DGSM yourChoice

Benham 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 caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Benham Lodge on 8th and 9th March 2016. Benham Lodge provides accommodation and support for up to 9 people. Accommodation is provided in one large detached building located along a main road. There were nine people living at Benham Lodge at the time of the inspection. Two people had their bedrooms on the ground floor and seven people's rooms were on the first floor. There was a large communal garden to the back of the property, two social communal areas and a kitchen/dining area.

The service provided care and support for people living with autism, Down's syndrome, Williams syndrome and other learning disabilities. There were also people living at Benham Lodge who presented challenging behaviours. The service had a very low turnover of staff. This means that staff got to know the people at the service really well.

The service has a registered manager who is currently going through the processes of being de-registered to take on a new role. There was an acting manager in post who was in the process of registering as manager of the service. The acting manager was working alongside the registered manager and had been in role since 1st February 2016. 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.

We found that people's medicine files were not being updated when people had been prescribed new medicine or when there had been changes in dosage of medicine. This can lead to errors in the administration of medicine to people as the files may not reflect what is actually prescribed.

We found occurrences where people were not being referred to the appropriate health professionals. One person came to Benham Lodge on a specific diet and had not been referred to a speech and language therapist for review. This is a concern because the person had not been reviewed for nearly seven years and there may be a change in the persons need during that time. We highlighted this to management on the day of inspection and an appointment was made for them.

Staff had not reported incidents and accidents consistently. We found that the reporting of seizures for one individual where six different incidents were logged in four different files at Benham Lodge. This means that there is no consistent record for the person and the seizures cannot be accurately monitored or managed.

In care files mental capacity assessments were not being consistently recorded for people and staff lacked an understanding of how to implement mental capacity assessments in practice. The registered manager identified this and all but one member of staff had recently received training on mental capacity assessments. The acting manager had booked the final member of staff on the next available training date. We were told by the acting manager that there would be a review of mental capacity assessments as part of the ongoing action plan.

There was no complaint log at the service. The provider's policy stated that there should be a compliments and complaint log at every location. The acting manager showed us the new system for logging complaints but they could not provide us with a full history of complaints and how these had been managed.

Care plans contained information that was out of date and information was not recorded in a manner that was easy to follow and read. Risk assessments were not always being completed when they were required. We were shown the new layout for the care plans that included clear and easy to follow sections. This had yet to be implemented. The current layout makes it difficult for staff to find information about how they should support people. Important information could become lost as it is difficult to identify. This increases the risk of potential harm of people receiving inappropriate or unsafe care.

People were not always treated with dignity and respect. We found underwear being left to soak in a communal laundry area when there were appropriate washing facilities available to avoid this. We also observed that some staff were not behaving in a way that respected that their working environment was the people's home.
We observed that the environment was well maintained but there were areas that needed improvement. We have made a recommendation about this in our report.

The provider had taken steps to ensure appropriate checks and routine servicing of the building and equipment were undertaken to keep people safe.

Checks were undertaken to ensure staff were safe to work within the care sector. Staff files did not included phot ID. We have made a recommendation about this in our report.
Staff had completed training on safeguarding and knew what action they should take if they suspected abuse was taking place.

People at the service told us that they liked the food and they were given the freedom to choose what they would like at a weekly residents meeting.

Staff had regular supervision sessions and told us the acting manager listened and responded to their concerns and they felt supported. However, appraisals had not been recorded. We have made a recommendation about this in our report.

We heard staff offering clear explanations to people in ways they understood. This reassured the people that were being supported and reduced the risk of any potential confusion or anxiety. Staff were seen to be kind and caring to people.

The service had a group of staff who had worked there for a long period of time. They had an excellent understanding and knowledge of each person living there.

People's families were made welcome at the service. The service user's guide stated that friends and relatives are allowed to visit at any time.

People living at the service, staff and relatives spoke positively about the acting manager. The acting manager showed us a recent internal audit that took place that identified shortfalls with the service and a time frame for when the improvements would be made.

On inspection we found breaches in Regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicine files were not being reviewed regularly and medicine was being incorrectly recorded.

The provider had carried out appropriate employment checks on staff to ensure they were suitable and safe to work with people at risk.

There were effective systems in place to record, investigate and track any safeguarding incidents.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always being referred to health professionals in a timely manner.

Mental capacity assessments were not specific to people's needs.

