

MCCH

# Benham Lodge

## Inspection report

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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

The unannounced inspection took place on 21 September 2017.

Benham Lodge provides care and accommodation to up to nine adults with a learning disability. There were eight people living at the service at the time of our inspection, including people with physical health needs.

The service had changed providers and this was our first rated inspection to the service since it had registered with us in September 2016.

The service was run by a registered manager who was present on the day of our visit. 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.

Staff had been trained to recognise and respond to the signs of abuse. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. They were deployed in sufficient numbers to meet people's physical, social and emotional needs.

Assessments of risk were undertaken of the environment and each person's specific needs and gave guidance to staff about how these risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

Staff had received training in infection control and followed this guidance to help minimise the spread of any infection.

Staff had received the training necessary for their roles and were supported through supervision and on-going appraisals.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so.

People had their health and dietary needs assessed and clear guidance was in place to ensure they were

effectively monitored.

People were involved in making decisions about their care and treatment. They had the opportunity to take part in activities which they enjoyed and to go out.

Staff respected and valued people's contributions. They communicated with people in a kind and caring manner and reassured people when they became anxious.

People's feedback about the service was gained through regular meetings, conversations and surveys. Information was available to their relatives and visitors about how to raise a concern or complaint.

The registered manager was approachable and the atmosphere in the service was relaxed and informal. Relatives and professionals said there had been improvements to the service since they had been in post. They were supported by a staff team who understood the aims of the service.

Systems were in place to review the quality of the service which were effective in identifying areas where any improvements were required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Staff knew how to follow the service's safeguarding procedures to keep people safe.

There were sufficient staff to meet people's physical, social and emotional needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

The service was clean and practices were in place to minimise the spread of any infection.

Good ●

### Is the service effective?

The service was effective.

Staff were aware of the requirements of the Mental Capacity Act 2005 and understood how to protect people's rights.

Staff had regular training to ensure that they had the skills and knowledge to meet people's needs.

People were supported to make food choices and were provided with a diet that took their health needs into consideration.

The service liaised with other healthcare professionals to maintain people's well-being.

Good ●

### Is the service caring?

The service was caring.

Staff were kind, caring and patient in their approach and supported people in a calm and relaxed manner.

People's privacy, dignity and independence were respected and promoted.

Good ●

People were supported to maintain important relationships.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People participated in activities of their choice.

Information about how to make a complaint was available at the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager was approachable and had made improvements in the service which had benefitted people and staff.

People, staff and relatives were asked for their views about the service.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits.

# Benham Lodge

## 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 checked 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 21 September 2017 and was unannounced. The inspection was carried out by two inspectors.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned a PIR within the set time scale. We also obtained positive feedback from two care managers from the local authority.

We spoke with five people who lived at the service and five relatives. We observed staff supporting people during the day and at lunchtime. One person showed us around their home and another person showed us their bedroom. We spoke with the registered manager, a senior carer and a carer. We also received feedback from a commissioner with the local authority.

We looked at four care plans and spoke with the person and/or their relative and staff to assess how their care was planned and delivered. We also viewed five staff records, the staff training programme, staff rota, medicines records, environment and health and safety records, risk assessments, quality assurance and audits and the safeguarding, medicines and complaints policies.

The service had been registered with us since September 2016. This was their first rated inspection carried out to check that it was safe, effective, caring, responsive and well led.

## Is the service safe?

### Our findings

People knew staff well and were relaxed in their company. One person told us, "You can get laid back and relaxed here with that music playing". People's body language, facial expressions and conversations indicated they felt safe. There was a calm atmosphere at the service and people sought staff when they needed reassurance. Relatives told us that a number of staff had supported people at the service for a long time. They said they had got to know them well and trusted them to keep their relative safe. Relatives said there were always enough staff available when they visited to ensure people's needs were attended to.

The service had a comprehensive safeguarding policy which set out the definitions of different types of abuse, staff's responsibilities, how to report any concerns and how to blow the whistle. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff had received training in how to recognise and had a good understanding of their responsibilities in keeping people safe from abuse. They told us they felt confident to raise any concerns with the registered manager and that these would be acted on. The safeguarding policy set out who to contact outside of the organisation should this be necessary.

