

Mrs Pam Bennett

# Benthorn Lodge

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 11 December 2015 and was unannounced.

We carried out an unannounced follow up inspection of this service on 4 August 2015. Following that inspection we received concerns in relation to insufficient staffing levels and poor recruitment practices. Concerns were also raised in respect of inadequate training for staff, a lack of activities for people and poor management and leadership of the service. As a result we undertook a focused inspection to look into those concerns. This

report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Benthorn Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Benthorn Lodge provides care and support for up to 20 older people who have physical and mental health needs. Most people living at the service have advanced dementia care needs. There were 15 people using the service when we visited.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

During this inspection we found staffing levels were not adequate to meet the needs of people using the service, in a timely manner. Although, staff required to administer medication to people had received appropriate training, we saw that on occasions medicines were given to people later than they should have been.

Staff received induction training and shadowed more experienced staff when they commenced work at the service. However, there were no records maintained of the induction programme for staff, or the practical training received as part of their moving and handling training.

People did not always receive care that was responsive to their needs. Staff were predominantly task focused and care was not person centred. There was a lack of activities and stimulation for people using the service.

The registered manager said they felt they did not have the autonomy to manage the service effectively. We found there was a difference in the philosophy and ethos of the management of the service between the registered manager and the provider.

The service had a recruitment process to ensure that suitable staff were employed to look after people safely.

People were provided with a balanced diet and adequate amounts of food and drinks.

During this inspection we identified a number of areas where the provider was not meeting expectations and where they had breached Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

This service was not consistently safe.

There was insufficient staff on duty to meet people's needs in a timely manner.

People were supported by staff to take their medicines safely. However these were sometimes given at a time later than prescribed.

There were safe and robust recruitment procedures in place.

**Requires improvement**



### Is the service effective?

This service was not consistently effective.

Staff had the skills and knowledge to meet people's needs. However, there were no records of staff induction training or practical moving and handling training.

People received enough to eat and drink.

**Requires improvement**



### Is the service responsive?

This service was not consistently responsive.

People did not always receive care that was responsive to their needs. Staff routines were task focused and not person centred.

There was a lack of stimulation and interaction between staff and people using the service and the provision of meaningful activities.

**Requires improvement**



### Is the service well-led?

This service was not consistently well-led.

The registered manager did not always feel supported in her role.

The registered manager and the provider differed in their views about how the service should be managed.

**Requires improvement**



# Benthorn Lodge

## Detailed findings

### Background to this inspection

This inspection was carried out to look at specific concerns raised with the Care Quality Commission and to check if the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The team inspected the service against four of the five questions we ask about services: is the service safe, is the service effective, is the service responsive and is the service well-led. This is because the concerns raised with the Care Quality Commission related to these questions.

The inspection was undertaken by two inspectors.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service.

We observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast and during individual tasks and activities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who used the service in order to gain their views about the quality of the service provided. We also spoke with one relative, five care staff, the chef, the registered manager and the provider to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

Prior to this inspection we received information of concern in respect of inadequate staffing numbers to meet people's needs in a timely manner. In addition, concerns were also raised about a high percentage of agency staff being used at night with allegations being raised that these staff fell asleep on duty.

During this inspection we found that staffing levels were not always sufficient to meet people's care and support needs appropriately. One person told us, "Some days they are short and some people might have to wait." A relative said, "I have noticed that they are frequently short staffed. This has only been happening lately. It's worse at weekends."

Some staff we spoke with told us they often felt under pressure because of a lack of staffing. One staff member commented, "We could really do with another carer at the moment, we have about eight to 10 people that need two carers to provide personal care." Another member of staff said, "We are often short staffed which wouldn't be so bad but as well as providing personal care to everyone, we also have to do all the laundry and provide a programme of activities for people. It's just not manageable. Before we had a cleaner we also had to clean the home as well." The registered manager and the provider confirmed that care staff were expected to undertake the laundry and daily activities for people using the service.

