North Yorkshire County Council

Benkhill 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

Benkhill Lodge is a residential care home for up to 30 older people. 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.

A registered manager was in post. 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.

At the time of our inspection 19 people lived at the service permanently and one was receiving short term respite care. Benkhill Lodge has a room reserved for people from the community who need additional support following discharge from hospital or to prevent them from being admitted to hospital. These are known as step up / step down beds. Health professional's work alongside staff to ensure people who require this level of support have their needs met.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

There were systems in place for the safe management and administration of medicines. The premises and equipment were well maintained and were regularly checked to ensure they were safe to use.

Staffing levels were sufficient to meet people's needs. There were safe recruitment and selection procedures in place and appropriate checks had been undertaken before staff began work. Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs.

Staff supported people to access healthcare professionals and services. People were provided with sufficient food and drink to maintain their health and wellbeing. Care records contained information about people's needs, preferences, likes and dislikes.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and treated people with dignity and respect. People told us they were happy and felt well cared for. Care was person-centred and people were provided with choice. There were positive interactions

between people and staff. Staff knew people well and promoted their independence.

Staff understood people were individuals and protected them from discrimination.

Complaints and feedback were taken seriously and action was taken to address any concerns. The registered manager and provider monitored the quality of service provided to ensure that people received a safe and effective service which met their needs.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Benkhill 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 comprehensive inspection took place on 3 and 6 April 2018. The first day was unannounced. We told the provider we would be visiting on day two.

The inspection team on day one consisted of an adult social care inspector and an expert-by- experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector visited on day two.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service as required by law.

We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We planned the inspection using all of the information we had gathered from these different sources.

During our inspection we spoke with six people who used the service and three relatives. We spoke with the registered manager, deputy manager, four staff and the cook. We also spoke with four health care professionals for their feedback on their experiences of the care provided.

During the inspection we looked at a range of documents and records related to people's care and the management of the service. We looked at four care plans, three staff recruitment and training records, quality assurance audits, minutes of staff meetings, medication administration records, policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they or their family member were safe and well looked after. One person said, "I love being here. There are lots of carers around." A relative said, "I have never had any concerns. [Name] is absolutely safe and the staff are charming." Health and social care professionals we spoke with felt people who lived at the service were safely cared for.

People were protected from the risk of abuse and harm. Staff had received training and were able to explain about the types and signs of abuse. They were confident of the action to take, if they had any concerns or suspected abuse was taking place. There were up to date safeguarding and whistle blowing policies and procedures in place.

Staff we spoke with told us they would have no hesitation in reporting concerns if they felt people were being discriminated against. One member of staff said, "I treat people all the same and would protect them from being discriminated. I am willing to learn about people's specific needs, such as their religion and share good practice."

People were protected from harm as potential risks relating to their care had been assessed to ensure they were appropriately managed. For example, risk assessments about how people needed to be moved and handled, were person centred and guided staff on how to do this safely.

Arrangements were in place for the safe management, storage, recording and administration of medicines. People were supported to take their medicines by staff who were trained and had their competency assessed. We observed medication being administered and good practice guidelines followed. A health and social care professional was complimentary about the way medicines were administrated. They said, "We visit regularly and see that the medication system works well. Staff who give out medication concentrate on what they were doing and are not distracted."

Records we looked at confirmed regular checks of the building and equipment were completed. These included for example, checks on the fire alarm, fire extinguishers, manual handling equipment, electrical installation and portable electrical equipment. Personal emergency evacuation plans were in place to ensure people were supported to leave the building safely during an emergency.

During our inspection, there were sufficient staff deployed to meet people's needs. The registered manager showed us the personal dependency plan used to establish the level of support people needed to ensure there was enough staff on each shift to meet people's needs.

People and staff gave us mixed feedback in relation to staffing on an evening. People said, "We could do with more staff, we only have two on an evening. You can sometimes ring and ring the buzzer and nobody comes" and "Sometimes there are too many staff during the day and not enough at night." A member of staff explained that sometimes they felt there was not enough staff due to the complexity of people's needs, but were confident nobody was at risk. We brought this to the attention of the registered manager who

agreed to discuss these concerns and ensure senior carers were available to support staff.