Each person's care plan contained individual assessments in which risks to their safety in their daily lives were identified. This included the risk of falling, vulnerability when going out, in relation to managing their finances and any behaviours or anxieties. Risks had been rated so staff were aware of the potential impact of harm if control measures to minimise the risks were not followed. Assessments of risks took into consideration and balanced people's choices and independence. Some people were able to travel independently on familiar routes. Guidance was in place for these people to take their mobile phone with them so they could contact staff if they had any difficulties. However, they required staff support at other times as there was a risk of them becoming lost and anxious. Risk assessments were regularly reviewed when people's needs changed, to ensure that they contained up to date guidance.

Regular environmental and health and safety checks took place to ensure that the environment was safe and that equipment was fit for use. These included making sure that fire equipment was in working order and that electrical and gas appliances at the service were safe. A fire risk assessment undertaken in July 17 identified works that needed to be undertaken. Some of these had been completed and the provider had been in contact with the landlord to ensure the other essential works with completed in a timely manner. Staff had received training in how to evacuate people safely in the event of a fire and took part in a programme of fire drills. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements that each person had to ensure that they were safely evacuated from the service in the event of a fire. A member of staff walked around the service each week and any concerns were reported to maintenance staff to action.

A record was made of any accidents or incidents, detailing what had occurred and the action taken in response to the situation. The registered manager monitored all events to ensure that staff took immediate action at help keep people safe and to see if there were any patterns or trends that needed to be addressed. One person had been out and on their return had a small graze. The person said they had had an accident

and medical advice was sought. Later the person felt unwell and staff assessed they were not their usual self, so they were taken to hospital to be checked.

There were enough staff with the right skills and experience to care for people safely and meet their needs. People had a range of needs: most people required minimum prompting and physical support to undertake their personal care needs and two people required assistance. There were usually three staff on duty during the week day and for the core part of the day at weekends. This enabled people to be supported when they required, take part in activities, go out and attend health appointments and therapies. During the inspection staff had time to chat to people and to attend to their emotional as well as their physical needs. Any staff vacancies or absence were covered by regular bank staff, who were known to people to ensure consistency. Agency staff had been booked in the weeks prior to the inspection from a company used by the provider as it carried out regular checks on staff to ensure they had the necessary skills for their role.

Staff recruitment practices were robust which ensured people were protected from the risk of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

People received their medicines at the right time, as directed by their GP. When one person had been unwell, their GP had advised not to give a specific medicine and this direction had been carried out by staff. Medicines were kept safe and secure at all times. Temperature checks were taken to make sure medicines were stored within the correct temperature range to ensure their continued efficacy and safety. Systems were in place for the ordering, obtaining and returning of people's medicines as directed by the medicines policy. This included guidance on what to do if a medicine was spoilt and could not be administered and when people spent time away from the service.

Staff had received training in how to administer medicines and their competency in this area was regularly checked. Each person had a medicines profile which stated their personal preferences in relation to how they wished to receive their medicines, any allergies and the reason why a person was prescribed each medicine. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN) so they were safely administered according to people's individual needs. Medicines checks were carried out in line with the provider's policy to ensure there was a clear audit of all medicines entering and leaving the service. Staff knew to which part of a person's body a prescribed cream should be applied but this was not always recorded in each person's medical notes. The registered manager confirmed this omission had been rectified after the inspection to ensure people's creams were applied as directed by their GP.

Staff undertook training in infection control. Personal protective equipment was available such as gloves and aprons. Staff were responsible for keeping the service clean with assistance from the people who lived there. The service was clean on the day of the inspection. There was a separate laundry room where people were supported to do their own washing. All these actions helped to minimise the spread of any infection should it occur.



## Is the service effective?

### Our findings

People told us they enjoyed the food and were involved in decisions about what they ate and drank. One person said, "I like the food here, I can choose what I want to eat. I can have something different if I don't like what is cooked." Relatives said that staff went the extra mile to encourage their relatives to eat. One relative told us, "The staff know my relative very well and they know what they are doing. Our relative is supported to eat a well-balanced diet which has helped them put on weight. They are much healthier now."