Is the service caring?

Requires Improvement

The service was not always caring.

The provider had not taken steps to consistently protect people's privacy and dignity.

People received care and support from staff who had detailed knowledge of their individual needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Complaints had not been recorded and collated in line with the providers own procedures.

People's goals were being reviewed but not updated with

information on progress and completion.

People were empowered to make choices to suit their own lifestyle and interests. Peoples rooms were decorated to suit their own choices and reflected there personal interests.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were some systems to assess the quality of the service provided in the home, however not all areas had been considered and systems implemented had not consistently led to service improvements.

Care plans were not kept up to date and were not collated in an effective manner.

At times care and support provided to people was based on staff knowledge rather than being guided by good practice.

Staff said they were supported by management and they were happy working at the service. This was supported by a very low turnover of staff.

Benham 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

We inspected this service on the 8th and 9th March 2016. This was an unannounced inspection. The inspection team consisted of two inspectors.

Prior to the inspection we gathered and reviewed information we held about the service. This included notifications from the service, a pre-inspection questionnaire completed by the registered manager and information shared with us by the local authority. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

We focused the inspection on speaking with people who lived at Benham Lodge, staff and observations that included staff interactions and the general cleanliness and safety of the home. We looked at two care plans, two staff files, staff training records and quality assurance documentation.

We spoke to seven people who lived at the service, four care staff, two relatives, the current registered manager, the acting manager, two relatives and a learning disabilities nurse who works with people at the home. We looked at people's bedrooms, bathrooms, lounge, garden area, laundry room, kitchen and dining area.

Requires Improvement

Is the service safe?

Our findings

People were protected against potential abuse. The registered manager told us that "I can report any safeguarding concerns to the social services, Care Quality Commission or my line manager". A member of staff said "I have received safeguarding training and I would look out for signs of abuse such as physical, emotional, financial abuse and neglect. I would first report my concerns to my manager and if it was not dealt with I would go higher". One relative told us "My relative is safe at Benham Lodge". The service had an effective system in place to recognise, record, investigate and track any safeguarding incidents.

The staffing levels were sufficient at the service and there were processes in place to cover staff during times of leave or unexpected absence. We observed that staff always responded to people when called upon in a timely manner. The registered manager told us that they used a "preferred agency staff list". The service can request which agency staff they want to cover their own staff. This means they can select staff that have knowledge of the service and the people that live there. Staff were protected by an up to date whistle blowing policy and knew where to go if they had concerns. One staff member told us "The acting manager does listen and takes concerns forward. I feel confident to go to him with any work or personal concerns".

We looked at the personnel files for two members of staff. The provider had taken appropriate steps to recruit people who were suitable to work within a care setting. The information included completed application forms, two references and Disclosure and Barring System (DBS) checks. Each file contained a photo of the member of staff on the front but we could not find copies of photo ID. Proof of ID is required for immigration purposes and right to legally work in the UK. We recommend that the provider introduces a system to ensure that all recruitment checks are carried out including assuring themselves of people's identity.

We found that risk assessments were not always being completed when required. In one care plan we saw an epilepsy management plan that identified likely triggers which could lead to people experiencing seizures. However there was no formal risk assessment in the person's care plan regarding how staff should manage this risk. There were risk assessments in place to support the person going swimming and to reduce the risk of choking on food which were reviewed in December 2015. We asked members of staff how they would react if someone were to have a seizure. One member of staff said "That we would move any furniture out of the way and make sure they were comfortable". Another member of staff told us that "They would make sure the person is safe and comfortable. If the seizure was over five minutes then I would call an ambulance. If it was under this time and I was not happy with the way the individual was I would contact the GP". All staff questioned responded in the same way and could identify the potential risks and how they should be managed. However, this was due to their knowledge of the person and training rather than their actions being guided by having up to date risk assessment. The training matrix showed that all staff had completed training on Epilepsy Awareness and this matrix had been reviewed and was up to date.

We looked at the medicines records and processes at the service. The medicine folder showed us that there were daily checks being made by staff and this included a temperature reading of the medicine cabinet. This is important as medication should not be stored below 25 degrees Celsius to ensure it is fit for purpose.

These checks were completed by staff that had the necessary skills and training to perform such tasks.

