Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bennett House

16 Bennett Road, Crumpsall, Manchester, M8 5DX

Tel: 01617954003

Date of Inspection: 30 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	ADS (Addiction Dependency Solutions)
Registered Manager	Mrs Marie Morter
Overview of the service	Bennett House is a service which provides sixteen places and only accommodates men. The home is situated in the Crumpsall area of Manchester, close to local amenities and public transport links. It is sited on a residential street and is of the same size and style as other houses surrounding it. Bennett House offers accommodation in single bedrooms and self contained flats.
Type of services	Care home service without nursing Residential substance misuse treatment and/or rehabilitation service
Regulated activity	Accommodation for persons who require treatment for substance misuse

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

This inspection was carried out by one inspector. We met with all nine people who used the service and observed their experiences of care to support our inspection. We spoke with the registered manager and three staff.

We were informed by the registered manager during the inspection that the staff were going through a consultation period as the home was going to close due to poor occupancy levels.

The home was split into two units. The first unit was made up of individual bedrooms and shared communal spaces, while the second unit was made up of self-contained units including kitchen, bathroom and bedroom areas. The second unit was designed as the second stage in the recovery process before people left the home and returned to the community.

We were told the service was not normally manned by staff over a weekend and after 6pm.

We considered our inspection findings to answer questions we always ask:-

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

Below is a summary of what we found. If you want to see the evidence that supports our summary, please read the full report.

Is the service safe?

People were cared for in an environment that was clean and hygienic. People told us that they were very happy living at the home and were supported to remain independent as safely as possible. They also told us that their needs were met because staff supported them to do the things they wanted to do.

Appropriate risk assessments were in place, and the registered manager had suitable arrangements to safeguard people from foreseeable emergencies.

People told us that they felt safe living at the home. We saw safeguarding procedures were in place and that staff understood how to safeguard the people that they supported. People were protected against the use of unlawful or excessive control or restraint because the provider had made suitable arrangements.

No one at the home was subject to an authorisation made under the Deprivation of Liberty Safeguards.

There were regular inspections and audits completed to make sure that the building and procedures were maintained and further improved and provided a safe environment for people to live in.

Is the service effective?

All of the people we spoke with told us that they were happy with the care that was delivered and their needs were met. It was clear from our observations and from speaking with staff that they (staff) had a very good understanding of people's care and support needs and that they knew them well, which meant that people received an effective service. Staff had received training to meet the needs of the people who lived at the home.

People who lived at the home told us how they had improved since moving into the service and how much the staff had supported them to achieve their goals.

Is the service caring?

We asked nine people if they had any concerns about the care provided by the home and they told us that were happy with the care provided and that the staff were caring. One person told us, "They saved my life really."

Observations during the visit showed staff were compassionate and caring to the people they supported. We saw positive interactions taking place and staff responding in a thoughtful and kind manner to people who lived at the home.

Is the service responsive?

Information was collected by the service with regard to the person's needs and level of independence. Regular reviews were carried out with the person who used the service to make sure the person's care and support needs had not changed. This helped ensure staff supplied the correct amount of care and support.

Information collected by the service also gave staff an insight into the interests, likes and dislikes and areas of importance to the people in their care.

Regular meetings took place with staff to discuss the running of the service and to ensure

the service was responsive in meeting the changing needs of people who used the service.

People who lived at the home held regular meetings with staff to discuss their views on living at the home. This meant that people were involved in communications about the running of the home and staff listened and took action. People we spoke with confirmed they felt that they were listened to and knew who to contact if they had a problem.

Is the service well-led?

The home had a registered manager.

People who used the service had regular contact from the registered manager and other staff to check their wellbeing. The quality of service provided by care givers was monitored and this was done through quality audits and also through meetings arranged with the people who used the service.

Staff were knowledgeable about the support needs of people and the services ethos of maintaining safe independence and involvement of the person whatever their level of need.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we spoke with all nine of the people who received care and four members of staff. All of the people we spoke with could fully express themselves.

All nine of the people who lived at the home were extremely complimentary about the care and support they received from staff. One person told us, "They saved my life really." People told us they felt safe and staff cared about what happened to them. One person told us, "Staff are excellent, my keyworker is a counsellor and they know their stuff."

We saw a full and detailed pre-assessment of people's needs was developed before people came to live at the home. This information was supported by other healthcare professionals and we saw evidence of this on care records.

