

# 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

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Bennett Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bennett Lodge does not provide nursing care. It is registered for up to 47 older people some of whom may be living with dementia. At the time of our inspection there were 34 people using the service.

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

We found infection prevention control processes at the service needed to improve to mitigate risk of infection. Guidance on the use of PPE and social distancing for people needed to be implemented along with increased cleaning schedules.

Governance and oversight of the service needed to be more robust to address issues promptly and resources made available by the provider for remedial work on the environment to be completed.

Staff were trained in safeguarding and knew how to raise any concerns. The registered manager had policies and procedures in place for staff to follow and when needed had worked with the local authority to resolve safeguarding concerns.

People's care needs were attended to by staff who knew them well and how they liked to be supported. There were enough staff on duty and the registered manager had appropriate recruitment processes in place.

Medication was managed safely and people were supported to receive their medication safely.

The registered manager had processes in place to learn lessons when things when wrong to encourage learning and improve care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was Good (12 July 2018).

### Why we inspected

We received concerns in relation to Infection Prevention and Control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has put an action plan in place and has taken steps to address the areas of concern identified.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

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

On the first day of inspection there was one inspector and an assistant inspector on the second day there was one inspector.

#### Service and service type

Bennett Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was announced on the first day and unannounced on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

#### During the inspection

We spoke with four people who used the service about their experience of care. We spoke with five members of staff including the registered manager, area manager, deputy manager and two care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and the registered managers action plan.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. On our first day of inspection we found several areas of concern, these included some areas being visibly dirty, dusty and stained. We also found some communal areas to be cluttered, and this impacted on the ability for people to be able to socially distance. A standing hoist that was in use had not been cleaned and a commode in use in one room was not fit for purpose.
- We found poor hygiene practices in communal toilets. Stained and dirty looking urine bottles had been left, some still containing urine. There were also multiple toilet brushes which continued to hold faecal matter. Equipment was being stored in the toilet areas such as hoist slings and PPE which meant there was a possibility, they could become contaminated. Due to the potential of cross infection, it is important that all infection control practices are maintained to a high standard to prevent COVID 19 and other infections.
- We were not assured that the provider was using PPE effectively and safely. On our first visit we found PPE inappropriately stored which meant the PPE could become contaminated before use. We were also not assured staff were using PPE effectively to prevent the spread of infection.
- We found there was a lack of social distancing between staff on duty. Also, the environment in the communal areas was not promoting social distancing for people.

The above issues were a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks in relation to people's care were not assessed or managed appropriately.

We found on the second day of our inspection the provider and registered manager had made several positive changes. They had bought in a team of staff to declutter the service and perform a deep clean of all areas. We saw there was now space in the dining area for people to be able to sit and have their meals whilst maintaining a better level of social distancing. Equipment that was not fit for purpose had been removed and new equipment provided. PPE continued to be stored in toilet areas and some of this PPE had been left uncovered on a toilet window ledge. The regional manager advised they had sourced PPE dispensing stations which would be fixed at certain points throughout the service and that they continued to work through their action plan.

- 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 have also signposted the provider to resources to develop their approach.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "All the staff are very nice and caring. It is better now we can come out of our rooms."
- 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. One member of staff told us, "If I had any concerns about a member of staff, I would raise it with the manager. We also have safeguarding numbers we can call and there are people at head office we can contact for safeguarding."
- 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

- Staff undertook risk assessments to keep people safe. Assessments were aimed at supporting people's independence. They covered such areas as risk of choking, nutrition, mobility, bed rail assessments, falls prevention and pressure area care.
- Staff were trained in first aid and knew what action to take in an emergency or if somebody became unwell.
- The registered manager completed checks on equipment and safety certificates were held to demonstrate equipment was safe to use. However, these checks had not highlighted the issues we found.

#### Staffing and recruitment

- There was a consistent staff team and agency had only needed to be used for a short period to cover sickness. Staff told us they had a good team and worked a two-week repeating rota system together which meant they generally worked with the same staff team.
- The registered manager told us when they had needed to use agency, they had used the same agency staff for consistency. One member of staff said, "Because we used the same staff, they quickly got to know the home and routines."
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for.

#### Using medicines safely

- People were supported to take their medication by trained and competent staff. We observed part of a medication round and saw the staff member wore a do not disturb tabard. Staff approached people in a sensitive way and spoke to them about their medication whilst supporting them to take it.
- Medication records we reviewed were in good order. Regular audits were completed to check medication were being managed safely.

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers. We saw where processes were needed to be implemented to mitigate risk these had been actioned.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; and understanding quality performance, risks and regulatory requirements

- Although the registered manager had quality assurances processes in place, they had not identified the issues we highlighted on the first day of inspection. We found the level of cleanliness and infection control did not meet the standards required to keep people safe. Issues with equipment and sluice rooms had not been identified or addressed. This meant we could not be assured the registered manager or provider were maintaining a safe level of oversight for the service.
- The registered manager had sourced guidance throughout the pandemic and had set up a COVID 19 folder with information for staff to read and follow. However, we found not all aspects of guidance had been implemented. For example, on the first day of inspection we were not assured that people were supported to socially distance, or that staff were being supported to wear PPE correctly.
- We could not be assured staff had received effective training on the use of PPE in relation to supporting people in a sustained pandemic and how staff could keep themselves safe.

Governance and oversight of the service was not effective. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The registered manager was very responsive to the feedback they received and immediately put action plans in place to improve on the areas of concern highlighted.

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

- We saw staff engaging positively with people and people were frequently smiling and talking with each other and staff. One person told us, "I wish they did not have to wear masks, but they [staff] are all helpful and cope with it pretty well."
- One member of staff told us how they had been supporting people to make photo albums of all the activities they had taken part in and to write stories of their lives so that they could share these with relatives.
- Another member of staff said, "We want people to feel happy and well looked after, to be treated like family and loved especially this year."
- The registered manager understood their responsibility under duty of candour to be open and honest if

things go wrong.

Managers and staff being clear about their roles,

- The registered manager was clear about their role and provided visible leadership at the service. They were supported by the deputy manager and regional manager. Staff told us they felt well supported which enabled them to perform their roles.
- There were regular staff meetings and staff had on-going supervision from a senior member of staff to discuss their performance, training requirements or any other issues they wished to discuss.
- The registered manager supported staff to continuously learn and develop skills. For example, following the first day of inspection all staff were provided with further face to face training from the providers trainer on COVID 19, use of PPE and infection control.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Care documentation and care plans were regularly reviewed with people and their relatives to obtain their feedback and to keep care relevant to them. This had continued through the pandemic via telephone and video calls.
- Meetings were held with people to discuss the running of the service and to listen to their feedback. We saw minutes where people had discussed food and requested changes in the menu which had been accommodated. We saw people had requested for personal shopping items and one person had asked for a video call to be arranged. All of these had been acted upon.
- Staff had arranged for one person to continue to attend a video prayer meeting as this was important to their faith and wellbeing.
- The registered manager told us they had good relationships with other healthcare professionals such as the district nurse team, geriatrician team and the rapid response service. They had maintained a regular weekly call with the GP to discuss any healthcare issues people had.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Improvements are needed with infection prevention control practices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Improvements were needed with governance and oversight of the service.