In the medicine folder we found that individual medication files were not being kept up to date. As a result the information was inconsistent. One individual medicine file stated on the front sheet that a prescribed dose of a medication was to be given to the person. On the Medication Administration Record (MAR) it stated an increased different dose to be given. There was no visible record to show why there had been a change in the dose and when the new amount was first prescribed. We checked the medicine of the individual and the person was receiving the correct dose and there was the correct amount stored in the lockable medicine cabinet. The risk by having inaccurate or conflicting records was that staff could potentially give the incorrect dose. We also found three boxes of paracetamol in a plastic box stored in the place labelled with one person's initials. There was no identification on the boxes as to who these were intended for. The MAR chart stated that the individual should not take any other medicine that contains paracetamol as the person was taking co-codamol. This could have a negative impact on the person as taking additional paracetamol could lead to the person becoming unwell. We reported this to the acting manager who removed the paracetamol from the person's tray and confirmed "This should not be there".

The above is a failure to maintain safe medicine procedures, storage and recording which is a breach of the Health and Social Care Act 2008 Regulation 12 (Regulated Activities) Regulations 2014.

We observed the premises throughout the inspection and we noted some unsafe practices. In the laundry room there was paint being stored underneath and beside an industrial style washing machine, we also saw a commode pot soaking in this room. This is a potential hygiene hazard for people living at the home. We reported this to the registered manager who later had the items removed and safely stored. We also noted on the first floor that there was a light bulb that had blown by a fire exit and a cupboard left open with cleaning equipment in it. Any person living at the home could have obtained these potentially hazardous materials. This was reported to the registered manager. On the second day of the inspection there was no evidence to suggest that this had been actioned. We reported these concerns to the acting manager, who removed the cleaning products and reported the repair to maintenance. We recommend that the provider implements a system for regularly reviewing the environments to ensure safe practices are being implemented for people's safety.
Fire equipment checks were being carried out weekly which included the alarm system and emergency lighting. The fire alarm was being serviced quarterly and there was a 6 monthly full evacuation drill. This is good practice as it can identify any potential risk for people and staff during an emergency evacuation. Documentation was in place to prove that all safety checks and servicing was taking place. There was evidence to prove up to date gas and electrical tests. Portable appliance testing (PAT) was recently completed and no issues identified. Water hygiene checks were completed every month and the most recent was satisfactory. Water temperatures were checked and the provider was following current Health and Safety Executive (HSE) guidelines.

Requires Improvement

Is the service effective?

Our findings

People and their relatives spoke positively about staff. One person told us that "The staff are nice" another person said "The staff are good". One relative told us that "The staff are very friendly". The training matrix showed that staff completed mandatory training suitable for supporting people with a learning disability and this was being monitored by management. The training matrix allowed managers to plan ahead and review any gaps in staff training that required completion. The training included understanding Autism which three staff had recently attended. This training is important to the service because there are people who live there that have Autism. One staff member told us that "I have recently completed my NVQ level 2 in care". The training received was effective as we observed staff using communication techniques that were suitable to the people living at the service. Staff would speak clearly to people and give clear instructions on what they were doing and why.

Staff supervisions took place on a regular basis. Staff told us "We do get regular supervisions and an appraisal once a year". We looked at the staff files which confirmed that regular supervision was taking place for all staff. The staff files did not give any evidence to show that yearly appraisals had taken place. We asked the acting manager but there was no evidence or knowledge that they had been completed. The acting manager told us that he "Could not locate the appraisals". We recommend that the provider implements a system to accurately record appraisals so management can effectively review staff progression and development.

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 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. We checked whether the service was working within the principles of the MCA. In one person's care plan there was a MCA assessment in place for medication and going on holiday. The person was deemed not to have capacity to make a decision about going on holiday. It was documented in the care plan that a best interest meeting took place that was attended by the registered manager, a relative and care manager. It was shown that it was in the person best interest to go on holiday stating the person "Would benefit from new experiences and environment". This demonstrated good practice as it was clear the service had followed the correct procedure that was easy to follow and concluded with a decision that was in the person's best interest.

