

Runwood Homes Limited

Bennett Lodge

Inspection report

Waterson Road
Chadwell St Mary
Essex
RM16 4LD

Tel: 01375842724

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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

Bennett Lodge is a residential care home providing personal care to up to 48 people. The service provides support to disabled and older people of all ages, some of whom may be living with dementia. At the time of our inspection there were 44 people using the service. The accommodation is on two levels and people can use the lift to move around the building and access their rooms, lounge and dining area. There is outside space in a courtyard with raised beds.

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

People we spoke with were positive about living at the service and complimentary of the staff. One person said, "I am happy here, I am treated very well." Another said, "Lovely people around me, meals are not bad too."

Care and support were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training and their knowledge was checked. Medicines were administered by staff who had received training to do so. There were systems in place to minimise the risk of infection and lessons had been learnt from accidents and incidents.

People were 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.

The registered manager had put systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 December 2020) and there were breaches of regulation. 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 undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

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.

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 based on the findings of this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Bennett Lodge on our website at 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.

Bennett Lodge

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 one inspector.

Service and service type

Bennett Lodge 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. Bennett Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 that 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.

This inspection was unannounced.

Inspection activity started on 3 May 2022 and ended on 15 May 2022. We visited the service on 5 May 2022.

What we did before the inspection

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 information gathered as part of the monitoring activity that took place on 24 February 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with six people living at the service about their experience of the care provided. We spoke with seven members of staff including the registered manager (on the telephone as they were not in the office), regional operations director, deputy manager, housekeeping, domestic staff and care staff. We also spoke with a visiting professional.

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.

At our last inspection the provider had failed to have robust infection prevention and control procedures in place. 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.

Preventing and controlling infection

- Improvements had been made to the infection prevention and control practices within the service.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and odour free. Domestic staff were seen following good practice guidance and aware of their responsibilities. The communal toilets were clean and toilet brushes were no longer used.
- Equipment had been removed from communal areas giving better use of space and easier to clean. An old bathroom had been refurbished into a storeroom for all equipment. Hoists had packets of sanitiser wipes attached to them as a reminder about cleaning them after each use. Slings were kept in people's bedrooms.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely to prevent the spread of infection. PPE stations were in specific areas of the service, were fully stocked and stored appropriately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- People were supported to receive visitors in line with government guidance. The registered manager had kept up to date with guidance so that people could continue to have contact with their relatives safely.
- The service had enabled contact between people and their families using technology and phone calls. One person told us, "It has been hard not seeing my [relative], but we understood why."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here, yes, with the staff. They help me out, like

getting up and all that."

- Staff knew how to keep people safe and protect them from safeguarding concerns. The provider had policies in place for staff to follow on 'whistle blowing' and staff received regular training on how to safeguard people.
- Where any concerns had been raised the registered manager worked with the local authority to investigate these to ensure people were protected from harm and kept safe.

Assessing risk, safety monitoring and management

- Risk assessments had been undertaken when people were admitted to the service to keep people safe. Assessments were aimed at supporting and enabling people to live as independently as possible. They covered such areas as risk of choking, nutrition, mobility, bed rail assessments, falls prevention and pressure area care.
- Risks relating to the COVID-19 outbreak had been assessed and people's needs recorded if they were at additional risk of the disease. One person said, "I am happier now we can go out to the shops; it helps with the boredom like when the pandemic happened."
- Safety monitoring was undertaken as part of the quality assurance process. The registered manager completed checks on equipment and safety certificates were held to demonstrate equipment was safe to use.
- Accidents and incidents were recorded, and appropriate action taken. These were reported to the providers compliance team which looked at any trends or inconsistencies in the service and recommended making the necessary improvements.
- Staff had received training in health and safety and knew what actions to take in an emergency or if somebody became unwell.

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.
- Appropriate applications had been made to the local authority for DoLS assessments and best interest assessments had been completed.
- People told us they were supported with choices and making their own decisions. We observed this in practice during the inspection.

Staffing and recruitment

- There was a consistent staff team with enough staff to care for people. Agency care staff were used to cover where necessary. One staff member told us, "All the rotas are covered but we are recruiting currently for two night staff. The agency staff we use are regular and know people well." Staff told us they all worked well together whatever their role. One staff member said, "We are all important and all our different roles make us a team."

- Changes to the rota to meet the needs of the service had meant staff working a longer shift. We were told that the staff had embraced this change and were working with it to make it work.
- Effective recruitment processes with the required information and checks were in place. Staff recruited were suitable for the role they were employed for.

Using medicines safely

- People were supported to take their medicines by trained and competent staff.
- Regular audits were completed to check medicines were being managed safely. Two audits of medicines one by an independent company and one by the clinical commissioning group (CCG) had been undertaken in March and April 2022 and were both found to be good.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- There were systems in place to record and analyse incidents and accidents for themes and trends which were shared with staff to improve the care people received.

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 as required 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.

At our last inspection the provider's governance and oversight of the service was not effective. 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.

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

- The registered manager had made improvements very quickly after the last inspection. They had sought and followed best practice guidance and made significant changes to the cleanliness, decoration, storage and facilities to ensure the service was safe and infection control was managed well. A targeted infection control inspection on 3 February 2022 confirmed the changes to be sustained.
- A robust quality assurance system was in place. The registered manager worked proactively with staff and the regional operations director in order to make improvements to the care provided. An effective monitoring process was in place.
- The registered manager was aware of their regulatory responsibilities providing statutory notifications to CQC as required in law.
- Staff were clear about their roles and responsibilities and training, supervision and support systems were in place.

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

- There was a positive open and warm culture at the service. The registered manager promoted and implemented change in an inclusive way. Staff were welcoming, attentive, caring and kind. We were given examples of good outcomes for people as the service worked in a person centred, thoughtful and engaging way.
- People told us, "I can do what I like, and come and go when I want." And, "The staff are lovely they are really lovely."
- Staff were positive about their role and how they supported people. One member of staff said, "It's a good place to work, many of us have been here a few years so that should tell you something." A visiting professional told us the service appeared calm and they had been welcomed.

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; Working in partnership with others

- The registered manager understood their responsibilities under duty of candour to be open and honest when things go wrong.
- The service worked in partnership with other healthcare professionals such as district nurses, GP and social workers.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback on people's care was sought during meetings and as part of care reviews. People attended regular meetings where they could share their views and give their opinions about the service, such as meals, activities, outings, entertainment, laundry. Surveys were completed and action taken as a result. These included a gazebo and a bar in the garden, offering jobs to people such as clearing the tables and setting up a mobile shop.
- People were involved in interviewing new staff and helping to make decisions about whether they should be employed or not.
- The registered manager was focused on continuous learning and improving care for people. The systems and processes the registered manager had put in place had improved the quality of the service and the care people received since our last inspection.