One of the concerns raised with the Care Quality Commission (CQC) was that one person using the service needed to get out of bed for two hours per day due to pressure area care, but because of a lack of staff this did not happen. We saw that over a ten day period they had not been supported to get out of bed for two of those days. The registered manager confirmed that on one of these occasions it was because of insufficient staffing levels. We were unable to find any records as to why the person had not been supported to get out of bed on the second occasion.

On the day of our inspection we arrived at 7:10am. We found there were five people up and dressed sitting in the lounge or at the dining table. Breakfast was served to people by the chef and this commenced at 8:00am, which meant some people had been sitting in the dining room for an hour before they were provided with a drink or

breakfast. We observed one person who was asleep at the dining table. A staff member walked through the dining room and stopped to wake the person up and give them a spoon of their breakfast cereal. The staff member then walked off and the person fell back to sleep. Throughout the breakfast period we observed that no members of staff remained within the dining area to provide people with support and encouragement to eat and drink. As they were passing through they would stop for brief moments to encourage individuals to continue eating their cereals, toast and hot drinks. We found that people did not receive the appropriate support they needed to help them with their breakfast meals due to a lack of staff presence.

The registered manager said she thought the staffing levels were appropriate for the number of people using the service. At the time of the inspection the registered manager was unable to produce evidence of how they determined the staffing levels based on the dependency levels of the current people using the service. We were provided with the rotas for December 2015. These showed that overall there were three staff on duty in the morning and afternoon. However there were occasions when this dropped to two staff on duty.

We saw in the minutes of the September 2015 staff meeting that staff had raised concerns about low staffing levels and the impact it was having on people using the service and the staff team. We asked for the minutes of further staff meetings but these were not made available.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the two staff members who had been on duty during the previous night. One of these told us, "Last night was my first proper night shift; I worked for two nights as an extra member of staff." The second night staff member told us that agency staff were used infrequently at night. However, when they did have to use agency staff the service tried to request the same staff to provide some consistency. Both night staff members said that they had not witnessed night staff sleeping when on duty.

Prior to this inspection we received information of concern that staff that had not been trained to administer

## Is the service safe?

medication were doing so and that morning medication was given to people late. This meant people may not receive their medicines safely and may not receive them at prescribed.

The registered manager confirmed that on some days when there were no medication trained staff on duty in the morning, she would administer the medicines. However, she did not arrive on duty until 9:30 am and would still be giving people their medicines at 10:30am. The registered manager said that all staff had been offered the opportunity to undertake medicines training and said this would ensure there was always someone on duty at all times who could give people their medication in a timely manner.

During this inspection we looked at the arrangements in place for the safe administration of medicines. We spoke with the staff member responsible for administering people's medicines on the day of the inspection. They told us they had received training in the safe administration of medicines and this had been thorough. They explained, "My training was good. This is a very different system to what I've been used to. The system is fool proof, for example, it won't allow you to give medicines to people if it is not safe to do so." One staff member who worked at night said they had yet to receive medicines training and that the registered manager had stayed late the previous evening to give people their evening medication.

Staff who had not received training to administer people's medicines confirmed that they never administered medication to people. They did inform us that they had all recently been asked if they would like to be trained in the safe handling of medicines and they could receive this training if they wished to do so.

We observed a member of staff administering medicines to people. They administered medicines hygienically, using

disposable medicines containers and disposable gloves. They asked people whether they required pain relieving medicines. For example, one person was asked whether they had any pain to which they replied, "I have a bit of a sore shoulder." The member of staff offered them Paracetamol to "ease the pain." The person replied, "No I don't really need it." The member of staff respected their wishes.

We sample checked the medicines storage and administration records and found they were managed appropriately. We saw that all staff expected to administer medication had received medication training by the registered manager and competency checks before they were allowed to administer medicines independently.

Prior to this inspection we received information of concern that staff were commencing work before the service had received their Disclosure and Barring Service (DBS) checks and references.

During this inspection we looked at the recruitment checks for three staff working at the service. Staff told us they had not been able to commence working at the service until their employment checks had been received. One staff member commented, "I definitely had to wait for my DBS and references to come through before I could start work."

Records demonstrated that safe recruitment practices were followed. We found that new staff did not commence employment until satisfactory employment checks such as, DBS certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary period before they became permanent members of staff.