However, we saw one instance there were two MCA assessments regarding medication within a month of each other in 2015. The first assessment said that the person did have capacity. The second assessment declared that the person was deemed not to have capacity. We questioned this with the registered manager who told us "The first assessment should not be there. At the time of the assessment staff were not grasping mental capacity assessments." This is a potential risk for this person as they may have been incorrectly assessed and this could have gone unnoticed. The registered manager removed the first assessment from the care plan. The registered manager said "Following this we took advice and training was put in place for all staff". The likelihood of this reoccurring is minimised because all staff have now completed training so

there is a better understanding of how to accurately assess mental capacity. The training matrix confirmed that all staff were up to date with training for Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) or were booked to renew their training. We asked a member of staff their understanding of MCA. The member of staff said that "It is a person's capacity to understand a certain decision. We have to consider if a person can communicate and retain information on a specific decision. If the result was that someone did not have capacity any decision made would be in their best interest". Staff did have a clear understanding of the basic principles of MCA and DoLS.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider had followed the requirements in the DoLS. The provider had submitted an application to a supervisory body for the authority to deprive someone of their liberty. There was one person at the service who was being deprived of their liberty that had been authorised by the supervisory body in their best interests. This is implemented by the provider by providing care in all aspects of the person's day to day life. This does include health and personal care, community presence, social inclusion, attending community based activities and to do structured activities within the home.

Staff referred people to health services and people did have support with routine health checks, however, in one case we found that there was no speech and language therapist (SALT) assessment for someone whose care plan stated 'pureed diet'. We reported this to the registered manager who told us that the resident was SALT assessed prior to moving in seven or eight years ago". This is a potential risk to the person as there may have been a change of need during this time. Whilst on inspection a SALT assessment was arranged for the person and dates were confirmed after the inspection.

In one care plan there were documents relating to an operation that was carried out by the NHS. It included images to explain the operation to the person. We spoke to the learning disability nurse who told us that "We provided client friendly information to Benham Lodge. This was used by the staff". This meant the person was provided with information they were able to understand before being asked to consent to the procedure. There were also logs in the care plans stating when appointments took place with healthcare professionals such as GP, optician, dentist and chiropodist. People were being weighed every week and this was being documented in a weight log book. A member of staff told us "That they weigh people every Sunday". We did notice that one person was not getting weighed every week. The member of staff told us "That the person is not very mobile and has difficulty getting on the scales. So we ask before". This shows that staff did seek consent from the person prior to weighing.

Staff communicated well with people and it was clear that people living at the service enjoyed the company of the staff. We observed one person asking staff if they could help preparing dinner. The member of staff agreed and assisted getting the items ready for the person to cut and prepare vegetables. The member of staff gave clear instructions to the person who had a smile on their face along with the member of staff. At the end the member of staff said "Thank you very much for your help", to which the service user replied "You are welcome". The clear instructions supported the person to take part in the activity and also develop food preparation skills. We also observed in a care plan that one person had a communication tool in place. We were shown the communication tool that was located in the person's room which was used to assist with communicating to staff and visitors. The folder was bright with big pictures and words to describe certain areas of that person's life. It included sections on feelings and emotions, personal care, dressing myself, what I would like, body parts to identify where the person may be experiencing any pain or discomfort and how to make a cup of coffee. This means that the person can be more independent as they can communicate more effectively with others.

Requires Improvement

Is the service caring?

Our findings

People and relatives told us that they were happy with the staff and felt supported. One person said "The staff are nice" and that "The staff help me". One relative told us "All the staff are friendly". We observed staff interacting with residents in a positive manner. For example we observed one member of staff offering to paint and file people's nails. During this interaction the member of staff gave clear explanation to the residents on what was being done and obtaining permission before proceeding with each step.

People were not always treated with dignity and respect. For example we witnessed a member of staff roll a cigarette on the dining room table. We also saw a staff member smoke and others talk on their personal phone in the communal garden area. Staff were also observed discussing shift patterns in the communal areas.

We observed that a person's underwear had been left to soak in a bowl in the laundry room. We questioned this practice with the registered manager who told us that "There was a sluice machine and they should not be there" these were later removed. This is a hygiene concern but is also not necessary as the service had adequate washing facilities.

We observed an informal handover taking place in the kitchen when new staff had arrived on shift. During this meeting a member of staff was reminded "Not to forget (person's) sample". The kitchen is a communal area that goes onto the dining area and conservatory. The location does have an office where conversations can take place in private.

These failures to protect people's dignity and respect them as individuals living in their own home is a breach of the Health and Social Care Act 2008 Regulation 10 (Regulated Activities) Regulations 2014.

