

Bennett Court Health Care Limited

Bennett Court

Inspection report

Bennett Court
Ash Grove South Elmsall
Pontefract
WF9 2TF

Date of inspection visit:
30 September 2022

Date of publication:
17 November 2022

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

About the service

Bennett Court is a care home with nursing providing personal care and nursing care for up to 30 people. The home is purpose built and accessible. The service is registered to provide care to older people and younger adults, living with dementia, physical disabilities and/or mental health needs. At the time of the inspection there were 26 people using the service. The service is divided into 3 units, each specialising in supporting people with particular areas of need. This includes life limiting illness, neuro disabilities such as Huntington's and Parkinson's disease, brain injury, and complex mental health needs. Bedrooms have en-suite wet rooms and access to a range of communal rooms, including assisted bathrooms. There is an accessible garden.

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

All those we spoke with felt people were safe. Staff had training and the skills to protect people from poor care and abuse, or the risk of this happening. There were enough staff available to meet people's needs in a timely way. The provider followed a safe recruitment procedure to make sure suitable staff were employed.

The service gave people care and support in a pleasant and safe environment that was clean and very well equipped to meet people's needs. Their needs in relation to hydration and nutrition were met.

People supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People felt valued by staff who they said showed genuine interest in their well-being and quality of life. People were supported to express their religious and spiritual beliefs.

Staff had a good understanding of people's individual ways of communicating. This enabled people to be listened to. People received care that supported their needs and goals and was focused on their quality of life. Staff promoted people's equality and diversity, supporting and responding well to their individual needs.

The provider had a culture of learning and improvement and there was an effective system of governance in place to monitor and improve the quality and safety of the service. People's views were sought about the running of the service and used to make sure there was continuous improvement. People, their relatives and staff felt the management team were approachable, helpful and caring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 December 2021 and this was the first inspection.

Why we inspected

This was the first inspection of a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bennett Court

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

This inspection was undertaken by 2 inspectors.

Service and service type

Bennett Court is a 'care home' with nursing care. People in care homes receive accommodation, personal and nursing care as a single package under 1 contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started when we visited the service location on 30 September 2022 and ended on 28 October 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 2 relatives. We also spoke with 6 staff including the registered manager, the home manager and support workers.

We reviewed a range of records. This included the day to day care records, risk assessments and care plans f. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, complaints, compliments, quality assurance processes and various policies and procedures. After the inspection we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse.
- People had safeguarding information in a form they could use and told us they would feel confident to raise any concern.
- All the people we spoke with who used the service said they felt safe in the service. One person told us, "Yes, it feels very safe. I have been in other services where I didn't feel safe, so I know what I'm talking about."
- Staff confirmed they had received safeguarding training. They knew how to respond to and report safeguarding concerns.
- The registered manager liaised with the investigating local authority when a safeguarding concern was raised and made any recommended changes or improvements promptly to help keep people safe.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, planned for and managed risks well.
- There were appropriate risk assessments and management plans for risks specific to each person's care support. These were monitored and updated to make sure people's plans of care remained current. This helped to keep people safe from avoidable harm.
- The registered manager made sure the building and equipment were safe and well maintained. Fire drills were undertaken on a regular basis to make sure people using the service and staff knew how to evacuate the building safely.

Staffing and recruitment

- The provider carried out recruitment checks to make sure only suitable people were employed.
- Various pre-employment checks were undertaken for new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information, including about convictions and cautions held on the Police National Computer. DBS checks help employers make safer recruitment decisions.
- Staff recruitment and induction processes promoted safety.
- The service had enough staff to support people, take part in activities and enable visits in the community.

Using medicines safely

- Medicines were administered as prescribed and managed safely.
- The system of recording the receipt and/or disposal of medicines was effective.
- There were systems and protocols in place to guide staff on the safe management of medicines. This

included medicines prescribed as and when needed (often referred to as PRN medicines). There were also effective processes in place in relation to monitoring and recording the effectiveness of these medicines.

- Where people were prescribed PRN medicines in variable doses, staff kept a record of the times and doses of the medicines administered.
- The service worked with health care professionals to make sure people were not controlled by excessive and inappropriate use of medicines. Staff made sure people received information about their medicines in a way they could understand.
- Prompt action was taken if there were any medicines errors, or discrepancies in staff practice or records.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy were up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- People received safe care because the staff team learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately.
- Managers investigated incidents and shared lessons learned. Staff confirmed when incidents took place, lessons learned were shared and discussed in the staff team. And action was taken to prevent recurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical and mental health needs had been assessed in line with recognised best practice and this information was used to develop each person's care plan with them.
- The provider employed occupational therapy and physiotherapy staff on site. This helped to make sure people's mobility and rehabilitation needs were promptly assessed and planned and provided for.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members told us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, gender identification and disability.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff members had effective, and efficient communication systems in place. This helped to share appropriately information with all those involved in people's care.
- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their needs.
- A relative said, "I am very impressed with the set up. The staff have so much knowledge and the standard of care is so much better here."
- Staff supported people to gain access to health and social care services. People were supported to attend appointments, for instance, at the hospital and the dentist. One person said, "Staff help me see the Doctor whenever I need to." Information about support and advice from other professionals was included in their care plans and records to meet people's needs.

