

Benjamin Lodge Ltd

Benjamin 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?

Requires Improvement ●

Summary of findings

Overall summary

Benjamin 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.

The home is registered to provide care to a maximum of 17 people who require support with mental health needs. It is situated in a residential area of Cottingham, in the East Riding of Yorkshire, and is within walking distance of local amenities. 16 people were living at the home during this inspection.

The inspection took place on the 13 August 2018 and was unannounced. At our last comprehensive rated inspection in January and February 2016 we rated the service good. We then conducted a focussed inspection in April 2017, looking at the key questions 'Is the service safe?' and 'Is the service responsive?' only. This was because we had received concerns in relation to staffing levels and recruitment, and how the service was meeting the needs of people who use the service. We did not change the rating for the service at that inspection.

At this comprehensive inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing 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.

The service had a manager in post as required by the Care Quality Commission (CQC) as a condition of their registration. A registered manager is a person who has registered with the CQC 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. During the inspection we found the registered manager to be open, transparent and receptive to the feedback provided.

Notifications relating to potential safeguarding incidents had not always been made to the CQC as required by law.

Systems were in place to safeguard people from abuse as staff were trained to understand the signs of abuse and take action if they had concerns. Care plans and risk assessments were in place. People's medicines were managed safely, and staff were safely recruited and in sufficient numbers to provide people with the level of care and support they required. The premises were maintained safely and provided sufficient space for people to occupy themselves alone, or in the company of others.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems supported this practice. People's health and well-being needs were reflected in their care plans. Staff supported people to attend routine and follow up

appointments and liaised with external healthcare professionals as required. People were supported to ensure that they had enough to eat and drink. There was a choice of food available and people spoke positively to us about the food.

People told us staff were caring and treated them with dignity and respect. We saw staff supported people both emotionally and practically, in a kind and compassionate manner. People were involved in how their care and support was received.

Staff took account of people's preferences and offered choices. Staff knew people well, including their background and history. Activities were supported and people were encouraged to maintain contact with their friends and relatives. People said staff listened to them and they felt confident to raise any issues if they felt they needed to.

Leadership was visible within the service and the registered manager received support from the provider and a director of the organisation. Governance systems were in place to gather feedback and check the quality of the service.

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.

<p>Is the service safe?</p> <p>The service remained good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remained good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remained good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remained good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service has deteriorated to requires improvement.</p> <p>The service had failed to notify us of incidents of safeguarding, which they were required to do by law.</p> <p>The service had governance systems in place to monitor the quality of the service. The provider had good oversight of the service.</p> <p>The registered manager worked with external healthcare professionals to make sure people received good care.</p> <p>People and staff were positive about the overall service.</p> <p>Staff said they liked working at the home and they received good support from the registered manager</p>	<p>Requires Improvement ●</p>

Benjamin Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on the 13 August 2018. The inspection was unannounced and carried out by one inspector and an inspection manager.

Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding teams. We reviewed 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.

During the inspection we spoke with six people receiving a service to obtain feedback about their experiences. We spoke with four care staff, the registered manager and a director for the organisation. We reviewed a range of records which included care plans and daily records for three people and four staff files. We checked staff training, supervision records and medicines management procedures. We looked at records involved with maintaining and improving the quality and safety of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People were relaxed and comfortable throughout the inspection and told us they were well looked after. Comments included "I feel safe. I could tell them [staff] anything if I was worried", "I feel safe. I am able to talk to staff if I feel unwell" and "I feel safe knowing that staff are about."

The home environment, equipment and utilities had been checked to ensure they remained safe to use.

We observed that staffing levels were sufficient to meet people's needs. We asked people whether they felt levels of staff available met their needs were sufficient. Comments included, "There are staff always there if I need them" and "There are usually two staff on duty and that's enough." Staff told us, "They are just sufficient. Some days we need more and others not. We always have [Name of registered manager] to call" and "We are safely staffed." We observed that when people requested support this was provided in a timely way.

The provider ensured safe recruitment practices were in place. Staff files recorded pre-employment checks such as references being obtained prior to staff being offered employment. This ensured they were of suitable character to work with people in a care home.

Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home. One staff member told us, "Abuse can be financial or physical. I would report to CQC or the manager or whistle-blow [tell someone]." There were effective arrangements in place for reviewing and investigating safeguarding incidents.

Risks to people had been identified, assessed and managed. They were detailed and regularly reviewed to ensure the most appropriate level of safe care was provided. Staff could describe individual risks to people and the measures in place to mitigate them.

