

Mrs Gail Smith and Russell Smith

Benamy Care

Inspection report

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Date of inspection visit: 19 and 20 August 2015
Date of publication: 15/10/2015

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 19 and 20 August 2015 and was unannounced. This meant the staff or provider did not know we would be coming.

The service was last inspected on 24 July 2014 at which time there were multiple breaches of the Health and Social Care Act 2008 identified. We asked the provider to take action in relation to those breaches and they provided CQC with an action plan with which they confirmed they would be compliant by July 2015.

We found that, whilst some improvements had been made in relation to those identified breaches of

legislation, the majority of the action plan had not been implemented and we identified further evidences of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special Measures'.

The service will be kept under review and, if we have not taken action to propose to cancel the provider's registration, will be inspected again within six months.

Summary of findings

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Benamy Care is a small residential care home in Seaham providing accommodation and personal care for up to five adults with learning disabilities. There were five people using the service when we inspected.

The home had a registered manager in place. 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 there were insufficient numbers of staff to adequately care for people using the service and to meet their complex needs. Some aspects of the action plan had been completed with regard to the safety of the premises but we identified other areas where the service was not managing risks presented by equipment in the premises. Specific risks to individuals, whether in relation to their complex needs or due to external factors, were not adequately identified or reviewed or therefore, mitigated against. Emergency and evacuation plans were not fit for purpose and presented significant risks to people should there be a need to evacuate the premises in an emergency.

Whilst Mental Capacity Act training had been implemented, the service had not understood or

applied the principles of the Mental Capacity Act 2005 when considering issues of consent and capacity. People using the service had not had their capacity assessed, meaning no best interests meetings or decisions had been arranged. The service had sought signed consent from people they considered to lack capacity in 2013 and there was no evidence to suggest this had been revisited. The registered manager presented an understanding of what capacity meant for each person at odds with existing care plans and risk assessments.

We saw that staff training was largely in place, although risk assessment refresher training had not been implemented. This was one commitment detailed in the action plan. Training generally was not planned in a coherent or effective manner.

We found that people enjoyed a balanced diet and were involved in their own meal planning and preparation. Relatives of people using the service told us people were well cared for and happy in the service.

We found that independence within the community was not promoted and no efforts had been made to tailor care plans to a mode of communication people could understand.

We found that people were supported to access medical appointments to ensure their health needs were met.

We found that the service did not respond appropriately to the advice of external professionals and found a number of care plans lacking pertinent medical information that had been made available to the service by healthcare and other external professionals. The service was neither proactive in terms of planning ahead, nor reactive in terms of responding to concerns highlighted by other agencies. The majority of care planning, staff and all other documentation had not been meaningfully amended or reviewed since 2013.

We found that no audits, surveys or other quality assurance work had taken place since the last CQC inspection, meaning the service was unable to identify any trends nor put in place any improvements. Putting in place a range of audits and surveys was an agreed action on the plan submitted by the provider.

We found that the action plan submitted to CQC had not been acted upon to a satisfactory standard. The majority of actions had not been undertaken.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not safe.

Risk assessments were not reviewed to incorporate relevant medical information and as such were outdated. Some actions detailed in risk assessments were not carried out

The administration of medicines was not safely managed, with unclear auditing procedures in place and poor practices with regard to topical medicines.

Emergency and evacuation plans were not fit for purpose and did not ensure that people using the service would be safe in the event of an emergency.

The service had made improvements with regard to its management of infection control.

Inadequate



Is the service effective?

The service was not effective.

Mental Capacity Act training had not been successfully implemented, such that people using the service had not had their capacity assessed in line with the Mental Capacity Act 2005. People's ability to choose and give consent was not understood or appropriately considered.

Training generally was not planned in a coherent way. For example, risk assessment refresher training, which had been part of the service's action plan, had not been implemented.

Staff supervisions and appraisals were not held regularly, nor had a staff meeting been held since 2013.