Staff support: induction, training, skills and experience

- People were assisted by a trained staff team who felt supported by the provider and their managers.
- Staff had completed all core training relevant to their roles. Staff told us they also received training which enabled them to support people with complex needs. These included degenerative or life-limiting illness, prolonged disorders of consciousness and behaviours of concern. The home manager told us training and updates were available in specialist areas of care and nursing care, such as care of people with tracheostomies, ventilators and PEG feeding tubes.
- People felt staff were well trained. One person said, "This really is a good place. The staff know a lot. They help." Relatives also praised the staff very highly for their skills and knowledge.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a varied and nutritionally balanced diet.

- People were very happy with the choice and quality of the food and there were drinks and snacks available between meals.
- Staff were aware of people's dietary needs and people who required specialist diets were supported appropriately.
- People were supported to maintain their independence. For instance, we saw a staff member kitchenette providing background support to a person to make hot drinks in a kitchenette. Staff were also able to support people in preparing and cooking meals in the therapy kitchen. This provided opportunities for people to develop their cooking skills, and their knowledge around food and nutrition.

Adapting service, design, decoration to meet people's needs

- The environment was designed, equipped and decorated to a high standard, was homely and stimulating.
- There were generous living spaces, with each of the three units having communal living areas, and dining spaces with kitchenettes. There were also as also an activities hub, a therapy kitchen, a beauty salon and a large, accessible garden.
- We saw people were relaxed and comfortable in their surroundings and made full use of the communal areas. People could personalise their rooms. Everyone we spoke with told us how impressed they were with the space and decor.
- There were signs and visual aids which helped people know how to find each area. This helped people to orientate themselves in the home, including knowing the fire escape routes.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider made sure people were involved in decisions about their care.
- Staff demonstrated good practice around assessing and reviewing people's capacity to make decisions.
- People's care records highlighted where they could make their own decisions and how they could be supported to be as independent as possible. Risks were well managed, to minimise restrictions placed upon people. This helped make sure people, including those unable to make decisions for themselves, had as much freedom, choice and control as possible.
- Best interest's decision making processes were followed when people were unable to make their own decisions.
- DoLS applications were made when it was necessary to deprive people of their liberty.
- Staff had received training in the MCA and associated codes of practice. They understood their

responsibilities under the Act.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff created a warm and inclusive atmosphere.
- Everyone we spoke with was happy with the service. One person said, "I enjoy living here and like the staff. They are helpful and friendly." People received care from staff who used positive, respectful language which people understood and responded well to.
- People were supported to express their religious and spiritual beliefs. For instance, one person was enabled to attend their preferred place of worship on a regular basis.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person had not been on holiday since they were a child. They were supported to choose and book their destination and went for a mini break with staff of their choice.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were able to express their views and were involved in decisions about their care. People said they felt listened to and valued by staff.
- People's care plans included their views and preferences. People's day to day routines were based on their preferences. People told us they made their own decisions.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for instance, due to cultural or religious preferences. We saw staff interacting with people. They offered choices and respected the decisions people made. One person said, "[Staff] listen."
- If people wanted or needed independent support with making decisions, the registered manager helped them to seek support from local advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff and manager showed genuine concern for people and made sure people's rights were upheld.
- We saw staff were careful to maintain people's privacy and dignity. Space and privacy was very important for some people. Staff were aware of and respected this.
- People told us staff assisted them in ways which promoted their independence. One person said, "I like to be independent. [Staff] know that. They don't take over."
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff used person-centred planning approaches to discuss, review and plan personalised care with people. One person told us, "I have a plan and have a say what's in it; talk about it with [staff]."
- Staff knew people well and were able to make sure people received a person-centred service which met their individual needs. The care plans we saw were personalised. They painted a picture of the whole person, their care and support needs and how they liked to be cared for.
- People's care plans were kept up to date to reflect their changing needs and preferences.
- People's preference, such as the gender of staff who they wanted to provide their care were identified, and appropriate staff were available to support people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in meaningful activities to suit their interests. Both in the home and in the community.
- One person had told staff they liked singing and karaoke, so this was included in the regular schedule of activities on offer. Several people liked the baking and art and craft sessions. Another person told us they had the opportunity to develop their interest in gardening. One person really appreciated that staff member had completed extra training, because it allowed them to go out for walks to local parks more often. Another person appreciated how they were supported to go swimming once a week.
- We spoke with the occupational therapist who was employed in the service. They explained the needs of people who used the service were very diverse. This spanned physical, sensory, and cognitive needs that often required specialist rehabilitation or support. They told us of their role in undertaking individual assessments and making sure sessions were individually tailored, to engage, motivate and support people.
- Staff helped people to keep in touch with their family and friends, including those living abroad. Technology was used to support this, including handheld computers and the internet. There was a giant touchscreen tablet that people enjoyed using for virtual calls. One person had been estranged from their family for some years and was being supported in gradually re-establishing relationships.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood their responsibility to comply with the Accessible Information Standard (AIS). If

