Care Quality Commission

Mrs Pam Bennett

Benthorn Lodge

Inspection report

8 Wellingborough Road,
Finedon,
Wellingborough,
Northamptonshire,
NN9 5JS.
Tel: Tel: 01933 682057
Website: www.benthorn-lodge.com

Date of inspection visit: 26 and 27 February 2015
Date of publication: 20/05/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Inadequate**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Benthorn Lodge provides care and support for up to 20 older people who are physically and mentally frail. There were 15 people living at the service when we visited.

The inspection was unannounced and took place on 26 and 27 February 2015.

The home had a registered manager. 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.

Systems in place for the safe management of medicines were not appropriate or effective which put people at risk of harm.

People felt safe living at the home and with the staff who supported them. We saw in the staff policy file a procedure for 'the protection of vulnerable adults' and a

Summary of findings

whistle blowing policy that referred to the National Care Standards Commission (NCSC) and contained out of date information for staff guidance. We recommended that to comply with best practice guidelines the service considers the relevant information and policy available from the local authority in relation to safeguarding vulnerable people from abuse.

We saw that risks to people's safety had been assessed and were linked to care plans which considered risk factors. However, we found that the risk assessments had not been reviewed since October 2014. This meant that staff did not have up to date information about potential areas of risk to people's safety.

The staffing numbers at the service were not always adequate to meet people's assessed needs. However, we saw that extra staff had been recruited and additional flexible care hours per day were due to be introduced.

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

Staff received appropriate support and training to perform their roles and responsibilities and on-going training to update their skills and knowledge. People's consent to care and treatment was sought in line with current legislation.

People were provided with a balanced diet and adequate amounts of food and drinks. However, there was a lack of choice in relation to drinks. If required, people had access to health care services.

People were looked after by staff promoted their privacy and dignity, however, we saw that people were not always offered choices about their care and were not always involved in decisions about their routines.

The provider was not adequately monitoring the quality of the service and therefore not effectively checking the care and welfare of people using the service.

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?

Inadequate

The service was not safe.

Systems for the management of medicines were unsafe and did not protect people using the service.

The service had risk management plans in place to promote people's safety; however, these had not been reviewed and updated to reflect people's current situations.

The staffing numbers at the service were not always adequate to meet people's assessed needs.

Staff knew how to recognise and respond to abuse correctly. However, staff guidance about reporting abuse and who to report it to was out of date.

Is the service effective?

Requires improvement

The service was not effective.

People were provided with adequate amounts of food and drink to maintain a balanced diet. However, people had to wait for long periods before receiving their meals and there was a lack of choice in relation to drinks.

People were supported by staff that had the knowledge and skills to undertake their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

People were supported by staff to maintain good health and to access healthcare services when required.

Is the service caring?

Requires improvement

The service was not caring.

We saw that people were not always offered choices about their care and were not involved in decisions about their routines.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People told us they were happy at Benthorn Lodge and that staff treated them with kindness, dignity and respect.

Is the service responsive?

Requires improvement

The service was not responsive.

Summary of findings

People and relatives' told us that staff listened to any concerns they raised. However, the complaints process was not accessible to, or in a suitable format for people who used the service.

People had been encouraged to give their views and opinions about the service. However, there was no analysis of the feedback and actions of how the results had been used to improve the service.

Is the service well-led?

Requires improvement 

The service was not well led.

Staff felt supported and listened to by the manager and felt able to raise any concerns or questions they had about the service.

Systems were in place to monitor the quality of the service. However, the provider's quality assurance processes' required some improvement in relation to records and medication.

Benthorn 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 was planned to check 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 26 and 27 February 2015 and was unannounced. The inspection was undertaken by three inspectors, one of whom was a pharmacy inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

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, the mid-day meal 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, four relatives, five care staff, one member of the housekeeping team, the cook and the registered manager and management team. In addition we spoke with three visiting health and social care professionals.

We looked at four people's care records to see if they were up to date. We also looked at five staff recruitment files and other records relating to the management of the service including quality audit records.