We saw evidence an initial six week action plan had been put in place to support people in the early stages of recovery and detailed care plans were developed. The care plans focused on the needs identified, what a person's target was, actions required to reach the target and desired outcomes. Care plans included; for example, physical health or housing.

The care plans were supported by detailed risk assessments that were developed to protect people, staff and visitors. They included risk assessments; for example, medication, mobility, alcohol misuse and self-neglect.

We saw evidence care records were regularly reviewed by staff and the people who lived at the home. All of the people we spoke with told us they had been fully involved in the production of their care records and any reviews that had taken place. One person said, "You will see my signature on the paperwork." We were able to confirm this.

People told us the home offered cognitive behavioural therapy (CBT) to them and support through one to one and group sessions. CBT is a type of talking therapy that can help

people to manage their problems by changing the way they think and behave.

When we spoke to people who lived at the home, they told us they participate in a number of activities. They said some of the activities were organised by the staff but they always had a say in how that happened. Four people told us on a weekend staff did not work and they were asked to produce a plan of what they would be doing. The plan would be discussed with staff to ensure the person had adequate support mechanisms in place to remain safe and as independent as possible. One person told us, "Every year the home organises a holiday, it's great." This meant activities were available to promote people's welfare and encourage participation.

There was no person in the home subject to an authorisation made under the Deprivation of Liberty Safeguards (DoLS) at the time of inspection. DoLS are part of the Mental Capacity Act 2005 (MCA). They are used to protect the rights of people who lack the ability to make certain decisions for themselves. We found that no one who lived at the home lacked capacity.

We asked people who lived at the home what they would do in the event of a fire. One person fully described the correct procedures they would take. They told us when they moved into the home staff explained the procedures. They told us, "I signed to say that I understood what to do." We saw there was an emergency on call procedure in place that people who lived at the home used in the event of help being required by staff. We also saw photographs and descriptions of each person were held on their care records to support police and other services if the person at the home went missing. This meant there were arrangements in place to deal with foreseeable emergencies.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We arrived at the home in time to observe breakfast routine. We saw people had a good selection of food and refreshments to choose from. One person showed us the contents of fridges and freezers and we confirmed that there were adequate quantities of nutritious food available.

All of the people who lived at the home came together in the dining area at meal times and shared the cooking routines as part of their recovery plan. On the day of the inspection we were told it was one person's turn to cook.

We were told menus were planned and then food was ordered in by the home to allow people to make the meals on the menu. One person told us, "If we want something different, then we just have to say." One person told us they used to be a chef and they said, "The food ordered from the store is good quality, not rubbish." People also told us they had more than enough food to eat. This meant that people were provided with a choice of suitable and nutritious food and drink.

One person told us when they came to live at the home they were very underweight. They also told us that they had put on three stone in weight and felt very healthy. We confirmed this information from care records. We also confirmed from care records that where people were at risk of malnutrition, that needs were identified and support put in place.

One staff member told us one of the people who lived at the home had very poor life skills, including cooking skills, when they came to live at the home. The staff member told us, "You should see them now, they can cook just about anything." One of the people who lived at the home confirmed this when we asked them.

We saw staff had received appropriate training, for example; food hygiene and safety awareness. Staff had also completed infection control training. This meant staff were better able to protect people from the risks of inadequate nutrition and dehydration.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

All of the people who lived at the home at the time of the inspection administered their own medication. Staff told us people kept their medication in the safe in their bedroom. One person showed us the safe in their bedroom where medication which they were taking was kept.

We discussed the procedure for the management of medication with a staff member. They told us when people moved into the home, a list of their medication was made on their care records. Each person was then registered with a local GP who would ensure people's prescribed medication remained up to date and met their needs.

We were told by staff when some people moved into the home, they needed support with their medication and staff would keep medication secure. We were told care plans would be drawn up and risk assessments put in place to ensure the needs of the individual were met. One staff member told us, "Some people just need that little bit of extra support with medication when they first move in."

Staff told us they kept a copy of any prescriptions people who lived at the home were given, this ensured they had up to date records in place. Staff completed medication administration records (MAR) to record any medication given to or taken by people who lived at the home. We saw evidence of this. This meant there were procedures in place to ensure medication was monitored and managed correctly.

We were shown the storage facilities in the office for keeping the returned medication. It was locked with keys stored securely and accessible to staff only. We were told if staff managed medication for people who lived at the home, the same secure storage facilities would be used.