Staff were recruited safely and were suitable to work with vulnerable people. Disclosure and Barring Service check (DBS) were carried out before staff started working at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with adults who may be vulnerable. The provider ensured previous employer references had been obtained and a full work history was provided within the application form.

Accidents and incidents that occurred at the service were recorded. The registered manager had developed a tool to ensure monthly audits were undertaken to analyse patterns and trends and ensure any recommended actions had been completed.

The service was clean; staff recognised the importance of preventing cross infection and used gloves and aprons when required. People told us, "It's immaculate. You can't fault it" and "It's absolutely clean. I often say I could eat my breakfast off this floor."

Good

Is the service effective?

Our findings

Arrangements were in place to assess people's needs and choices so that personal care was provided effectively. They included what was going well for a person and what was important to them. People were asked if they had any religious needs to ensure if any additional provision was required to prevent discrimination.

One care plan we looked at lacked some details about how support was going to be provided. We brought this to the attention of the registered manager. On our second day of inspection, this care plan had been reviewed and included more details which reflected the person needs. This meant staff had all the information they required to fully support them.

People and their relatives told us they thought the staff were trained and provided effective support. A relative said, "The staff are well trained and [Name] is extremely well cared for." Records showed staff had received training in topics which included moving and handling, safeguarding, fire awareness, equality and diversity and infection control.

Records we looked at showed staff were supported with regular supervisions and appraisals. We could see that there were gaps where some staff had not been supervised recently. The registered manager accepted that the supervision matrix needed further development to show when supervisions were due so they were not missed. Following the inspection we were provided with evidence to show missed supervisions had been completed and a new training matrix was in place.

People were supported to maintain a healthy diet. We observed mealtimes which were relaxed and informal and specialist diets were catered for. People and relatives were very complimentary about the quality of the food. People said, "Beautiful food, I cant fault it. It's always hot, you get big platefuls and you can have seconds" and "There is a good choice. You can have sandwiches and cups of tea all through the day." We spoke with the cook who was knowledgeable about people's individual needs, likes and dislikes.

Records showed people's health was promoted and health care professionals were contacted when people's needs changed. A relative told us, "Staff contacted the doctor quickly and promoted [Names] well-being. They do this for all the residents." A heath care professional said, "Communication with the service is very good and there is a good rapport between us. Staff contact us appropriately and we trust their judgements as they know the residents well."

The environment met people's needs. There was a lift and the building was accessible for people with mobility difficulties. We could see quiet areas being used by people and the home had adequate signage to support their independence.

Staff were aware of people's rights to make decisions about their lives and understood the importance of gaining consent before offering support. One staff member said, "It's the little things that matter to people and I always give them choice. I always ask for their consent before supporting them to move them for

example."

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 MCA 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. 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed one person had been authorised to be deprived of their liberty. There were no conditions attached to this authorisation. Staff had received training on MCA and DOL's and those we spoke with understood the main principles of the legislation.

Good

Is the service caring?

Our findings

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person told us, "Staff are just very kind and caring. It's in their nature." Another said, "They always talk to you and do everything right." A relative we spoke with said, "The whole staff approach is very good and I can't praise them enough." During our inspection we observed staff spoke kindly with people and spent time with them. We could see for ourselves and were told by health care professionals, that there was a calm and friendly atmosphere in the home.

People told us they were involved with decisions about their care. One person said, "They say to you that if there is anything you want, just ask." Relatives we spoke with all said they felt involved. One said, "The staff involve me, answer any questions and keep me updated."

A health care professional described the staff as, "Fabulous." A relative we spoke with was complimentary regarding their relatives' wellbeing and said, "There have been times when [Name] has been very poorly and the staff have brought them around."

Information about a local advocacy service was available and people were supported to access this if required. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. One person we spoke with said they were being supported by an advocate. Notice boards informed people about the service and events taking place.

Confidentiality was well maintained throughout the home. Information held about people's support needs was kept secure and we found that staff understood their responsibilities in relation to this.

