete this was also recorded. The registered manager said they also conducted spot checks and observations to help them check on the quality of the service people received. The provider and registered manager had systems in place to check the quality of the care provided and make required improvements.