Inadequate

Is the service safe?

Our findings

One person told us they administered their own insulin and staff supported them to do this. They said, "I take my own medicines. Staff help me with that and it means I can stay independent." We observed medicines being given to people at different times throughout the day. We saw that this was carried out with regard to people's dignity and personal choice. We heard staff explain to people what they were doing.

We found that medication was not stored safely for the protection of people who used the service. We witnessed medicines left unattended in a communal lounge area while the staff member was giving people medication in their rooms. We also found a large quantity of medicines in an unlocked basement storage room, which we were told were waiting to be disposed of. We could not find any record of these medicines. Temperatures had been recorded of the areas where medicines were stored and we found these to be within acceptable limits. The cupboard used to store controlled drugs was not fixed to the wall. Controlled drugs are medicines that the law requires are stored in a special cupboard and their use recorded in a special register.

We found there were no appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of. We looked at the records for five of the 15 people who used the service. We found some medicines in stock for people with no record of these medicines or when they were given.

We found that a number of people had not been given their medicines because some of their medication had been out of stock. We also found that when medicines had not been administered to people, the reason why had not always been recorded. We could not account for all medicines used or disposed of, including controlled drugs.

When people were prescribed medicines in variable doses, for example, 'one or two tablets', the actual quantity given was not recorded. This could result in people receiving too much or too little medication.

We saw that some people had not been given their medicines in line with the prescriber's instructions. For example, an antibiotic prescribed for a seven day course was recorded as given for eight days. We also found that special instructions for taking medicines were not being followed. We saw medicine that was clearly labelled with the instruction, 'take at least 30 minutes before the first food, drink or medicine of the day' had been recorded as being given at breakfast time with other medicines. Staff we spoke with confirmed that this was the case and they had been unaware of this special instruction, despite it being clearly printed on the packaging.

Some people were prescribed particular medicines for regular administration; however records showed that these had only been given when required. Although staff told us that people's GP's had advised it was to be given at the discretion of staff, we could not find any documentary evidence to support this variation in the prescribed instruction.

Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was insufficient guidance for staff on the circumstances these medicines were to be used. We were therefore not assured that people would be given medicines to meet their needs.

We looked at the training records for four staff members who were authorised to handle medicines. We found that these staff had received appropriate training but they had not been assessed to be competent to handle medicines. This meant that people may be given their medicine by staff that were not suitably qualified and competent.

The manager told us that they used to carry out monthly checks on the quality and accuracy of medication records. We could not find any records that these checks had been completed within the previous three months. We were therefore not assured that appropriate arrangements were in place to identify and resolve any medication errors promptly.

We found that the registered person had not protected people against the risk of unsafe care and treatment. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of our inspection there were two care staff on duty. There were seven people who required two staff for moving and handling. This meant that people spent

Inadequate

Is the service safe?

long periods of time with no staff present and we witnessed this on the day of our inspection. One relative said, "Maybe they could do with some more staff. It's quite spread out." We saw three care staff on duty during the second day.

Most staff told us that they felt there was usually enough staff on duty. One commented, "It would be nice to have more staff. We do the hoisting and we have to do the laundry." Two visiting district nurses commented that there were not enough staff to meet people's needs promptly.

We were told that there was a dependency tool and formula used to determine the number of staff required. We looked at the staff rotas for the previous four weeks. A team leader and two care staff had been scheduled most days. Where it had not been possible to schedule three care staff, the manager told us she had stepped in to provide support. This had happened on five occasions between 21 February and 27 February 2015; and on one occasion between 14 February and 20 February 2015.

We were told that despite recent staffing difficulties, additional staff had been recruited and extra flexible care hours per day would be available shortly. In addition a new manager had been recruited and was due to commence at the end of March 2015. However, at the time of our inspection we found that staffing numbers were not adequate to fully meet the needs of people using the service.