All the people we spoke with agreed staff were very respectful of their privacy and dignity. They told us staff knocked on their doors before entering and made sure when being supported with personal care, this was completed sensitively and respectfully. The service promoted the use of champions. These were staff who had shown a specific interest in particular areas and to share good practice to ensure people received good care. At the time of this inspection we saw that a presentation about dignity and respect was being developed to enhance and refresh staff's learning on this subject.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One person told us, "I can wash myself. Staff take me for a shower, but leave me to do it for myself." A health care professional told us when people are at the home for a short time, whilst recovering from an illness for example, the staff followed their advice and promoted people's independence, before they returned home.

Good

Is the service responsive?

Our findings

Care plans contained information on a range of aspects of people's support needs including mobility, communication and health. Care plans were person centred, reviewed and updated when people's needs changed. People's wishes were sufficiently documented and reflected in their plans. For example, one record showed that a person preferred to go to their room and watch the television on their bed in an afternoon.

People had access to activities in the home such as jigsaws, domino's, bingo, quizzes and entertainers. We saw photographs of people undertaking craft activities such as decorating eggs for the Easter celebrations. We received mixed feed back from people about the activities on offer. One person said, "Staff put up on the notice board what's happening. I sometimes join in and think there is enough." Another said, "Sometimes I am bored to tears. There is not a lot to do." The registered manager explained that they did not have a designated activities co-ordinator, but understood the importance of personalising activities and were developing this further. They gave an example of a person they supported who liked walking. When a member of staff was going to the local shops for example, they were asking if that person wanted to go with them.

Information was available to people in different formats to make it accessible for them. For example, staff used a white board or pictorial cards with a person to suit their communication needs. This meant staff could understood their requests and provide information more effectively.

People were protected from discrimination by staff who respected people's individuality and choices. One relative told us, "Staff sit with [Name] on a one to one basis and know them well." Another explained how their relatives choices in relation to their faith were known and understood.

People had access to a call bell system which was easy to use. Other technology such as internet access was not available at the service. However, the registered manager had recognised that this could be used to promote people's independence and support people to keep in contact with relatives and friends. The registered manager had requested internet access and this was going to be installed.

The provider had a complaints policy and procedure and we saw information for people on how to complain. None of the people spoken with had had cause to raise concerns and were happy with the service they received. We saw documents which evidenced when complaints or concerns were raised by people, they were recorded along with any action taken and the outcome. This ensured any repeating trends were identified and the risk of reoccurrence minimised.

We read a number of compliments about the service. One person had written, 'The heart of Benkhill Lodge is the dedication of the staff at every level to the comfort and well-being of the residents.'

At the time of our inspection, nobody was receiving end of life care. When end of life care was provided, a healthcare professional explained that the staff were very caring and understood the needs of the person.

They said, "The staff notice any changes, especially if someone is in pain and quickly and contact us."

Good

Is the service well-led?

Our findings

There had been a change in the registered manager since our last inspection. People, their relatives and staff provided positive feedback about the new registered manager. Staff we spoke to felt supported, enjoyed working at Benkhill Lodge and described the culture of the service as being relaxed and friendly. This was confirmed in discussion with people and their relatives. One relative told us what had been said to them by their relative whilst recovering in hospital. Their first words when being discharged were, "I'm going back to Benkhill. How lovely to be going home again."

People and their relatives told us they were encouraged to share their views and provide feedback about the service. Residents and relatives meetings were held and surveys were sent out. People were asked for their opinions and ideas and these were listened to and acted on. For example, a person had suggested sharing meals on special occasions with their relative and we could see that this had been acted upon.

There were systems in place to monitor the quality of the service provided. The registered manager completed weekly and monthly audits. These included spot checks, health and safety, medicines administration, and equipment. Documents we looked at showed audits highlighted where improvements were needed. For example, an audit regarding infection control, showed that a person's skin protectant spray had been left on a toilet windowsill. Action was taken to address this and lockable cupboards were provided. During our inspection the provider's audit was in the process of being completed. We could see this audit recognised what the service was doing well and supported it's continuous improvements by highlighting if there were any shortfalls.

The service has started to support people with dementia. The registered manager told us they will update their information that is held with us.

A health care professional explained that the service worked in partnership with them and staff were keen to learn and share good practice. One person we spoke with told us, "Can't fault the home. Being here has brought me out of a depression."