Healycare Limited

Benjamin House

Inspection report

41-43 Ormerod Rd
Burnley
Lancashire
BB11 2RU

Date of inspection visit:
04 July 2018
05 July 2018

Date of publication:
04 September 2018

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

We carried out an unannounced inspection of Benjamin House on 4 and 5 July 2018.

Benjamin House is a 'care home', which is registered to provide care and accommodation for up to 10 adults with mental ill health. People in care homes receive accommodation and nursing care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Nursing care is not provided. At the time of our inspection, eight people were using the service.

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

At our last inspection in the service was rated 'Good' overall. However, we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the provider not having proper oversight of Benjamin House, including a lack of effective systems for checking and improving the service. At this inspection we found sufficient improvements had been made.

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

We found there were management and leadership arrangements in place to support the effective day to day running of the service. The registered manager had made some improvements and the provider was monitoring the service.

People told us they felt safe at the service. Staff were aware of the signs and indicators of abuse and they knew what to if they had any concerns. Staff had received training on supporting people safely and abuse and protection matters.

Processes were in place to make sure all appropriate recruitment checks were carried out before staff started working at the service.

There were enough staff available to provide care and support; we found staffing arrangements were flexible and kept under review. Systems were in place to support ongoing staff training and development.

There were some good processes in place to manage and store people's medicines safely. We found some improvements were needed with record keeping, this was put right during the inspection.

Systems were in place to maintain a safe environment for people who used the service and others. Processes were in place to maintain hygiene standards and the areas we saw looked were clean.

Arrangements were in place to gather information on people's needs, abilities and preferences before they used the service. They were encouraged to visit, to meet with other people and staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and processes at the service supported this practice.

We found people were effectively supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to. People were offered opportunities and encouragement with physical exercise.

People were satisfied with the meals provided at Benjamin House. People were actively involved with planning menus, which meant they could make choices on the meals provided.

People made positive comments about the care and support they received from staff. We observed positive and respectful interactions between people who used the service and staff.

Each person had a care plan, describing their individual needs and choices. This provided guidance for staff on how to provide support. People had been involved with planning and reviewing their care.

People's privacy, individuality and dignity was respected. They were supported with their hobbies and interests, including activities in the local community and keeping in touch with their relatives and friends. People had opportunities for skill development and confidence building.

There were processes in place for dealing with complaints. There was a formal procedure to manage, investigate and respond to people's complaints and concerns. People could also express concerns or dissatisfaction during their care reviews and during 'house meetings.'

There were systems in place to consult with people who used the service and staff, to assess and monitor the quality of their experiences. Various checks on quality and safety were completed regularly.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has improved to Good.	**Good**

Benjamin House

Detailed findings

Background to this inspection

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

We visited Benjamin House on 4 and 5 July 2018 to carry out an unannounced comprehensive inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team, the local authority safeguarding team, commissioners of care and care coordinators for their feedback about the service. The provider sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit, we spent some time with people, observing the care and support being delivered. We talked with five people who used the service about their experiences of their care. We talked with three support workers, the interim deputy manager, the cleaner, the registered manager and a visiting care coordinator.

We looked at a sample of records, including two care plans and other related care documentation, two staff recruitment records, training records, menus, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Good

Is the service safe?

Our findings

The service protected people from abuse, neglect and discrimination. All the people we spoke with indicated they felt safe at the service. Their comments included, "I feel safe at night, knowing someone is here," "Yes I feel safe here" and "The staff are nice with me." We did receive some comments about how the behaviours and actions of others had impacted upon people's experiences at the service. One person said, "The staff do their best to say we have mental illness and I can always go in my own room and lock the door." We observed examples where staff positively and sensitively responded to specific behaviours and used their tact and diplomacy to defuse matters.

Prior to the inspection, we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. We found the registered manager had appropriately liaised with the local authority. Processes were in place to record and manage safeguarding matters, including the actions taken to reduce the risks of re-occurrence. Staff spoken with expressed an understanding of safeguarding and protection. They described what action they would take if they witnessed or suspected any abusive practice. Staff had received training and guidance on adults at risk. They were aware of the reporting procedures. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. There was a whistleblowing (reporting poor practice) policy in place, which encouraged staff to raise any concerns.