Staff were made aware of their personal responsibility to ensure their own safety. Records of meetings showed that they had discussed positive behaviour support and behaviours that may challenge. Staff had been reminded to be aware of their exits and to contact other services such as the police if required.

Medicines were administered by trained staff, who had their competence regularly assessed.

We found some minor issues around the storage and recording of medicines. For example, we saw some medicines had not been returned to the pharmacy. One person's medicines for administration at 8am on the day of inspection had been signed on the medicine record as given. We saw these were still in the blister pack. We discussed our findings with the registered manager who was responsive to our feedback and took actions to address and investigate these concerns during the inspection.

We saw that there was a general assistant employed to support keeping the home clean and night staff completed some cleaning duties. Cleaning schedules were in place to ensure areas including the kitchens and communal bathroom were kept clean and tidy. Personal protective equipment (PPE) was available for all staff, including gloves and aprons and there was an infection control policy in place. The provider had an ongoing plan to improve and maintain parts of the service.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

People living at the home told us they felt staff knew how to support them. One person said, "I have a keyworker [Name of staff] and I also have a night one [keyworker]. We have talks together." The staff we spoke with said they believed they had received sufficient training to enable them to support people effectively. One member of staff told us, "I have done training in mental health awareness and medicines. I have also done the care certificate and a level three NVQ. I have had a lot of training and feel I have enough to be able to do my job."

There were appropriate systems in place for the induction, supervision and training of staff. Records we reviewed confirmed that staff completed the Care Certificate upon starting employment with the company. This nationally recognised training is designed to provide new staff with an understanding of current good practice.

Staff we spoke with were mindful of possible situations when people became anxious and displayed behaviours that challenged others, and were aware of signs that people's mental health may have deteriorated. One member of staff told us, "Only yesterday someone [was showing signs of distress]. Extra staff are brought in in those cases. The persons pattern of behaviour may change, they may become aggressive, non-compliant with medicines and food."

Risk assessments took into consideration the least restrictive interventions. For example, one person's care plan for mood disturbance directed staff to 'positively reinforce social behaviour during heightened anxiety. [Name's] state of mood responds best when left alone to calm down if safe to do so.' This demonstrated the home was aware of the balance needed between the protection of people's rights and risk.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to 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. We found people's ability to make decisions and their capacity to consent to receive care and treatment had been considered and documented in their care plans.

People were supported to have sufficient amounts to eat and drink. People told us, "Food is good and there is lots of choice", "I like peanut butter. I get a choice. I don't eat in the lounge I eat in my room" and "You can have as much as you want to drink." We saw people were given choices about what they ate and were offered varied types of meals. Care plans reflected their preferences in relation to food and drink.

People were supported to access external healthcare services to maintain their health and well-being whenever necessary. Where healthcare professionals had provided specific guidance or advice in relation to people's care and support needs this had been recorded within the person's care plan. This meant staff had current and relevant information to follow to support people in meeting their health and well-being needs.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

The atmosphere throughout this inspection was calm. People told us they enjoyed living at the home and that staff were caring. Comments included, "[Name of staff] is one of my favourites" and "I like it here as I have my freedom and can make choices."

People were treated with kindness and respect. It was clear from our observations staff knew people well. We saw people were comfortable requesting support from staff who they approached without hesitation. Staff responded promptly when people asked for assistance. One person told us, "I like living here and I get on well with the staff. I can do what I want to do."

We observed staff engaged in meaningful conversations and encouraged independence. People were addressed by their preferred names. We saw that staff gave people both practical and emotional support. For example, we observed a staff member supporting a person when they became tearful. The member of staff knelt to give the person eye contact and used gentle touch and a quiet tone of voice to talk and offer reassurance to the person. Throughout the day we observed other occasions where staff took opportunities to sit with people, provide reassurance, and assist people to engage in individual activities.

Staff could describe people's needs as well as their likes, dislikes and preferences which had been recorded in their care plans. Staff were familiar with people's level of independence and explained how they would support people as much as they could to remain independent. A member of staff said, "People are independent, they will come and ask for their medicines and are encouraged to maintain their own personal care. Some people help with the laundry and washing up." One person confirmed, "After meals I do the washing up and wipe the tables. I clean my room daily."

People were involved in planning their care. Each person had a keyworker who they met regularly with to discuss their care and make sure their preferences were reflected in their care plans.

Residents' meetings were held on a regular basis. These provided people with the opportunity to discuss any concerns, or make suggestions. We saw ideas and suggestions were taken forward and acted on. For example, more vegetables had been added to the menus and the tea trolley had been moved following suggestions from people using the service.