People had access to their own private space and staff respected this. Each person had a key to their rooms and we were told by the registered manager that "There is a master key in a locked cupboard". This is so if there was an emergency situation the manager or staff could gain access.

People received care and support from staff that had got to know them very well. The staff turnover was low and one relative commented "The staff turnover is low and all the staff have been there for a number of years which gives the home its family feel". One resident told us "Member of staff sat with me when I had an operation on my teeth". This was important to this person because they were worried about the procedure and took comfort that someone they knew would be there. Staff were knowledgeable about things that people found difficult and how they can be affected by daily routines. One member of staff told us "Every person is different and the person I am keyworker for wanted travel training. After progressive training he used the bus independently to get to a local shopping centre. I followed in the car and we met to make sure he was ok and when he was ready to return on his own which he did." This shows that the service and staff take time to assist people to become as independent as they can be.

People were involved in making decisions and planning their own care. We were told by the registered

manager "We involve people with all aspects of running the home. For example people were consulted about decoration of the building recently. People got to pick the colour of the lounge, the carpets and the curtains." One person told us "I helped to pick the carpet". Friends and family are also involved with the decision making process. One relative told us that "On the whole they do include us but it is the person's decision". This has a positive impact on the people living at the service as it is their home and they should be involved in decisions that affect them.

Visitors are welcome to visit people living at the service at any time. There was a clear pictorial guide for residents by the notice board in the communal hallway. The guide included basic information about the service. It includes a statement 'That friends and family are always welcome to visit as and when you wish at any time of the day'. One family member told us that the "Staff are very accommodating when we visit". This contact with family as well as the opportunities people have to go out reduces the risk of people becoming socially isolated.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives were involved in the development of their plan of care. A member of staff told us "We have one to one meetings with residents every month and weekly resident meetings". We looked at two care plans and both contained sections which covered people's wishes, likes and dislikes and personal history. The care plans also included sections on people's physical needs, mental health and communication needs. One care plan stated under the physical needs section "I use a wheelchair for certain activities like going shopping". The care plans did have a lot of repetition throughout. For example one care plan told us that a resident 'likes coffee and ice-cream' in five different sections. The acting manager told us "The care plan is too bulky, too much information and some outdated." We were told by the registered manager that "One to one meetings happen every month with service users to update their care plan". We could not obtain any evidence to support that the care plans were being reviewed on a monthly basis. One care plan was last reviewed 16 December 2015 and the other was last noted being reviewed 20 December 2015. One care plan had a 'my goal' section which was created in 2012 which stated review dates on 27 March 2015 and 10 December 2015 with no updates or changes to the intended goals. One of the immediate goals highlighted in 2012 was to lose weight. We spoke to the registered manager told who said "This is not an appropriate immediate goal". This means that care plans were not completely personalised to individual needs as they were not being updated effectively to reflect changes or review and completion of identified goals which were identified in 2012.

This lack of a system to plan and deliver personalised care is a breach of the Health and Social Care Act 2008 Regulation 9 (Regulated Activities) Regulations 2014.

There were no records of complaints being held on site. The complaints policy, located at Benham Lodge, stated 'when a compliment, comment or complaint is received it must be recorded in the locations compliments, comments and complaints log book. The log book could not be provided on our visit. We spoke to the registered manager who told us "We had a complaint about a year ago regarding homely remedies that was raised by a parent. The complaint went to my line manager. We got the learning disability nurse involved and GP who provided information which suggested that these could be given at any time. This resolved the complaint." We spoke to the learning disability nurse who confirmed that this did take place and it was resolved. However, no documentation could be provided. The service was not maintaining records of complaints. This means that the service would not be able to monitor complaints over time is order to address any trends or areas of risk that may need attention.

The lack of an effective complaints procedure is a breach of the Health and Social Care Act 2008 Regulation 16 (Regulated Activities) Regulations 2014.

The service had on display clear easy to read guidance on how to complain. The guidance included pictures and where to go if people wanted to complain. The guide referred to advocates and gave details of external contacts on the back which included the local authority. An advocate is an independent person who represents the interest of another. The acting manager showed us a new comment and complaints recording form which he intended to use so that all complaints "Can be accurately logged and reported in

the future."