We found that the registered person had not protected people against the risk of inadequate numbers of suitably qualified and competent staff. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that they felt safe and protected from harm. One person told us, "Absolutely I feel safe. I have no problem with that." One relative told us that their relative liked to wander and had fallen down the stairs. They said, "The home was quick to act and found my [relative] a room downstairs. So they have made them safe and I feel happier knowing they are safe." A second relative commented that their family member was looked after safely at the service. They said, "I don't have to worry."

Staff had an understanding of the different types of abuse and how to report it, so the risks of abuse to people who used the service were minimised. Staff told us they had received recent training in safeguarding adults and they had found it useful. One staff member told us, "I have just finished my safeguarding training. It was very useful and makes you think." Staff were able to tell us how they would respond to allegations or incidents of abuse and were confident that any concerns reported to the manager would be effectively dealt with to make sure people were safe. This meant people were protected from the risk of abuse because staff were trained to identify signs of possible abuse and knew how to act on any concerns.

Records showed that the manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and CQC. We saw in the staff policy file a procedure for 'the protection of vulnerable adults' and a whistle blowing policy that referred to the National Care Standards Commission (NCSC) as a potential contact. This contained out of date information for staff about how and who to contact to report suspected abuse.

Staff told us that risk assessments were reflective of people's needs and guided them as to the care people needed to keep them safe. One staff member gave us an example of how one person liked to use public transport independently. They said, "There is some risk but as long as they take their mobile phone it's safer. It's about giving people their freedom but keeping them safe at the same time." The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

We saw that risks to people's safety had been assessed and were linked to care plans which considered risk factors. These included risks associated with malnutrition, falls and pressure sores, in addition to behaviours which may challenge the service. However, we found that the risk assessments had not been reviewed since October 2014. We were told there had been a change in the senior management team and a key member of the team had left. This had resulted in some areas of record keeping that had not been attended to for a while. We were informed that the management team were now working together again and they had identified this as an area for improvement. We saw an action plan in place that confirmed this.

Health and social care professionals who visited the home had some concerns about how risks were identified and managed in a way that promoted people's development and independence. One visiting district nurse commented,

Inadequate

Is the service safe?

“One person was admitted with a pressure ulcer that has deteriorated. Sometimes I find people are soiled. I have to remind staff to keep people clean, especially their pressure areas.” However they also told us that staff were good at raising potential risks with the district nurses and said communication was good with the home.

Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment including a Disclosure and Barring Service (DBS) criminal records check, previous employment references and a health check. This ensured only appropriate care workers were employed to work with people at the home and were clear about their roles and responsibilities.

We recommend that the service considers the relevant guidance and policy available from the local authority in relation to Safeguarding vulnerable people from abuse.

Requires improvement

Is the service effective?

Our findings

People and relatives told us that they received the right care to meet their needs. One person said, "I get the care I need. There is always someone to help me." Two relatives felt their family members were well cared for. One commented, "The care is good. I have no complaints." We saw that one person we spoke with was supported to access the wider community and use public transport. One member of staff said, "If people can be independent we want to make sure they don't lose that."

We found that staff had received appropriate training and support to perform their roles. New staff were required to complete an induction programme and were expected to shadow a more experienced staff member until they felt competent. One member of staff told us, "I have completed my National Vocational Qualification (NVQ) level 2 and I started my NVQ level 3 in April. I think I have relevant training for the job. I do feel supported."

Two health and social care professionals who visited the home told us they had witnessed staff using incorrect manual handling techniques and had to intervene. They also had concerns about the support provided to some people with specific health care needs. They said, "Some staff lack an understanding of people's conditions." We did not observe any incorrect moving and handling manoeuvres on the day of our visit.

Staff told us they received regular supervision and felt supported. Records we looked at confirmed that supervision took place on a regular basis. We were told that appraisal meetings would be reintroduced over the next few months. We saw that a short daily meeting had recently been introduced to promote effective communications.

Training records showed that a range of training was available for staff to access. We saw that mandatory training had been completed by all staff and there was a range of other training available such as stroke awareness, record keeping, falls safety awareness and coping with aggression.