# Is the service effective?

## Our findings

Prior to this inspection we received information of concern that the quality and provision of staff training was inadequate, in particular the moving and handling training.

The registered manager told us she was a qualified moving and handling instructor, although her registration was in need of renewal. She said that all mandatory training was completed using an on-line distance learning provider, including moving and handling training. The registered manager explained that she would provide the practical part of this training. We had a look at the theory booklet that staff were required to complete. This was thorough and comprehensive and staff were assessed on their answers. However, there was no record of what practical training staff had completed in relation to moving and handling. The registered manager told us she had realised this was a shortfall and needed to provide a record of staff practical moving and handling training.

Staff we spoke with confirmed that they had undertaken an induction to the service when they first commenced work. One said, "When I first started I had a lot of support, training and I shadowed more experienced staff. That was really helpful." They told us their induction had covered all their mandatory training such as fire training, moving and handling training, food safety and first aid. However, the registered manager said they did not have written records of the induction training she had provided for new staff and recognised this was an area that required improvements.

During this inspection we spoke with staff and one told us, "When I first started [registered manager] did moving and handling training with me." We asked whether the training had included practical instructions on how to operate moving and handling equipment, such as hoists. The member of staff said, "Yes [registered manager] showed me how to use the hoist and the stand aid." They also confirmed that the registered manager had provided them with training on the fire and emergency procedures, person centred care, communication and safeguarding. They told us, "I found the training was good, I feel confident to be able to deliver good care to people." Another staff member said, "The moving and handling training was very good. I learned everything from using the hoist to supporting people with walking."

We asked to look at the current staff training records for the service to check if staff were up to date with their mandatory training. This was not made available to us on the day of our visit. We requested that this be sent to us following our inspection. However, the registered manager failed to send us the information we required.

Prior to our inspection we received information of concern that people being cared for in bed did not receive enough to eat and drink.

During this inspection we looked in depth at the care for one person being cared for in bed and two people with specific nutritional needs.

One person told us the food was good and said, "Oh I love the food. [Chef] always asks me what I would like."

We spoke with the chef who had a good knowledge of people's dietary likes and dislikes. They were provided with information from the care staff about people's therapeutic diets and cultural dietary needs. They showed us the menus and the alternative choices available to people. We observed the chef asking people what they would like for lunch and explaining what alternative choices were available to them.

We observed the breakfast and lunch time meal. We found that portion sizes were sufficient and the food was presented in an appetising way. We observed that there was a lack of staff presence during breakfast and people did not receive the support they needed with their meals.

We looked at the care records over a seven day period for the person being cared for in bed. We found they had received sufficient food and drink throughout each day and this was well recorded. We also saw that the provider had purchased some desserts for this person who enjoyed chocolate and we observed them eating this with enjoyment. The care records for the two people with specific nutritional needs provided sufficient guidance for staff about their diets, likes, dislikes and preferences. Nutritional screening was detailed and nutritional risk assessments and weights were recorded monthly or more frequently if it was needed. This meant that people received sufficient amounts of food and drink to meet their nutritional needs.



# Is the service responsive?

## Our findings

Prior to this inspection we received information of concern that people did not always receive care that was responsive to their needs and there was a lack of activities and stimulation for people using the service.

During this inspection we arrived at 7.10 am and spoke with the staff working the previous night. We asked a member of night staff whether they were expected to get people up early. They said, “No it’s up to people to decide when they want to get up. [Name] likes to get up early so we accommodate his wishes.”

However, we found that the staff were very task focused and care was not person centred. We observed that some people were left sitting at the dining table for a long period of time and many were asleep at the table. This had been identified as an area requiring improvement at the last comprehensive inspection. We saw that staff were busy undertaking tasks such as tidying up and the laundry. We saw in the minutes of the September staff meeting that staff had been told to disinfect and make the beds, disinfect the commodes and tidy bedrooms. This was checked by the registered manager or the provider when they undertook their ‘room inspections’.

Concerns had also been raised in relation to one person whose catheter bag was not changed on a regular basis causing them discomfort.