People were supported to maintain their independence and access the community. On the first day of the inspection four people were attending a day centre. One person told us "I really like going to the day centre because I prepare the food". It was observed that when people returned from the day centre they were pleased to see each other and greeted those returning in a polite and friendly manner. One relative told us "My relative has become anxious as there have been a number of changes to the local bus routes. I asked the acting manager if it was possible to assist walking to his destination. The acting manager agreed and suggested that once the routes have been resolved we consider travel training". This has had a positive impact on the person as it effectively manages their anxiety over change and also considers the longer term affect it may have.

People were empowered and supported to make choices to suit their own lifestyle and interests. With permission of the people living at Benham Lodge we viewed four bedrooms. Each bedroom was decorated to the persons preferred choice. It was clear that people were encouraged to pursue their own interests. In one room it was clear that the person was a football fanatic. There was a picture of the person attending a football match. We were told by the person "This was arranged by my keyworker". A keyworker is someone who works on a one to one basis with a specific person. A key worker should coordinate and organise the service to meet the needs to the specific person. In another room it was clear that the person was fond of animals, especially horses. The person told us "I went to Ascot for the day, my keyworker organised it".

People told us they liked the food and were able to make choices about what they had to eat. One person told us the "Food is very good. I choose what I want." Another person told us "I like the food here. I had a corned beef sandwich for lunch." We were told by the registered manager that meetings took place every Tuesday and it was during this meeting when meals are selected. Minutes could not be provided for these meetings but one resident told us "Meetings are on Tuesday when I choose my food. A relative also told us "I have attended the weekly Tuesday meeting". People were regularly consulted about how the service should be provided.

Requires Improvement

Is the service well-led?

Our findings

The recording of incidents and accidents at Benham Lodge had previously been inconsistent. In one care plan we noted an observation checklist for a seizure stating a seizure did take place recently and no other reports could be found. We questioned this with the Registered Manager who told us that "The person did not have seizures often". We looked in the incident and accident report file and there was another observation checklist found for the person reporting another seizure. In the accident report book there was another reference stating an accident had taken place. Also for the same person there was an epilepsy society seizure diary which logged three different seizures during 2015 and 2016. This means we found 6 reports of seizures in four different locations. We spoke to the acting manager on the second day of the inspection who told us that they are now "Using a new system to log any incidents or accidents". We were shown the new system and witnessed recent logs which were being effectively managed and we were assured by the acting manager that these "Cannot be closed until they have an outcome". The acting manager said "There are concerns in the way incidents are reported. Previously staff would fill out a form and leave it in a tray. It was not being put in place straight away and caused unnecessary delay. Everything is now logged straight away on the system". This will have a positive impact on people living at the service because it means that management and staff can easily identify any patterns of concern and each report will require a full investigation before it is closed.

During the inspection we identified concerns with the layout and management of the care plans. The layouts were not always organised with the most recent events first and contained a lot of information that was out of date. The acting manager told us "The care plan is too bulky, too much information and some outdated. I plan on getting the care plans up to date in two months. The new care plans will be reviewed officially every quarter but updated when needed". Appointments with a GP were being recorded but were inconsistent and hard to follow. The records were not clearly identified in the care plan and were not put in any clear order. The acting manager told us that "Professional feedback is poorly recorded". This is feedback supplied to the service from medical professionals such as GP's, physio or nurses. This means that it is hard to find up to date information for the person using the service. Because of the way care plans were organised staff would find it difficult to use the care plans to effectively deliver responsive and person centred care and also to know the most up to information about each person's medical conditions. This is a potential risk that staff could inadvertently deliver unsafe or inappropriate care based on inaccurate information and guidance.

There was evidence to show that audits were taking place for fire, environmental health and medicine management and administration. However, we found evidence to show that the recommendations in these audits were not always being implemented. The Kent Community health Environmental Audit completed on November 2015 recommended that lighting be improved in the communal areas. This had not been done and we had found a bulb out of use near a fire exit. A fire risk assessment took place July 2015 and is due to be reviewed July 2016. It stated that fan heaters should not be used as they presented a moderate risk. We observed fan heaters being used in the dining room during the inspection. The fire risk assessment also recommended that old kitchen worktops be removed from the side exit as they partially blocked access out of the service in the event of a fire. This recommendation had not been implemented. An audit had been

undertaken by the pharmacy which identified some actions which had not been addressed by the provider. The audit stated that Benham Lodge should use labels to mark the date of opening and expiry. We found a barrier cream which was opened with no clearly visible open date and expiry date recorded on it. The audit also states that co-codamol that is used as needed (PRN) did not have adequate information to allow staff to make informed decisions to offer or administer this to people. We could not see any evidence to show that this had been implemented.