Risks to people's individual safety and well-being were assessed and managed. Individual risk assessments and risk management strategies were in place to guide staff on minimising risks to people's wellbeing and safety. The risks assessed included, behaviours, mobility, physical health, family/social contact, mental health, self-neglect, aggression and community activities. Processes were in place to review and update individual risk assessments. We noted specific examples where people's risk assessments had been revised and updated in response to their changing needs and lifestyle choices. One member of staff commented, "We are all aware of the risk assessments. Everybody is involved. We discuss them quite a lot."

People were supported with the proper and safe use of medicines. Since our last inspection improvements had been made with providing a more person centred approach to medicines management. People were satisfied with the arrangements in place. They said, "I take my medication, staff support me but I'm fully involved," "I know about my medicines staff remind me to take them" and "I'm aware of my medication." We observed people being supported to take their medicines in a safe and respectful way.

Appropriate and safe storage facilities were provided for people's medicines. The medicines administration records (MAR) we reviewed were mostly appropriately kept, complete and accurate. We noted some recent unexplained gaps on MAR charts which meant it was not always clear the medicines had been administered. However, the registered manager took action to pursue and rectify this matter. We found there were individual protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols were important to ensure staff were aware of the individual circumstances this type of medicine needed to be administered or offered. We suggested ways of providing a more person centred approach with MAR charts/protocols and the registered manager proactively revised the systems in

place.

The service had medicine management policies and procedures which were accessible to staff. Records and discussion showed staff providing support with medicines had completed training and further training had been arranged. There were processes in place to assess, monitor and review staff competence in providing safe and effective support with medicines.

Staff recruitment procedures protected people who used the service. We reviewed the recruitment records of the two newest recruits. Character checks including, identification, references and qualifications and employment histories had been appropriately carried out. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. New employees completed a probationary period to monitor their work conduct and competence. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.

The deployment of staff kept people safe and met their needs. People spoken with did not express any concerns about the availability of staff at the service. Their comments included, "There are enough staff; they are there if I need them" and "It's good having staff around at night, they are always there to help." The registered manager told us staffing levels were flexible in response to people's needs, lifestyles, appointments and activities. Staff spoken with considered there were usually enough staff available to provide safe support. One told us, "There are enough staff at the moment, they always try to cover the shifts." Arrangements were in place to provide ongoing management support, including on call systems for evenings and weekends. We discussed with registered manager, ways of reviewing staffing arrangements to meet people's changing needs and choices.

Processes were in place to help maintain a safe environment for people who used the service and staff. We found health and safety checks had been carried out. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas safety, electrical wiring and fire extinguishers. Fire drills and fire equipment tests had been carried out and records showed fire procedures were discussed with people at the house meetings. There were accident, fire safety and contingency procedures available at the service. We saw that people's care records were managed safely. Personal information and staff files were stored securely in the agency's office and were only accessible to authorised staff.

People were protected by the prevention and control of infection. The areas we saw were clean. There were cleaning schedules and recording and checking systems to maintain hygiene standards. Records and discussion indicated staff had completed training on infection control. There was a member of staff with designated responsibility for cleaning. A new infection prevention and control audit had been introduced, to ensure effective checks were carried out and action taken to make improvements.

Good

Is the service effective?

Our findings

Most people we spoke with indicated satisfaction with the care and support they experienced at Benjamin House. They said, "Things are fine," "It's the first time I have settled somewhere" and, "It's okay."

People's needs and choices were assessed and their care and support delivered to achieve effective outcomes. The registered manager described the process of assessing people's needs and abilities before they used the service. This involved meeting with the person and gathering information from them and relevant others. One person told us, "[name of registered manager] came to see me in hospital. She asked lots of questions." People were encouraged to visit the service. This was to support the ongoing assessment and provide people with opportunity to experience the service. The admission process took into consideration the person's compatibility with people already accommodated.

We looked at how consent to care was sought in line with legislation and guidance. During the inspection we observed staff consulting with people. They involved them in routine decisions and sought their agreement when providing support. One person commented, "They always involve me with things." People spoken with were aware of their care records and had signed in agreement with them. They also had signed consent agreements and contracts which outlined the terms and conditions of residence. One person explained, "I am aware of my care plan I have signed it."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions or authorisations to deprive a person of their liberty were being met. The 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that people at the service had capacity to make their own decisions, also that care coordinators took a lead role with people's capacity assessments. Processes were in place to assess people's capacity to make their own decisions and the specific support to be provided, this was kept under review. Staff spoken with were aware of their role to provide support in the least restrictive way possible. One person told us, "The staff have helped me make decisions." Policies and procedures were available to provide guidance and direction on meeting the requirements of the MCA.

People were supported to live healthier lives; they had access to healthcare services and received ongoing healthcare support. Physical fitness needs had been included in the care plan process. People were offered the opportunity for, and encouragement with physical exercise. Some people described the support they were receiving with healthier lifestyle choices and general well-being.

People had access to health care professionals when needed, they told us staff supported them with appointments. They said, "I have healthcare appointments, eye test and foot care," "I have been to the GP for a check-up" and "I had an appointment at the hospital last week." Medical histories and health conditions, including mental and physical needs, were included in the care planning process. There were 'health checks assessments' and 'staying well plans.' Health and well-being was monitored and reviewed. This meant staff could identify any areas of concern and respond accordingly. There were 'hospital passports' for sharing information when people accessed other services.

People were supported to eat and drink enough to maintain a balanced diet. We asked people about the meals, their comments included, "The food is alright," "The food is nice" and "If you don't want something, or don't fancy it, they offer something else." We observed people making drinks and snacks for themselves. The week's menu was on display; this had been discussed and agreed with people. One person explained, "They ask us during the meetings what we want on the menu." Eating a healthy balanced diet was encouraged, one person said, "They have talked to us about healthy eating". Records were kept of people's dietary needs, likes, dislikes and general food consumption. People's weight was checked at regular intervals, this helped to monitor risks of weight loss or gain and support people with their diet and food intake. GP's and dieticians were liaised with as necessary.

We reviewed how are people's individual needs were met by the adaptation, design and decoration of premises. People spoken with were mostly satisfied with the accommodation. They told us, "I am happy with my room," "I like my room its fine for me" and "Its comfortable here, I have everything I need." There was a communal lounge and a dining kitchen with conservatory. People had access to the yard to the side of the premises and garden area to the front, garden furniture was provided. We noted new furniture had been provided in the lounge. We were told plans were in place to upgrade the kitchen and provide new floor coverings in consultation with people using the service.

We reviewed how the service used technology to enhance the delivery of effective care and support. Some people had been supported individually to make positive use of their computers and smart phones. The service did not have internet access or a computer for people who used the service and staff to access, however we were told by the registered manager this provision was being considered.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. Records and discussion showed arrangements were in place for staff learning and development. Processes were in place to support an induction training programme for new staff, which included the completion of the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

The registered manager said the service had recently changed training providers and learning and development was ongoing. Staff told us they had completed training to help ensure they understood people's needs and were able to provide effective support. There were examples of certificates confirming the training in staff files. There was a record of all training completed by staff and when refresher training was due. Staff were enabled to attain recognised qualifications in health and social care. Most staff had either attained a Level 2 or 3 NVQ (National Vocational Qualification) in care, or were working towards a level 2 or 3 QCF (Quality and Credit Framework) diploma in health and social care.

Staff spoken said they received one to one supervisions with a member of the management team. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Processes were in place for staff to receive an annual appraisal of their work performance; this included a self-evaluation of their skills, abilities and development needs.

Good

Is the service caring?

Our findings

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. People spoken with made positive comments about the staff team and the care and support they received. They said, "The staff are alright" and "The staff are nice, friendly and caring." We observed some tactful and respectful interactions between people using the service and staff. Staff showed understanding and consideration when responding to people's support needs and requests. People said, "The staff treat us really well; they are brilliant" and "They are very kind here."

Positive and meaningful relationships were encouraged. Some people described how they were supported to have contact with their family and friends. The service had a 'keyworker system.' This linked people using the service to a named staff member who worked more closely with them. An aim of the 'keyworker system' was to develop more trusting and beneficial relationships. People spoken with, knew who their 'keyworker' was and described aspects of the support they received from them. Staff said they usually had enough time to provide support and to listen to people. One person who used the service told us, "I can talk to the staff."

There were policies and procedures to inform and guide staff about treating people with respect and providing support which met each individual's needs, rights and wishes. Staff had received equality and diversity training. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity; it relates to accepting, respecting and valuing people's individual differences. One person commented, "They realise we are individuals, they treat us all differently according to our illness."

People had support plans which identified their individual needs and preferences and how they wished to be supported. The information was written in a sensitive, person centred way. There were 'care profiles' which included a summary of the person's background history, religious needs, interests and hobbies, their mental health diagnosis and personal relationships. People indicated they had been involved with their care plans and ongoing reviews.

People were supported to be as independent as possible. They described how they had been enabled to develop independence skills, by accessing the community resources and doing things for themselves and others. They said, "They do encourage us to do things, but they don't tell us what to do," "I go out to the shops independently," "I do my own laundry and I do the washing up" and "I have taken on the role of watering the garden plants." Staff spoken with gave us examples of how they encouraged independence, in response to people's individual needs and abilities.

Regular 'house meetings' were held. They provided the opportunity for people to be consulted and make shared decisions. People said, "We have resident's meetings, we can say what we want," "We talk about the menus and activities" and "They explain things to us." We noted from the records of meetings that various matters had been raised and discussed. Including, healthy living, fire procedures and days out. There was a lack of information to show how suggestions and agreed outcomes had been followed up, however the

registered manager agreed to progress this matter.

We looked at how people's privacy was respected and promoted. All the bedrooms were single occupancy and people had keys to their rooms. We saw staff respecting people's private space by knocking on doors and waiting for a reply before entering. One person told us, "I like to spend time in my room and I can lock the door if I want." Staff described how they upheld people's privacy within their work, by prompting people sensitively with their personal care needs and maintaining confidentiality of information. Arrangements were in place for the safe storage of records to promote data protection.

The service had notice boards, which provided a range of information for people. This was to help keep people aware of their rights and choices. There were details of various 'self-help' groups, local events, information on adults at risk, human rights, the complaints procedures and details of local advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Good

Is the service responsive?

Our findings

We looked at how people received personalised care that was responsive to their needs. We discussed with people, a care coordinator, the registered manager and staff, examples of the progress people had made, resulting from the service being responsive and developing ways of working with them. People said, "The staff here have helped me" and "The staff support us they are very fair."

People had individual care and support plans, which had been developed in response to their needs and preferences. All the people spoken with had an awareness of their support plans and said they were involved with reviews. They said, "We have been through my care plan" and "They ask me to look through it." There was recorded evidence to confirm people had been consulted on the content of their care plans and ongoing reviews.

The care and support plans and other related records we reviewed, included people's needs and choices. The plans contained details on how people's care and support was to be delivered by staff. They identified specific areas of support such as; physical health, personal hygiene, nutritional health/diet, finances, vulnerability, relationships, cultural needs and religious beliefs. There were identified 'signs and triggers' to help staff respond to people when they needed support. There was additional information around people's likes, dislikes and choices, for example in relation to their bedrooms and activities.

Rehabilitation formed part of the care planning process. This focussed on promoting people's well-being and recovery and included support with; meals and cooking, financial managing, medication, social skills and domestic duties. One person told us, "I do some cooking with staff support. I'm getting better at things." There were short term goals, to motivate people in developing skills, achieving greater levels of independence and confidence building.

Records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example, relating to behaviours, moods and specific care needs. There were 'hand over' discussion meetings between staff to communicate and share relevant information. Records and discussion showed processes were in place to review people's care and support. These processes were to enable staff to monitor and respond to any changes in a person's needs and well-being.

People indicated they were mostly satisfied with the individual and group activities they experienced at Benjamin House. They told us how they engaged in activities within the local community, including personal shopping, support groups and clubs, church services, walks and visiting places of interest. People said, "If I'm going out, I just tell them," "I enjoyed a day out in Blackpool for my birthday" and "I go out quite a lot." There were 'activity planners' to agree and arrange daily activities. One person explained, "I have an activity planner. I went to a show last week and we are planning to go to the cinema." People were enabled to pursue their own interests and were offered opportunities for therapeutic engagement. There were 'in-house' activities such as arts and crafts, karaoke nights, bingo, music and dancing.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager was aware of this standard. We noted people's communication needs were included in the initial assessment process and reflected in their support plans. We discussed with the registered manager, ways of producing people's support plans and the service's written information in a more 'user friendly' format, which would help with meeting the expectations of the Accessible Information Standard.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. All the people spoken with were aware of the complaints procedures. They made the following comments, "I can tell the manager if I have a complaint," "We know how to complain." "We can write a complaint form out and give it to the [name of provider and registered manager]. Or we can just say what it is and they will sort it out." The complaints procedure which was displayed in the service, provided guidance on making a complaint and how concerns would be managed.