anyone required additional information in an accessible format, there were arrangements in place to provide this.

- People's individual communication needs were assessed and included in their care plan. These described the support people needed to engage and communicate their wishes.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication, and when people were trying to tell them something. We saw staff were attentive and caring towards a person who was expressing distress.
- People were given time to listen, process information and respond. Alternative communication styles were used to suit people's needs, so each person had opportunities to be heard.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The complaints process was accessible.
- Staff were committed to supporting people to provide feedback so they could make sure the service worked well for them. One person said, "I have no complaints. They are very good."
- The provider treated concerns and complaints seriously, investigated them and learned lessons from the results. The service apologised and gave people honest information. Changes were made to prevent recurrences, and any learning was shared with the team and the wider service.

Supporting people at their end of life

- There were policies, procedures and staff in place with end of life care skills. People's end of life care wishes had been sought with involvement of families, where appropriate, and their choices were respected.
- People were supported to plan for end of life care. Where people had made advance decisions, these were recorded in the person's care plan. People's wishes, and any cultural needs were recorded to make sure staff were aware of people's personal preferences and could plan appropriate care. This helped to make sure people lived their final moments in the way they chose to and experienced a comfortable and dignified death.
- Staff received training in providing people with end of life care. This helped make sure people could be supported appropriately and sensitively at the end of their life.
- Anticipatory medicines were available to people nearing end of life. Anticipatory medicines are prescribed by a GP in advance so that the person has access to them as soon as they need them. This meant people would have access to the medicines they needed to manage pain

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.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team and staff understood their roles and demonstrated commitment to provide a person centred service.
- The managers had good oversight of the service. Clear procedures were followed in practice to review and make sure personalised care was provided.
- There was a range of quality monitoring arrangements in place, and we saw these were effective. There was a culture of learning and improvement. Comprehensive quality and safety audits were completed. Where these identified areas for improvement, action was taken to address these in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us the managers and staff asked for their views. People described approaching members of the management and staff team and receiving good help and advice.
- People had the opportunity to engage with the service and to be kept informed through regular meetings. Seeking people's views, and care plan audit and updates were included as part of the review system. This looked at every aspect of each person's care and support.
- The management team regularly checked people were happy with the service they received. This meant any concerns could be dealt with promptly. The feedback received was used as an opportunity to improve the service.
- The registered manager told us they were always looking for new ways to help make sure people's views influenced the way the service was run.

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

- The management team had created an open and inclusive culture. Staff valued people's individuality, promoted their rights and enabled them to make their own decisions.
- People spoke of the service in positive terms. One person said, "I am happy. I do not want to move out of this home."
- The management team had identified staff 'champions'. The champions led on areas such as, the organisation's values, infection control and training. They attended training to support their involvement, passed on information and promoted good practice within the service. We saw examples of how this was put into practice, raised awareness in the staff team and improved people's lives. For example, the home

had a mental health first aider whose role was to raise mental health awareness in the service as well as becoming an established port of call. Mental health first aiders openly discuss mental health and empower people to address issues they may be experiencing.

- Staff we spoke with were keen to provide a good quality service for people. They told us there was effective communication and they worked well together. One staff member said, "People all need different things and they receive good care. It's a good team I'm learning all the time."

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 management team understood their legal obligations, including their duty of candour.
- The registered manager understood the importance of contacting the local authority safeguarding team or CQC should any reportable incidents occur.
- The management team were honest when things went wrong and proactive about putting things right.

Working in partnership with others

- The care team worked closely with other agencies such as the local authority and healthcare professionals.
- Recommendations and advice from healthcare professionals were followed. This helped to make sure the care and support provided was up to date with current practice and helped people to achieve positive outcomes