The failure to operate an effective quality monitoring system which recognised areas for improvements and led to action. Along with a failure to maintain accurate and up to date records relevant to each person and the operation of the service is a breach of the Health and Social Care Act 2008 Regulation 17 (Regulated Activities) Regulations 2014.

Benham Lodge management team did act on one recommendation made by the pharmacy audit. One person had a specific medication twice a day but also a conflicting medication as a PRN. This posed a potential health risk to the person. The Registered Manager removed this on the day. The acting and registered manager also acted appropriately when we pointed out shortfalls; however they had not identified all of these themselves during through their quality monitoring.

We were shown the new layout for care plans which had not yet been implemented. It included a clear layout with each section split in to sub-sections. For example there is a section on health that is split into 16 sub-sections that include Medicines, Health specialist information, Eyes and eyesight, health history and weight. The acting manager told us he plans to have all the care plans converted to this new system "Within two months". This will be positive to the whole service because it will provide easy to follow and read care plans that staff will be able to update efficiently. It will be easier for staff to identify and remove information that is out of date so each person's care plan is a true reflection on them.

An internal Audit has recently taken place with the acting manager. This plan highlighted the shortfalls of the service and identifies a suitable time frame for each shortfall. For example the audit covers the shortfalls with PRN protocols in the MAR file and that these needed to be reviewed at least every six months. It also states that all medication and other incidents to be logged in the quality file. Signing sheets needed to be put in place for all policies and procedures. It also highlighted that 'The files don't appear to be in any order and it's not easy to follow through on health conditions and recording'. It also states that goals need to be discussed with service users where possible and put in place. The audit also identified the shortfalls in the complaints process and that there are 'no feedback questionnaires in the quality file. The acting Manager had started to address the shortfalls by implementing new procedures to document any incidents. This audit had only been completed a few weeks prior to inspection and the acting manager was still within the time frames set out to update care plans and all other shortfalls identified.

Staff meetings took place at Benham Lodge. The last recorded staff meeting took place on the 7 October 2015 during which staff suggested that there should be more house activities such as arts and crafts. The provider had acted on this and house activities were observed to be taking place on the day. There was another staff meeting 25 January 2016 which was not recorded to introduce the new manager to the service. Although we found that people, relatives and staff did have formal and informal opportunities to share their views about the service we were not provided with any surveys undertaken by relevant persons and other persons. This could indicate that there is a lack of adequate consultation to improve the service and is an area for improvement.

The staff and people said that they were happy with the acting manager. We were told by one member of staff that the acting manager is "Approachable" and "He always has time for you". It is clear that the acting

manager at Benham Lodge has an open door policy. We observed both staff and people going to the office with any problems they may have. For example one person went to the office as they were worried about travelling to the coast. The Registered Manager sat with them and went through a route planner which was printed off and handed to the person. The registered manager then reassured them "There would be options for lunch. You may take a packed lunch or you may all have fish and chips". It was clear from the observation that this made the person happy and he left the office calmer. The acting manager was also observed as being approachable and it was clear that people and staff were happy to speak to him. When the acting manager arrived on the second day of the inspection he was greeted positively by both staff and people using the service. One relative told us that the acting manager "Is approachable, I have been emailing him and he promptly replies". This is consistent with the feedback from the registered manager that the culture at Benham Lodge is "Very open, caring and happy. Service users are at the heart of the service".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was no system for ensuring that an assessment of the needs and preferences for care and treatment of the service took place collaboratively. Regulation 9 (3)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Service users were not being treated with dignity and respect at all times. Regulation 10(1)(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was not ensuring safe and effective processes for the proper and safe management of medicines. Regulation 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 16 HSCA RA Regulations 2014

personal care	Receiving and acting on complaints The registered person had not established and operated an effective system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to carrying on of the regulated activity. Regulation 16 (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not established effective systems and processes to assess, monitor and mitigate risk relating to the health, safety and welfare of service users. Maintain an accurate, complete and contemporaneous record in respect of each service user. Evaluate and improve their practice in respect of their audit and governance systems. Regulation 17 (2)(b)(c)(f)