We reviewed the records of the complaints; included were investigation strategies and details of the action taken to resolve matters. The process involved checking if the complainant was satisfied with the outcome of the investigation. One person told us, "I made a complaint and it got dealt with." Staff spoken with were aware of their role in supporting the complaints processes. Systems were in place to monitor complaints and respond to any patterns and trends.

The service did not usually provide end of life care. However, people's specific needs and preferences had in the past, been sensitively responded to. The service had worked with closely with other agencies, to help ensure they provided the care people needed. We discussed with the registered manager ways of sensitively planning for people's needs and preferences and the processes in place to support people who may experience bereavement.

Good

Is the service well-led?

Our findings

At our last inspection we found there was a breach of regulation. This was because the provider did not have proper oversight of Benjamin House. There was a lack of information to show how the service was evaluated and any developments planned for. At this inspection we found improvements had been made. The provider was visiting the service unannounced at least monthly, to check matters and to speak with people who used the service and staff. One person told us, "I see the owner on occasion; she visits and asks if I'm okay." Staff spoken with also confirmed the provider was making regular visits to monitor the service. Records were kept of the visits; they included a report of the findings and of discussions with people who used the service and staff. Any recommendations had been noted and brought to the attention of the registered manager. There was a business plan available, this showed a strategic analysis had been completed and future developments for the service were identified.

Most people spoken with expressed an appreciation of how the service was run and they were aware of the management arrangements. They told us, "I think everything is running okay," "The [name of manager] is alright" and "I see the manager every day. I can talk to her."
The registered manager had responsibility for the day to day operation of Benjamin House and was registered to manage another service of Healy Care Ltd; however, this arrangement was under review. The registered manager was qualified and experienced to manage the service and had updated her skills and knowledge by completing the provider's mandatory training programme. All the staff spoken with considered the registered manager was supportive and approachable. There were on-call management arrangements, which meant someone was always available for support, direction and advice. The registered manager indicated there was ongoing support from the provider and that she received formal supervision on a regular basis.

There were systems in place to monitor the quality of the service. Processes were in place to seek people's views on their experience of the service. People using the service could express their opinions during their reviews and at the weekly house meetings. They had also been invited to complete an annual satisfaction survey in May 2018. The responses were in the process of being collated and analysed. We noted the majority of responses were positive and people had indicated they were satisfied with the service. The registered manager said the outcomes were to be shared with people using the service and action plans devised to make any improvements. A staff consultation survey had been carried out in December 2017. Information within the Provider Information Return (PIR) showed us the registered manager had identified several matters for development within the next 12 months.

There were daily, weekly and monthly checks to monitor areas such as, medicine management care/support plans, staff training, maintenance, accidents and incidents, health and safety and the control and prevention of infection. We noted there were examples where shortfalls had been identified, addressed and kept under review as part of an action plan.

The service's vision and philosophy of care was reflected within written material including the statement of purpose and policies and procedures. New staff were made aware of the aims and objectives of the service

during their induction training. Staff spoken with were positive and enthusiastic about their work, their comments included, "Team work is good, we have to work well as a team so that things run smoothly," "The management here is okay" and "We support people to get better. I have seen a big difference in people." They had a good working knowledge of their role, responsibilities and lines of accountability. Staff had been provided with job descriptions and had access to policies and procedures which outlined their roles, responsibilities and duty of care. Staff confirmed there were daily communication 'handover meetings' and records and discussion showed regular staff meetings were held.

The service worked in partnership with other agencies. Arrangements were in place to liaise with others including: local authorities, the health authorities and commissioners of service. There were procedures in place for reporting events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the service's CQC rating and the previous inspection report were on display at the service. This was to inform people of the outcome of the last inspection.