All bedrooms were single occupancy and people had access to their rooms. One person told us, "I am very private and staff respect my privacy." Another said, "I don't really mix, I am a bit of a loner. Staff always knock [on door]. They are always polite and friendly."

Staff had received equality and diversity training. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity. The

staff we spoke with were aware of what was important to people. One member of staff told us, "When we go out with [Name] we don't wear a uniform or lanyard as they didn't like it. This respects [Name's] wishes." People were encouraged to be themselves. One person said, "I brought my own furniture with me, it has made it [person's room] more homely." Other told us, "I can choose when to get up and go to bed. I can take a bath when I want. I get visitors here and I can use the phone when I want to ring people" and "I spend a lot of my time outside. If I want to go out staff will take me in my chair."

At this inspection there was no one with an advocate, however, information about advocacy services was available.

We found records relating to people who used the service and staff members were stored securely. This helped to maintain the confidentiality of people who used the service.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People had their needs assessed across a range of areas, including their mental health, medical history, capacity and social needs. Their care records detailed how their needs were met. Individual care plans were in place for relevant areas such as behaviour, communication, personal care and well-being, and safety.

The care plans we reviewed contained relevant and up to date information required for staff to provide person centred care and support. Person centred means the care and support which is delivered is in line with people's individual needs. Care records were regularly reviewed and staff were able to demonstrate to us they were familiar with people they were supporting.

Electronic records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records where appropriate, relating to behaviour and mood. There were hand over records completed between staff to communicate and share appropriate information. These processes meant staff were able to monitor and respond to any changes in people's needs and well-being.

The home employed two activity staff. One member of activity staff told us they had just begun to plan activities which we saw included plans of where people wanted to go, and what their perfect week would look like. We saw one person who previously had chosen not to go out had been to watch football and rugby matches and been to the races. Another person liked to regularly play a musical instrument and others enjoyed group activities such as bingo and board games which we observed during the inspection.

People were supported to maintain relationships to reduce social isolation. For example, one person was supported by staff to visit a friend every week. Personal visitors were welcomed at the service. One person told us, "I visit my family every Thursday." The provider invited friends/relatives and members of the community to some events held at the service such as BBQ's, summer parties and coffee mornings which gave people the opportunity to develop friendships.

Records of complaints included investigations and details of the action taken to resolve matters. People we spoke with were able to tell us who they would approach if they needed to complain, and told us they felt comfortable to do so.

The registered manager told us that all of people currently living at the home could understand information in the current written format provided, for example the complaints procedure. These could be provided in different formats to meet people's needs if the need arose, for example in large print.

The registered manager told us that none of the people living at the home required support with end of life care.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of good. At this inspection, we found the service had not remained well led.

Benjamin Lodge was required to inform CQC of certain events that happened in the service. We identified that the provider had failed to send notifications in relation to eight potential allegations of abuse. The registered manager implemented a new checklist following incidents of abuse after the inspection to ensure that statutory notifications would be submitted going forward. We are addressing this separately outside of the inspection process.

People and staff felt the service was well run. Throughout the inspection we saw the registered manager speaking with people in a friendly manner. We saw that people knew the registered manager and they responded positively. Comments included, "They are the best manager by far", "The manager is approachable, spends time on the floor and attends handovers" and "[Name of registered manager] has got more people involved with doing activities and we have [Names of activity staff] now, this is better."

Throughout our visit the registered manager gave us unlimited access to documents and records. Staff and the registered manager spoke openly with us about the service and some of the challenges they faced.

Staff told us that culture and communication at the home was good, and that they attended regular staff meetings. Comments included, "I like working here. Morale is good", "The owners do listen" and "It's really positive seeing people improve."

Where improvements were needed the provider and registered manager were aware and actively working to address the issues.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. There were examples where shortfalls had been identified and addressed.

People using the service could express their opinions during their resident meetings. They had also completed a satisfaction survey. We saw some people had suggested a clock and pictures be hung on the walls in the dining room. This had been completed.

We found the provider's recording systems in relation to staff, people and the management of the service were clear and staff and the registered manager easily located information we requested during the inspection.

The provider and registered manager worked closely with external professionals such as mental health teams, healthcare professionals and care management teams to ensure people received joined-up care. The registered manager attended a local authority forum to keep up to date with any developments within the

care sector.

We asked the registered manager what their vision for the future was. They told us, "The organisation is very forward thinking. We want to deliver person centred and realistic care, listening to what people say."