

Choice Support

Benham 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

About the service

Benham Lodge is a residential care home providing personal care and support for up to 9 people who have a diagnosis of learning disability and autism. At the time of our inspection there were 8 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

The people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect the person from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff placed the people's wishes, needs and rights at the heart of everything they did.

People and those important to them, including advocates, were involved in planning their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was Good, published on 5 December 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Benham Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

Benham Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Benham Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We contacted and received feedbacks from healthcare professionals about the service. We contacted Healthwatch (Healthwatch is an independent consumer champion that

gathers and represents the views of the public about health and social care services in England). Healthwatch confirmed that they had not received any comments, concerns, compliments or complaints regarding this service.

We used all this information to plan our inspection.

During the inspection

We spoke with 3 people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 3 support workers and the registered manager.

We reviewed a range of records. This included 3 people's care records and health care records. We also looked at 3 staff files including their recruitment and supervision records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service under a new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Our observation showed that people were safe in the service. People were comfortable and relaxed around staff. One person said, "I do feel very safe here."
- A relative said, "Yes she is safe. They keep their eyes on her and support her." Another said, "Definitely safe in the home, has lived there since it opened."
- Safeguarding processes were in place. The risks of abuse were minimised because staff were aware of safeguarding policies and procedures. A member of staff said, "It is about protecting people from harm or abuse. If I suspect abuse, I will inform my manager first or I can report to higher up management." Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and continued to report them internally and externally, where appropriate.
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence. Individual risk assessments included risks related to; going out in the community, nutrition and hydration and health needs such as an epilepsy seizure.
- People were protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks, such as gas safety checks, had been carried out.
- Each person had a personal emergency evacuation plan (PEEP) which was person-centred and was regularly reviewed and updated. There were contingency plans in place and staff were aware of what to do in the event of an emergency.
- The provider learned lessons when things had gone wrong and managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. For example, lesson learnt from an incident resulted in staff being trained in positive behaviour support.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. We observed staff had time to spend individually with people and knew everyone very well.
- The provider operated safe recruitment processes. Records showed that checks had been completed

using the Disclosure and Barring Service (DBS) before they started work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References had also been received by the provider for all employees.

Using medicines safely

- People were supported to receive their medicines safely. The provider adhered with STOMP guidance. STOMP stands for stopping over medication of people with a learning disability, autism.
- Medicines were stored safely in a temperature controlled room.
- The registered manager and staff followed safe protocols for the receipt, storage, administration and disposal of medicines.
- PRN (as required) protocols were in place and staff followed them. People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- A healthcare professional told us, 'I have visited the home recently to administer all the residents and several members of staff with their COVID and Seasonal Flu vaccines.'

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service under a new provider. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Support plans were kept under review and amended when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff had attended training considered mandatory by the provider. Staff confirmed training they undertook was useful for their role. Specialist training was provided for staff. This included how to provide positive support to people by increasing their communication techniques and coping strategies.
- The service checked staff's competency to ensure they understood and applied training and best practice. For example, medication competency checks were carried out before staff could administer medicine to people.
- Staff had received learning disability training as part of their induction. However, the registered manager told us, "We have enrolled our staff to complete the Oliver McGowan training." This training aims to save lives by ensuring the health and social care workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability. This was being rolled out to staff to complete in the coming months.
- Staff continued to have regular supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Staff told us a referral would be made to healthcare professionals if they had any concerns about anyone losing weight. The registered manager worked with healthcare professionals in meeting people's nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to maintain good health. Staff ensured people attended scheduled health appointments and check-ups such as with their GP or consultant overseeing their specialist health needs.
- People's individual health plans set out for staff how their specific healthcare needs should be met. For example, guidance on how people with epilepsy should be supported were documented and followed by staff. People's oral healthcare needs were assessed and supported with visits to the dentist based on their assessed needs.
- People were supported to live healthier lives, access healthcare services and support.
- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed. A healthcare professional told us, 'Staff are always accommodating and are regularly in touch with our surgery to maintain the health and well-being of all the residents. All of the residents are referred to us in a timely and appropriate manner, ongoing care concerns discussed in full and actioned as appropriate.'
- There was a close working relationship with the local authority professionals. The provider sought advice from appropriate professionals where the service needed further support in meeting people's needs. This included the local GP and the local speech and language therapist (SALT) team, demonstrating the provider promoted people's health and well-being.
- A healthcare professional told us, 'The manager, discusses all health concerns with us in detail and will contact the surgery for advice on health and well-being as soon as she is made aware of any issues.'