During this inspection we observed the person throughout the day and found that their catheter bag was emptied regularly. Care records confirmed this and we saw records that the catheter was changed by the district nurse on a regular basis. Records also demonstrated that the bag was tested regularly to check it was flowing appropriately.

The registered manager told us there had been one occasion where the catheter bag had become unattached and a family member had made a complaint. We saw this had been dealt with by the registered manager.

During this inspection we found that people were not fully supported to follow their interests or hobbies. Opportunities to take part in social activities were limited due to staff not having the time to engage and promote people to take part in activities of their choice.

A relative told us, “They don’t seem to do anything anymore. We used to have someone come in every week day to provide some form of activity or entertainment. I think they are good at getting outside entertainers in but for day to day activities its poor.”

One member of staff said, “Since I have been working at the home, I have not seen any residents go out, It would be lovely just to go up to the high street with people, but we just don’t have the staffing levels to be able to do this.” Another staff member of staff told us, “We don’t really do activities in the morning. I do put music on every morning so they all get music therapy every morning.”

The registered manager told us that they had recently advertised for the post of activities co-ordinator and some potential applications had responded. However, the provider told us they were no longer going to employ an activities coordinator and said the activities would be provided by the staff team. We were also informed that the administrator for the service provided some activities in between administration tasks. It was unclear what training the administrator had received to provide meaningful and appropriate activities to people, many of who had advanced dementia. We did not observe this taking place on the day of our visit. We saw recorded comments by staff in the minutes of the September staff meeting; ‘The reason day staff morale is low is because they have no time to spend with service users. They are too busy cleaning etc.’ Another comment stated, ‘Service users are bored and need stimulation’.

The provider told us that activities did not take place for people in the morning. They said it was a busy time when staff were attending to people getting them up. They said, “When staff are getting people up, washed and dressed, it is a good time for them to talk to people and give some extra attention.”

From our observations on the day of our inspection we saw that some people were up before 7am and throughout the morning people received limited stimulation or interaction with staff. We did not observe any social activities taking place and people were asleep in their chairs or sat in their chairs unoccupied.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014



# Is the service well-led?

## Our findings

Prior to this inspection we received information of concern about the management and leadership of the service.

These included a lack of support for staff from the registered manager, a lack of leadership where staff were unsure who was managing the service and a culture that was not open and transparent.

During this inspection we found that the majority of staff we spoke with were positive about the registered manager and said they were approachable and helpful. One staff member said, “[Registered manager] has been very supportive to me. I know I can go to her with anything.” Another member of staff told us, “I think [registered manager] is very good.” In contrast, one member of staff said they did not find the manager very approachable which meant that the positive comments were not consistent amongst all staff.

Most of the staff we spoke with said they felt well supported and that the training was good. One said, “My training has given me the knowledge I need to work here.” One staff member told us they thought staff morale was low and the training was poor. This opinion was not echoed by the other staff we spoke with.

We spoke with the registered manager about their role and the support they received from the provider. We asked to look at the support mechanisms in place for the registered manager such as formal supervision and annual appraisals.

The registered manager told us that since taking up post they had not received any formal supervisions or appraisals of their work. They told us that recently they had felt unsupported in their role.

During our inspection we found that the quality manager who was a source of support to the registered manager had not been present at the service on a regular basis. In addition we found that the provider and the registered manager sometimes differed in their views and that some decisions made by the registered manager had been overruled by the provider. The registered manager told us they didn’t feel they had the autonomy to manage the service. We also found that there was no source of support to the registered manager in the form of a deputy manager or a senior carer. The registered manager told us they were required to be on-call every day for the whole day and this was causing them to feel under pressure.

During our inspection we found that there was a lack of staff at peak times of the day and this was having an impact on people who used the service. The culture of the service was very task focused and we saw there was very little interaction between staff and people using the service. Staff felt they had no time to spend with people using the service and there was a distinct lack of activities and stimulation for people. Overall we found there was a lack of management oversight and failure to identify the staffing issues and the impact this was having upon people who use the service.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person has failed to ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced persons providing care or treatment.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had not made suitable arrangements to ensure that people were enabled to participate in activities that met their needs and reflected their preferences.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have an effective system in place to monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment.