

Mrs Pam Bennett

# Benthorn Lodge

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 04 August 2015.

At our previous inspection on 26 and 27 February 2015, we found that the provider did not have suitable arrangements in place to manage medicines; they did not store them safely, and did not administer them to people in line with the prescriber's instructions.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that there was insufficient numbers of staff to meet peoples assessed needs.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our previous inspection we found that the care provided to people did not always match what was recorded in people's care plans. We saw that people were not always offered choices on a day to day basis about their care. We also found that decisions about people's routines were not always in line with their preferences and were not person centred but task-led.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Summary of findings

In addition, we found that there was not an effective system in place to assess and monitor the quality of service that people received.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan to address the shortfalls and to inform us when compliance would be achieved. During this inspection we looked at these areas to see whether or not improvements had been made. We found that the provider was now meeting these regulations.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for 'Benthorn Lodge' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Benthorn Lodge provides care and support for up to 20 older people who are physically and mentally frail. There were 16 people living at the service when we visited.

Improvements had been made to the management of medicines. Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staffing numbers had been increased and there were appropriate numbers of staff employed to meet peoples assessed needs.

People received care and support from staff that was personalised and responsive to their needs. They had been empowered to make choices about every day decisions in relation to their daily routines.

We saw that people were encouraged to have their say about how the quality of services could be improved and commented positively about the registered manager's leadership skills. .

Improvements had been made to the quality assurance systems to obtain feedback, monitor performance and manage risks. These were still in the early stages of development and had not yet been embedded to ensure good governance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service has not been consistently safe.

Systems for the management of medicines had been improved and were safe; protecting people using the service.

Increased staffing arrangements meant there were sufficient staff to meet people's needs.

This meant that the provider was now meeting legal requirements.

While improvements had been made; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires improvement**



### Is the service responsive?

This service has not been consistently responsive.

People received care and support from staff that was personalised and responsive to their needs.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

**Requires improvement**



### Is the service well-led?

This service has not been consistently well led.

Improvements had been made to records management and quality assurance systems used to monitor the quality of the service.

Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires improvement**



# Benthorn Lodge

## Detailed findings

### Background to this inspection

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

We undertook a focused inspection of Benthorn Lodge on 04 July 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 26 and 27 February 2015 had been made. We inspected the service against three of the five questions we ask about services: Is the service safe, Is the service responsive and Is the service well-led. This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by two inspectors, one of whom was a pharmacy inspector.

Prior to this inspection we reviewed information we held about the service. This included the provider's action plan, which set out the action they would take to meet legal requirements. We also reviewed statutory notifications that had been submitted. Statutory notifications include

information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during the mid-day meal and during individual tasks and activities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who used the service in order to gain their views about the quality of the service provided. We also spoke with three sets of relatives, three care staff, a visiting healthcare professional, the chef, the registered manager and the quality manager for the service, to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and two staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

During our previous inspection we found that the provider did not have suitable arrangements in place to manage medicines safely; they did not store them safely, and did not administer them to people in line with the prescriber's instructions.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had followed their action plan, and improvements had been made. One person told us, "Yes I have my tablets. They know what I take." One relative told us, "Sometimes I am here when they give out the tablets. It's all carried out very efficiently. We don't have any concerns."

A staff member told us, "Yes, I have had training to give medication. We have had a lot of changes to the way we do our medicines. It's much better."

During this visit we looked at the storage of medicines and at records of medication relating to six of the 16 people using the service. We found that there were suitable arrangements in place to record when medicines were received, given to people and disposed of. There was a current medicines policy in place, and staff had signed to confirm they had read it. An electronic Medication Administration Record (MAR) system was in use, which supported staff to administer medicines at the prescribed time and prompted them to make a record. The records were consistent with the stock of medicines remaining. When a person did not want to take a dose of medicine, the dose was stored separately and clearly documented.

The manager told us, and training records confirmed that staff had received recent training on the safe use of medicines. The manager had assessed the competency of staff to administer medicines, and only those who were assessed as competent were given access to the medication record system.

There had been an improvement in the storage of medicines. We saw that medicines were stored securely; including the times the medication trolley was taken to the

dining room to administer medicines. There was a record of the temperatures of the areas where medicines were stored and these were within acceptable limits and maintained the quality of medicines used. The only medicines in stock were those currently in use.

During our previous inspection we found there was insufficient numbers of staff to meet people's needs. We found this was having an impact on people who used the service.

This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had followed their action plan, and improvements had been made. One person smiled when we asked them if there were enough staff and said, "Yes they are all here. Lots of them." Relatives were positive with the staffing arrangements at the service. One relative told us, "Staffing has improved. There are always enough staff here."

Two staff members said they felt there were enough staff to meet people's needs. One member of staff told us, "The new manager helps if we are having a busy morning. Staffing has been organised a bit better."

A visiting healthcare professional felt that staffing was better than it had been previously and this had made a difference to the service. They said, "I can always find a member of staff to assist me if I need it. Staffing is better and the staff team are more informed about the service users."

The registered manager told us if people's needs changed additional staff would be provided. They said, "If our numbers increase we will review our staffing levels." The quality manager showed us a dependency tool used to assess whether people had high, medium or low needs and how many staffing hours were required to meet those needs. Our observations confirmed that there were sufficient staff members on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. The staff rota we looked at confirmed that the agreed staffing numbers were provided.

# Is the service responsive?

## Our findings

During our previous inspection we found that the care provided to people did not always match what was recorded in people's care plans. We saw that people were not always offered choices on a day to day basis about their care. We also found that decisions about people's routines were not always in line with their preferences and daily routines were not person centred but task-led.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had followed their action plan, and improvements had been made. One person told us, "I can have a lie in bed in the mornings." The three relatives we spoke with were positive about the care their family members received and one said, "My [relative] is so much better. The care they receive is very good. Their mobility has improved and they are more alert. My [relative] just looks better." A second relative said, "The care has improved, and I hope it stays like this. I have been to one review about my [relative's] care. It was nice to be listened to." A third relative spoke with us at some length about the care and support their family member received. They told us their relative had been in hospital recently, and staff from the service regularly visited them. The relative said, "We were all touched by the kindness of the staff when they set up a Skype connection, enabling my [relative] to see and speak with their friends at the home." They also told us, "My relative was delighted with the

hospital style bed, purchased specially for them when they arrived back at the home." They continued to tell us, "Without the kindness, support and knowledge of the staff we would be lost. I can't thank them enough. They have done everything right for my [relative]."

Staff were knowledgeable about the people they cared for and were aware of their likes, dislikes and preferences. One staff member told us that some people requested to have a cup of tea in bed and then wanted to stay in bed until late morning. We saw this in practice on the day of our visit. One person came down to the dining room, late morning, after requesting a lie-in. We found that people had been empowered to make choices about every day decisions in relation to their daily routines. For example, when to get up and go to bed, what to wear, what to eat and where to go. One staff member told us, "At a staff meeting we raised concerns that the night staff expected people to be in bed when they arrived on shift. It was agreed that people can go to bed when they want." We looked at the minutes of the staff meeting that confirmed this.

Records we looked at contained an assessment of each person's needs and these had been completed before the person moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. We found that people's care plans had been reviewed and improved. Each care plan we looked at was detailed we saw that records were up to date and well maintained. We saw that family members had been asked for information about people's personal histories, interests and past hobbies.

# Is the service well-led?

## Our findings

During our previous inspection we found that the home did not effectively monitor the quality of people's care and health and safety aspects of the home.

This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

At this inspection we found that the provider had followed their action plan, and improvements had been made.

The service had a registered manager in post in accordance with their legal requirements, who offered advice and support. People told us they knew who the new registered manager was and that they liked them. One person told us, "She's a lovely person." Relatives we spoke with were positive about the new manager. One told us, "The new manager is really on the ball." A second relative commented, "Both managers have been very kind. They keep us up to date with activities at the home and they have also supported us through a difficult time." A third relative said, "I like the changes. They are for the better. Communication has improved and it feels more professional, but relaxed."

Staff were positive about the leadership and management at the home and the improvements made. One staff member said, "Both managers are approachable and [manager] is amazing. We get a lot of support from both of them." Another staff member told us, "The manager is approachable and always available for a chat."

Staff told us regular meetings were held and they were able to contribute and make suggestions. They confirmed suggestions they had made, were acted on. We saw there were regular staff meetings, daily written handovers and staff had been provided with regular supervision meetings. Staff told us they felt able to speak openly, and one staff member commented, "I have raised ideas at staff meetings and they have been acted on." They told us they felt valued

and appreciated for the work they did by the registered manager and the quality manager. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the home and to question practice. They said that they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns.

We saw the registered manager was visible and accessible to people in the home and people knew them by name. Staff told us the registered manager was approachable and they felt they could take any issues to them. We spoke with the registered manager who demonstrated to us that they knew the details of the care provided to people. This showed they had regular contact with the staff and the people living in the home.

People and their relatives were encouraged to comment and make suggestions about the service, through surveys, complaints reviews and monthly meetings. There was also a suggestion box in the main hallway that people could use anonymously if they wished. We saw that surveys had recently been sent out, but not all had been returned. The quality manager told us that when they had been received, they would collate the information and produce a service improvement plan to action any areas that needed improvement.

We saw that a variety of quality audits were completed on a monthly basis. The analysis of the results of the audits was discussed with staff through training, supervisions and staff meetings to identify improvements that could be made to make the service safe and effective. There was a system in place to ensure when accidents and incidents occurred they were investigated by the manager. If areas of poor practice were identified these were addressed with the staff team to ensure lessons were learnt and to minimise the risk of recurrence.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.