We found homely medication was stored and administered by staff. Homely medication is medicine that is not prescribed and can be bought at any chemist or other suitable outlet. Common homely medicines are paracetamol which are used for pain relief and Rennie, which are used for indigestion or heart burn. We saw both of these medicines in use at the home. Staff had completed MAR sheets and care records were updated to confirm if

someone had taken any homely medication. This meant people were monitored to ensure that there was no risk of overdose. We also saw the provider had an up to date homely medication policy in place to support the practice in the home.

We found medication was labelled correctly from the sample of medication waiting to be returned that we checked. We found any medication waiting to be returned to the pharmacy was recorded correctly and we could see from previous records staff had signed when medication had been returned along with the signature of the collecting agents.

We asked three people if they had ever had any problems with their medication and they said no. One person said, "I look after my own medication now, but when I arrived staff helped me."

Training records confirmed staff had received safe handling of medication training. The provider also had an up to date medication policy which was readily accessible to support staff working in the home.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

When we arrived at the home we were asked to sign in and we observed other visitors to the home had recently used the signing in procedures too. This meant a record of visitors to the home was recorded and could be used, for example; to provide information to the fire service in the event of a fire.

We found the home had fire safety procedures in place, including for example; fire risk assessments. One staff member was able to confirm fire alarms were triggered regularly to check they were in working order and we were able to confirm this by corresponding records. We checked the staff training matrix and saw fire safety training was up to date.

We saw the home was maintained and furnished to a good standard and offered a comfortable environment for people and visitors. We found the home accessible for people with mobility needs, for example; for people who used mobility aids. We saw one person who lived at the home used crutches to support themselves and were able to move around freely.

We saw maintenance records which showed regular checks were made, for example, fire extinguishers, electrical and gas services.

Three people we spoke with were asked if they thought their rooms were safe and suitable. They all told us staff had accommodated their needs and they felt safe. One person told us, "Staff have gone out of their way to help me; this room is all that I need."

We were shown around the home by one of the people who lived there. They told us, "The place is great, we have everything we need." With people's permission we looked at some of the bedrooms. People told us they were able to have their own items of furniture or other personal effects in their bedroom if they wanted. We saw many people had chosen this option. We saw all bedrooms had enough storage space for clothing and other personal items.

We found the home had paved areas, and other areas which had been cultivated with a variety of flowers and shrubs. The garden also had raised flower beds which meant people

who lived at the home with mobility needs had easy access if they wanted to participate in gardening activities. We were told by staff the people who lived at the home kept the garden tidy. One person told us, "We have spent hours making the garden nice and planting baskets." We confirmed this when we visited the area. We saw there was comfortable garden furniture for people who lived at the home and their visitors to use. This meant people who lived at the home and visitors were provided with a suitably designed garden to meet their needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw the home had copies of the complaints procedure and this was accessible to people who lived at the home and also any visitors. We found no complaint had been made since the last inspection and we could see historic complaints had been dealt with appropriately. We saw many compliments had been received at the service. A compliment received in April said 'very happy with the support'

We asked people at the home if they knew how to complain. They told us they would talk to the staff. One person told us, "Staff sort things out straight away." This meant that the provider took account of complaints to improve the service.

We were told by six out of the nine people who lived at the home two weekly meetings took place. One person told us, "If there is anything you don't like or want to say, you can bring it up." Staff confirmed these meetings took place, usually at the beginning and end of a week. This meant that the people who used the service were asked their views about their care and treatment and they were acted on.

Staff attended regular meetings and we saw minutes to support this. We also spoke with two staff members who confirmed regular staff meetings had taken place. The manager also told us, "Because we are a small team, we discuss items regularly."

We found the manager had up to date risk assessments in place including for example, lone working, visitors and various health and safety related risks assessments. This meant the provider had procedures in place to minimise risk to people who lived at the home, staff and visitors.

Quality audits were undertaken at the home. This included checks on, for example; the premises and medication. We noted were problems had been identified the provider had noted any actions and completion dates were confirmed. We also saw the home received visits by directors of the organisation. We saw evidence directors had checked; for example, accident books, cleanliness and health and safety at the home and had noted any comments and areas for improvement with timescales for completion. This meant that

the provider monitored the quality of service provided to people who lived at the home and made improvements when required.

The home had contingency plans in place for cases of emergency and these were reviewed regularly to ensure the service remained safe.

Accidents and incidents were appropriately recorded and we could see from records that staff had dealt with these correctly. We also confirmed that accidents were analysed. We saw from the analysis no accidents had occurred in April but one had occurred in March. Keeping an analysis of accidents meant staff were better able to identify any trends occurring.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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