We saw that staff explained to people what they were doing before providing care and support and gained their consent before doing so.

Not all staff demonstrated a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and how these worked in practice. However, they were able to describe how they offered people choices and sought consent. A number of staff were still required to complete training in this area. We saw a DoLS application and a Mental Capacity assessment for someone who had previously left the service. Therefore, we were assured that if a person was deprived of their liberty, the correct procedures would be followed to ensure that the person was kept safe.

Training records demonstrated that 67% of staff had completed Mental Capacity Act (MCA) 2005 training.During this inspection we found that people were provided with suitable and nutritious food to meet their dietary needs. One person told us, "Oh yes the food is lovely." Relatives we spoke with did not raise any concerns about the food. One commented, "My [relative] never used to eat much until they came here. Now they have put weight on."

When we arrived at 7:30am there were nine people up and sitting at the dining table. We could not be sure how long they had been sitting there before we arrived. We saw that most people waited until 8:30am before a drink was offered. One person commented, "Sometimes it's a long wait for food."

We observed that portion sizes were good and people were asked if they would like some more. We found there was a lack of choice in relation to drinks. At breakfast we saw everyone being offered tea, there were no other options offered. At lunch everyone was offered blackcurrant juice, with no other options offered. We saw snacks being given to four people on both days. We were told this was because they required extra nourishment. We did not see snacks being offered to others throughout the day. Daily menus' were on display and these included a choice of main meal or other alternatives such as omelette or baked potatoes. However, these were not in format to suit the people using the service, many of whom had progressed dementia.

We spoke with the head chef who demonstrated a good knowledge about people's likes and dislikes and specific dietary requirements. They told us, "We have three diabetics. Now I am responsible for the shopping I can get more produce in such as a range of sugar free jams."

People were supported to maintain good health and access relevant healthcare services where necessary. One person told us their relative supported them to attend hospital appointments. They told us they had recently

Requires improvement

Is the service effective?

undergone surgery and the home had been very good at supporting them to recover. They said, "I know I can count on the staff to help me." A relative said, "They always let me know if my [relative] is not well. If I'm not sure about something I know I can always ask."

People and relatives told us, and records confirmed that their health care needs were frequently monitored and discussed with them. We saw that people had been seen by the dentist, optician and district nurses. On the day of our visit there was a practice nurse visiting to review people's medical and health needs. They told us they completed this annually.

Requires improvement

Is the service caring?

Our findings

During our inspection we saw that positive relationships had developed between people who used the service and staff. People we spoke with told us they were happy at the home and that staff treated them with kindness, dignity and respect. One person told us, "Oh we have a laugh. They treat me right." A relative told us, "The staff are very patient and friendly. You can ask them anything." Another relative commented, "The activities person is lovely. They understand the people who live here."

A staff member told us, "I treat people how I would want family to be treated. I stayed at Accident and Emergency with someone recently. I didn't want to leave them alone." A member of the housekeeping team said, "People get good care here, staff are exceptionally kind and softly spoken. I would be happy for a relative to be here." Staff that we spoke with were aware of the life histories of people living at the home and were knowledgeable about their likes, dislikes and the type of activities they enjoyed.

We saw that staff provided people with reassurance by touching them and giving eye contact when talking to them. We observed staff and people interacting and engaging positively with each other when staff had time. However, we saw that people sat for long periods with little interaction because staff were busy.

Visiting health and social care professionals told us that staff were caring and had a good rapport with people including those that could challenge the service.

Most people using the service had dementia care needs and only one person we spoke with was able to offer their views on their care. They said they had been involved in making decisions about their care needs. Relatives we spoke with said they had been involved in making decisions about their family member's care and the care planning process when they had first been admitted to the home. One relative said, "As a family we have been involved with my [relatives] care. We have a say in what they need."

Staff told us they involved people and their relatives in planning and reviewing their care. They were also able to describe to us how they communicated with people who had limited verbal skills.