People were supported to have a balanced diet. Meetings took place weekly where people discussed what they would like to eat and this was used to plan the menu and shopping lists. People's needs with regards to eating and drinking were assessed and recorded in their plans of care. For people with specific dietary requirements there was information about which types of food could be offered at mealtimes and details on specific texture. People had access to the kitchen at all times. Staff encouraged people to make their own drinks and take part in food preparations. People were weighed on a weekly basis. When people were at risk of losing weight they were referred to the dietician who used this information to decide if people's foods needed to be fortified with extra calories.

Health plans set out in detail people's health needs and the action that had been taken to assess and monitor them. This included details and guidance of people's specific dietary requirements and how to meet people's health and medical conditions. For example, for people with dysphagia, information and detailed guidance was available about how their condition could effectively be managed and risk reduced through their diet.

People received regular health checks with their doctor and were seen by chiropodist, optician and dentist. A record was made of all health care appointments including the reason for the visit, the outcome and any recommendations made. Relatives told us that they were kept informed of any changes in their family member's health. Each person had a "Hospital Passport" which was given to hospital staff if a person was admitted to hospital. This provided essential information to hospital staff in a single document about each person's communication, personal support, disability, medicines and medical history.

A health care professional told us that staff were effective in supporting and encouraging people to achieve their potential when undertaking fitness and exercise programmes. They said staff achieved this as they motivated people by making the session's fun. The health care professional said there was good communication between them and the service and essential information was exchanged about each person's needs.

Staff gained people's consent before providing support. They asked people if they had finished their breakfast and if they were ready to be supported for personal care. For example, before supporting a person to move, staff explained exactly how they were going to help them. If people initially refused any support that was offered, they gave them time to reconsider their options and choices. During the inspection, staff acted on people's responses and respected people's wishes. For example, when people wanted to go out staff gave them different options, such as if they wanted to for a walk or go by public transport.

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. Staff had a good understanding of MCA 2005 and how it affected their roles. People's mental capacity had been taken into consideration when planning their care needs, such as a person understands when assessing their ability to manage their finance. Throughout the inspection, staff gave people choices in a way they could understand. They were patient and encouraging. One staff member told us, "We use our knowledge of people's past preferences and history to help them make decisions. We work with their families to find out more about them."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA 2005. It had been identified that applications to the local authority were needed for five people but there were no copies of these applications at the service to ensure they had been made. The registered manager sent confirmation after the inspection that the local authority had been contacted with regards to these five people to ensure it was acting in people's best interests when restricting their liberty.

Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may show were identified together with any triggers and guidance for staff about the most effective ways they should respond. For example, for one person it had been assessed they sometimes became upset when they return home from day centre. Guidance for staff was to remove other people from the area, give the person time and space to calm down, offer the person a drink and the opportunity to talk about what is upsetting her.

New staff attended an induction programme at the provider's head office which included information about people with disabilities, the provider's aims and values and training in essential areas for their role. Staff shadowed experienced staff to gain practical experience and knowledge about their role. Staff had completed a Diploma/Qualification and Credit Framework (QCF) in health and social care. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard. There was a rolling programme of training to ensure staff's knowledge was refreshing and that they had the skills they needed to carry out their role. This training was provided face to face and by e-learning and included mental capacity assessment, safeguarding, equality & diversity, health and safety, emergency first aid and moving and handling. Alongside regular refresher courses for core subjects, staff attended training courses related to people's specific needs such as epilepsy.

Support for staff was achieved through individual supervision sessions. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. The registered manager was in the process of organising annual appraisals for staff and some staff had already undertaken preparation work for this which asked them to reflect on their performance. Staff said they were able to approach the registered manager at any time if they needed support in addition to the formal supervision sessions available.

## Is the service caring?

### Our findings

People and relatives said staff were caring and they were treated with dignity and respect. One person said, "The staff are very polite. My keyworker asks me if I am well and how I am feeling". Another person referred to a staff member in affectionate terms, calling them, "My darling". People said that staff cared about their wellbeing. One person told us, "The staff do not like it when I am not well. They want me to get better". Comments from relatives included, "It is very caring here and staff are polite. It is always like this whenever I come and I visit at different times during the day and at the weekend"; and "Our relative is well looked after. Staff takes good care of them and they look happy, which is important to us". People told us their independence was actively respected and promoted. One person told us, "I tidy my room on a Wednesday and do my washing. I do cooking and made a crumble last night. I go to the centre and I get there on my own on the bus". A professional told us when they visited that people were excited to tell them about their day and always appeared happy and cheerful.

There were positive interactions between people and staff. Staff communicated with people in a caring, patient and calm manner. One person became anxious on a number of occasions throughout the inspection and staff members spend time listening to their concerns and talking with them in a way that offered reassurance. One person affectionately touched a staff member's arm when they were talking with them and another person took a staff member's hand.

People were involved in making choices and decisions about their care and support. People could spend time in their rooms or the communal areas. At lunchtime some people ate in the kitchen and one person chose to eat in the conservatory as they said it was quiet. Two people told us that they had chosen to wear their pyjamas on the day of our visit. One person said they were wearing their pyjamas because they were not well and were not at work. Another person described their active week and explained that they had retired and today was their 'lazy day'. These wishes were respected by the staff team.

Staff valued people's contributions. Information in people's care plans included what other people liked about them and showed staff appreciated their individual personality. One person started to sing along to a song that was playing and a staff member joined in. This person's body language indicated that they enjoyed this experience. There were a lot of light hearted exchanges between people and staff which showed that staff knew people well. Staff understood who liked and understood a joke and those who did not. One person told us, "Well, you have got to laugh haven't you", which showed that they benefitted from these interactions.

People's care records contained information about people who were important to them such as members of their family and friends and important dates and events. People were encouraged and supported to develop and maintain relationships with people that mattered to them. Special occasions were celebrated such as birthdays. One person proudly told us it was their birthday. They were offered their favourite meal for lunch and a visit in the afternoon to have a drink at a restaurant they liked to go to. People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture that were important to them.

People understood that their privacy, dignity and independence should be respected and promoted. They asked to speak with the inspectors and also on occasions with staff members in private and their rights were respected by the staff team. People were encouraged to participate in the cleaning and tidying of their rooms and to take responsibilities for their home. Support plans records identified what tasks people were able to do for themselves. Staff understood how to put this guidance into practice.

People and their family were involved in developing end of life care plans. These plans contained information about where the person would like to be cared for if their health deteriorated and which staff they would like to support them. People had been asked about their wishes after death and these included things that were important to people such as what music they would like to be played at their funeral. Consideration had also been given to supporting people who may suffer a bereavement in the near future. Detailed pictorial plans had been developed to ensure people had the support and to help them understand what would happen if they experienced the death of a loved one.

## Is the service responsive?

### Our findings

Staff were responsive to people's needs. One person pointed to their call bell and said, "I use this when I am not well. Staff always come when I call." Another person said, "Staff are polite and I can always speak to them." A relative told us, "My relative is well looked after. When she was not doing so well staff were quick to pick this up and contacted her doctor. They kept us informed." A professional told us that staff provided people with the opportunity of making choices around their activities.

Each person had an activity planner and these were flexible depending on people's choices and well-being. For example, one person said that they wanted to go out to a club and staffing and transport had been arranged to enable them and any other people who wanted, to go on a monthly basis. People were encouraged to participate in the planning of activities in their weekly meetings. People had the opportunity to attend day centres where a range of activities were available, but staff also supported people to go shopping, swimming and coffee shops. Comments included, "I like going to horse shows and I am able to go whenever I want. "I like to watch my TV and listen to music; and "I help out in the office, I did some stapling the other day". Another person was seen emptying the dishwasher and she told us, "I enjoy doing this. I do it every day."

People's care plans were detailed and personalised to the individual. Each care plan had details of what people could do for themselves and areas where support and encouragement was needed. Care plans recorded the person's preferences and choices. People's care plans had details of their likes and dislikes, alongside their life history and interests. Staff demonstrated that they knew people well and talked to people throughout the day about things they were interested in. For example, staff talked to people about music they like. Throughout the day people were able to listen to their preferred music when they wanted to. A staff member asked one person affectionately "Where is the music DJ?" and this prompted and encouraged the person to choose a CD that they enjoyed.