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design and decoration of the premises.
- The kitchen and dining area were spacious and fully accessible to people. People had free access to a large garden and all areas of the service.
- People's rooms were personalised to suit their tastes and needs. For example, one person's room was decorated with teddy bears which was their choice.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- People's consent and ability to make specific decisions had been assessed and recorded in their support plans.
- Where people lacked capacity to make certain decision such as healthcare, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests.
- Staff had received training in MCA and DoLS and understood their responsibilities under the Act. People who lived in the service had been assessed and DoLS had been appropriately applied for and authorised.
- Staff gave us examples of ensuring people were involved in decisions about their care. Care records

evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. The registered manager and staff respected people's decisions. A relative said, "She is allowed to choose. For example, she chooses her clothes when given the option."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service under a new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported by kind and caring staff.
- A relative said, "Yes, they (staff) are generally caring. She is quite happy there."
- People were well matched with their designated support workers and as a result, people were at ease, happy, engaged and stimulated.
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality. Staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care.
- People were given time to listen, process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication. In addition to this, people were supported to access independent, good quality advocacy.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff knew when people needed their space and privacy and respected this. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. Records were kept securely so that personal information about people was protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service under a new provider. This key question has been rated good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. A relative said, "They are good at meeting her needs very well."
- Support plans covered all aspects of people's daily living, care and support needs. Support plans were personalised and each person's preferred personal care routines were detailed incorporating their preferences and skills as to what they could do for themselves. For example, development of daily living skills, such as house keeping and cooking.
- People's preferences were met, for example, gender of staff were identified and appropriate staff were available to support people.
- Detailed daily records were kept by staff. Records included personal care given, well-being and activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported.
- People's support plans were in easy read or pictorial formats and people were able to understand them.
- Support plans contained information about how people communicated and things that would make them anxious. All staff knew people well and made sure that people were supported to have a good day. We observed staff communicating with people in their preferred manner such as gestures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. The service involved the person and their families when providing care and built strong relationships with them.
- People were supported to access the wider community by staff. Staff had taken the time to find out what services and activities were available in the local area to give people the opportunity to choose something that interested them.
- Care plans included the person's likes and dislikes, so staff understood what was socially and culturally important to them.

- People told us staff encouraged them to pursue their interests and participate in activities that were important to them. One person said, "I go to the day centre that I like going to."
- People had access to the community facilities such as the local parks.
- A healthcare professional told us, 'The home itself caters for the residents wonderfully, there is a real 'family' atmosphere at the home, residents are involved in activities and when I visited last week there were Halloween decorations on the walls and a party was being arranged.'

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. A relative said, "I have raised some concerns before and they were acted on by the manager."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place and recorded in their support plans, others had preferred not to discuss these.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service under a new provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. Members of staff, people and relatives told us the registered manager was approachable. Staff told us that management had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "I have been working here for many years. The registered manager manages the home in a good way with a good staff team. We work together as a team and communicate with each other." Our observation showed that staff interacted in a friendly and supportive way with each other.
- The provider had systems to provide person-centred care that achieved good outcomes for people. A relative said, "We are quite happy with the way she is looked after. She likes being there and comfortable. She always wants to get back there. She calls it 'home'."
- A healthcare professional told us, 'In my opinion, the home is well run, with caring and compassionate staff members who have the residents' best interest at the forefront of their service.'
- There was a positive focus on supporting people to communicate and express their views. We observed that the person had responded in a positive way to the use of signing. A healthcare professional told us, 'Staff listen to the wishes of my client.'
- Registered manager and staff promoted equality and diversity in all aspects of the running of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- There was a clear management structure at Benham Lodge. Staff took on different responsibilities within the service. For example, there was a key worker system and some staff were responsible for daily, weekly and monthly checks.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed relatives and healthcare professional as appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The registered manager completed regular audits for all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the

registered manager. Areas audited included number of staffing, environment, infection control, support plans, health and safety and medication.

- The provider and registered manager understood the responsibilities of their registration. Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service following a change of provider, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on the providers website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Communication within the service was facilitated through staff meetings and management meetings. Areas of discussions included medication, documentation and staff training. Feedback from the meetings continued to be used to improve the service provision.
- The provider had systems in place to receive feedback about the service, including surveys. These were sent to people living at the service, staff, health and social care professionals and relatives. Feedback received showed that people were satisfied with the service provided.

Continuous learning and improving care; Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received.
- The management team kept up to date with best practice and developments. The management team had built strong links with other local registered managers and providers who they gained support and advice from.
- The management team had signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and registered managers outside of the organisation.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The provider and registered manager worked in partnership with other stakeholders such as funding authorities and other health professionals such as the local GP, the community learning disability team, the SALT (Speech and Language Therapy Team), and the mental health team to ensure people received joined up care.