Our own observations of peoples' care did not always match what was recorded in the care plans and we saw that people were not always offered choices about their care and were not involved in decisions about their routines, although these had been recorded in their care plans. Throughout the day we saw that some people were not given choices about the food they ate or what they would like to drink.

We found that people had been asked for their views over a range of areas via a service satisfaction survey, in relation to the running of the service and their care. For example, people were asked about the menus, whether they were satisfied with their care and support and asked their opinion about the activities. The surveys were overall positive about the home and the care people received.

The registered manager told us that for the majority of people living at the service, relatives advocated on their behalf. However, if people did not have any relatives they would be supported to access the services of an advocate and we saw information about advocacy services displayed in the home.

The service ensured that people's privacy and dignity were promoted. People told us that staff were respectful of them. One person said, "I have my own room and a key. When I want to be alone I go to my room and staff respect my wish for privacy." A relative told us that staff were very respectful to everyone, including visitors to the home.

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples' of how they maintained people's dignity and respected their wishes. One staff member said, "We all have to respect the people living here, it's their home and we are in their home." Another staff member commented, "I always knock before entering people's rooms. I always cover people with a towel to stop them feeling embarrassed."

We saw that staff knocked on people's doors and asked for permission before entering their rooms. We found that staff communicated with people in a way that respected them and ensured their dignity was maintained. For example, we heard staff use appropriate terms of address when addressing people.

At the time of our inspection there were no suitable private or quiet areas for people to spend time with their families if they wanted to, apart from the main lounge. We saw numerous relatives visiting on the two days of our inspection and observed that there was no privacy for

Requires improvement

Is the service caring?

them when talking with their relative. However, we were informed that as part of a refurbishment programme, for which the service had recently been granted planning permission, this was to be included as part of that plan.

Requires improvement

Is the service responsive?

Our findings

One person using the service told us they received personalised care that was responsive to their needs. They told us they had been involved in how their care had been assessed and planned. A relative told us, "I was involved from the start in planning my [relatives] care. The staff talk to me about my [relative] all the time. It might just be to say that my [relative] has been fine and there have been no problems."

Staff were knowledgeable about the people they cared for. They were all able to tell us about people's needs and how they managed behaviours that may challenge the service. One staff member described to us how they managed the challenging needs of a person who needed extra support in the evening, when going to bed. They talked about the routine they had with this person to try to reduce their anxiety and make going to bed easier for them. They said, "We need to be patient."

However, from our own observations of peoples' care during our visit we found that the care being provided did not always match what was recorded in people's care plans. We saw that people were not always offered choices on a day to day basis about their care. We found that decisions about people's routines were not always in line with their preferences. Many people's daily routines were not person centred but task-led by the staff. We saw that some people were not given choices about the what time they got out of bed in the morning. For example, night staff told us they had to get ten people up out of bed by 08:00am to alleviate the workload for the day staff. We observed many people were sat in the dining room for long periods throughout the morning without staff presence and many were asleep at the table. One of these people was sat in a wheel chair with no footplates or seat cushion. They remained at the table for three hours before staff moved them to a comfortable arm chair.

We saw that people's care plans recorded people's care needs and there was information in relation to their histories and preferences. The registered manager said that before anyone was admitted to the service their needs were assessed and the information obtained from the assessment was used to develop the care plan. We saw in the files we looked at that assessments had been undertaken. The care plans were personalised and contained information on people's varying level of needs and provided guidance on how people wished to be supported. However, guidance for staff recorded in the care plans was not always carried out in practice and we observed this on the day of our visit.

We found that the registered person had not protected people against the risk of inappropriate care that did not meet people's needs or reflect their preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that there was a full time activities co-ordinator and we saw a programme of activities displayed on the wall. However, they were on leave during the two days of our inspection and we did not see any activities taking place. Relatives were complimentary about the activities co-ordinator and one relative said, "[Activities co-ordinator] does individual activities with people. My [relative] is asked what they would like to do. They do take people out for lunches, the local theatre and there is bowling over the road."

We found that people were encouraged to bring in personal possessions from home. Rooms were personalised and contained personal possessions that people treasured, including photographs and ornaments.

We saw that staff kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being.

People and their relatives' said they felt able to raise issues of concern. They told us they felt confident that concerns would be dealt with appropriately and in a timely manner. One relative said, "I would be comfortable discussing concerns with management."

Staff told us people were encouraged to raise any concerns, worries or problems they had either to the registered manager or senior staff. One staff member told us, "We would usually sort any problems out straight away without it becoming a complaint. That's the nice thing about a small home."

The registered manager said no formal complaints had been received by the service in the last twelve months. We saw systems in place in respect of the complaints and concerns process. We found in the staff policy file a

Requires improvement

Is the service responsive?

complaints policy that included details for the National Care Standards Commission and contained out of date information. A more current complaints policy was displayed in the hallway of the home. This gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. However, this was not available in a format suitable for people using the service, many of whom had progressed dementia.

We were told that the manager had sent out service satisfaction surveys in November 2014 but had not received any response to these. So we looked at 11 that had been sent out in May 2014. These showed that most surveys had been completed with the support of the care staff. People had been encouraged to give their views and opinions about the service. However, we were unable to find any analysis of the feedback and how the results had been used to improve the service.

We were informed that meetings that involved people who used the service and relatives had not taken place. However, the new manager, who was expected to commence in March 2015, was keen to implement these.

Requires improvement

Is the service well-led?

Our findings

The service had quality assurance systems in place which included audits and reviews used to monitor performance and manage risks. These included areas such as medicines, infection control, risk assessments and care plans. However, we found that these had not been completed since October 2014 when the management team had separated.

Staff told us that meetings had not been held regularly and one staff member said, "We do have staff meetings now and then. The last one was months ago." However, they did say they received regular supervision every eight weeks and found this useful. At the time of our inspection there was no evidence to demonstrate that an appraisal process was in place. We were told by the management team that appraisal meetings would be reintroduced over the next few months. We saw that a short daily meeting had recently been introduced to promote effective communications.

Staff told us that any accident or injury would be documented so that appropriate action could be taken and we saw a system in place for recording these. However, we found that although accidents and incidents that had occurred had been properly recorded, they had not been analysed to identify any patterns and take the appropriate actions. This does not ensure people are protected against the risks or unsafe care.

A visiting health and social care professional told us, "The leadership is poor. Issues we raise are normally resolved but it can take a while. Things do get done eventually."

We found that key policies and procedures, for example, safeguarding, whistle blowing and complaints contained out of date information and much of the information was not relevant.

Overall, we found that the home did not effectively monitor the quality of people's care and health and safety aspects of the home.

We found that the registered person had not protected people against the risks of inappropriate or unsafe care and treatment. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection we told by the owner and registered manager of Benthorn Lodge that they had decided to step down form the role of registered manager. They said a new manager had been recruited and was due to commence employment by the end of March 2015.

We were also informed that a senior management team member had left. We found that records had not been regularly reviewed, there had been issues with staff performance, staff meetings had not been undertaken on a regular basis, there had been a shortage of staff that had not been addressed and quality assurance systems in place to assess and monitor the quality of the service had not been undertaken. At the time of our inspection we were informed that the management team had been reformed. The senior manager who had left was back in post and had been working closely with the local authority to improve the service.

People we spoke with were able to tell us who the manager of Benthorn Lodge was. One relative said, "I know the manager. They are not here all the time but I can ask questions if I need to."

Staff said the management of the home was supportive and approachable. One staff member told us, "The staff get on together. Team work is good. We are well supported."

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	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected against the risk of unsafe care and treatment that included the unsafe management of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not have a formal system in place to effectively assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staffing numbers were not adequate to fully meet the needs of people using the service.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **People were not always offered choices about their care and were not involved in decisions about their daily routines.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.