Staff supported people according to the guidance in their care plans. One person was at risk of choking and was on a pureed diet. Staff told us about this person needs and gave details of how their food should be prepared. At lunchtime staff prepared the person's meal according to their choice and dietary needs. The food was presented to the appropriate consistency and they were given the necessary cutlery and equipment so they could eat safely and independently. Guidance was also available for staff about any signs people may show if they were unwell or upset and how to support them.

Staff recorded details of how each person spent their time, support provided and details of any health care appointments. This information was shared in the daily handovers so that people were supported in a consistent way.

The complaint policy contained details of the providers head office, local authority and government ombudsman, whom people could contact if they were not satisfied with the way the service had responded to their complaint. People were encouraged to raise any concerns and they were acted on to prevent them from developing into a complaint. A relative told us, "There have been a lot of improvements made recently

and I do not have any complaints. If I had, I know I can speak to the manager or staff and they will deal with it quickly." There was a pictorial guide on how to make a complaint which was displayed in the communal area of the service so people and visitors to the service knew how to formally complain. Everyone said they knew who to speak to if they had a complaint and would feel confident to do so.

## Is the service well-led?

### Our findings

People came to talk to the registered manager throughout the inspection, to discuss their concerns and to tell them news that was important to them. People were relaxed and at ease in their company and the registered manager took time to listen and respond to what people wanted to say. One person said, "I can talk to the manager when I want to". The registered manager led by example, treated people with dignity and respect and showed a genuine interest in their well-being.

Relatives and a social care professional told us that the service was well-led and had improved since the registered manager had been in post. Comments from relatives included, "It is the best it has ever been. It has improved since the new manager came here"; "The home has a welcoming feel and is very homely"; "Communication has improved and we feel we can ask questions when we visit"; and "I like the improvements that have been made such as the new conservatory and fire doors. It has improved the home for the people living here." A social care professional told us the registered manager had good oversight of the service and was honest and open in their communication with them. They said when shortfalls in service delivery had been identified the service was quick to implement improvements.

The registered manager understood their responsibilities and had submitted notifications to the Commission about important incidents and events that had taken place at the service in a timely manner. They kept up to date with current practice through internal meetings with other registered managers in the company and the region where they were able to share good practice. Information was also available to them through the company's newsletter and website.

The registered manager was responsible for managing this service and overseeing a supported living service. However, since they had been in post they had spent the majority of their time at the service in order to undertake the necessary improvements. Staff said the registered manager gave effective support as they were available when they needed them and listened and acted on their views. They said they felt valued and supported and a number of changes had been made for the benefit of people and staff. Staff meetings had taken place in which discussions had taken place about what staff were doing well and areas in which changes were needed. The registered manager and staff team were clear about the aims and values of the service to enable people to do what they want and to make a positive difference to their lives.

People's views were sought on a daily basis by staff through conversations, resident meetings and survey questionnaires. The last time people's views had been sought using a survey was in 2017 and the result indicated that people were satisfied with the care and support they received. People were asked to indicate by using 'sad' or 'happy' faces about all aspects of the service including if they felt safe, could make choices, if they knew who to talk to if they were unhappy and if their home was clean and in a good state of repair. Discussions at meetings included who people would like to be their keyworker. One person came to discuss this with the registered manager during the inspection and were reassured the system would be in place in time for them to be supported by their keyworker to go Christmas shopping. A keyworker is a named member of staff who takes a specific interest in a person's wellbeing and is the lead in arranging their health care, supporting them on personal shopping and keeping their care plan updated.

There were systems in place to regularly monitor the quality of service that was provided. Monthly audits and compliance checks were carried out in a range of areas such as health and safety, medicines, care planning and risk assessment and staff training and supervision. An internal audit was undertaken six monthly by a representative from the company to ensure these checks were effective. During their visit, they looked at records, talked to people and staff and observed the care practice in the service. These checks identified any actions that were required to improve the service and were developed into an improvement plan. For example, it had been noted that not everyone was being weighed on a regular basis. This had been rectified and these records were now held centrally instead of on in individual records so it could be more easily monitored. All information was logged onto a computer system and the registered manager was responsible for recording when any required action had been completed. There were policies and procedures in place which governed how the service was run and new and updated procedures were discussed at team meetings.