People received a balanced diet, were involved in the preparation and selection of meals and were not at risk of malnutrition.

Inadequate



Is the service caring?

The service was not always caring

Relatives of people using the service told the standard of care given was high.

Information regarding the care people were receiving was not made available in formats they found accessible, such as pictures.

One person using the service retained a level of independence to pursue their own interests. The other people using the service were dependent on one member of staff on duty at any one time and were not encouraged to develop or maintain independence.

Requires improvement



Summary of findings

Is the service responsive?

The service was not always responsive.

A number of care plans lacked pertinent information that was available through other documentation provided by healthcare professionals.

Advice from healthcare professionals had not been acted on.

People were involved in the planning of holidays and menus, although the last documented meeting of this kind was in February 2015.

Requires improvement



Is the service well-led?

The service was not well led.

The service had failed to implement the majority of action points it set out in an action plan submitted to CQC following a previous inspection where regulatory breaches were found.

Opportunities to identify and learn from feedback were limited as there were no staff surveys, surveys for people using the service or relatives, and no quality assurance auditing in place.

The registered manager took a hands-on approach to the role and knew people using the service well, leading to a service that felt homely.

Inadequate



Benamy Care

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.

This inspection took place on 19 and 20 August 2015 and was unannounced. This meant the staff or provider did not know we would be coming.

The inspection team consisted of two adult social care inspectors.

We spent time observing people in various areas of the service including the dining room, conservatory, lounge and kitchen areas. We also looked in people's bedrooms and bathrooms.

On the days we visited we spoke with all five people who used the service. We also spoke with the registered manager. On the days following the inspection visit we telephoned and spoke to three relatives, one day care provider and one commissioning professional.

During the inspection visit we looked at five people's care plans, staff training and recruitment files, a selection of the home's policies and procedures, infection control and maintenance records.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the Care Quality Commission.

Before the inspection we did not ask the provider to complete a Provider Information Return (PIR). During this inspection we asked the provider to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. We also asked the provider to demonstrate whether the action plan they had submitted to CQC earlier in the year and to be completed by July 2015 had been implemented.

Is the service safe?

Our findings

We saw the provider had in place a medication policy. The policy outlined actions staff were expected to take to administer people's medicines. The registered manager explained to us people's medicines were delivered in a medi-dose system on a weekly basis. We looked at people's Medication Administration Records (MAR) and found people's medicines were up to date for that week. However we found people had been prescribed topical medicines for different skin conditions. We found the provider's medication policy did not cover topical medicines and the provider was unable to demonstrate to us that people received their creams when they were prescribed. Likewise, when we reviewed care files we saw that, whilst each person had a chart in the front of their file detailing which medicines they were currently taking, none of these charts detailed the topical medicines people were receiving. This meant staff did not have access to up to date or accurate information regarding people's topical medicines.

One person looked after their own medicines. It was written in Durham County Council's assessment for this person, "Carers oversee [person's] medication which [person] self administers". The person showed us their medicines and told us how they keep their room locked if they go out. We asked the registered manager to show us evidence of how they monitor the medicines. They told us they undertook "Periodic checks." We asked what this meant and they described looking at the medi-dose box "From time to time." The checks were not documented and the intervals at which they were undertaken were unclear. This meant the provider could not be sure that medicines were taken as prescribed.

One person who used the service had oxygen administered during the day and night. The registered manager acknowledged that it was difficult to "Keep track" of how much oxygen the person had taken, particularly during the night. We asked how often and what means of documenting oxygen usage was in place. The registered manager confirmed that they did not keep a record of oxygen usage. We also saw that, whilst there was comprehensive information in a review document by the local authority regarding indicators of low oxygen intake and subsequent necessary actions, none of this

information had been incorporated into the person's care plans or risk assessments. This meant that the provider could not be sure that the risk of receiving insufficient oxygen was being properly assessed or managed.

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

With regard to risk assessments we found there to be inadequate systems in place to successfully manage and mitigate risks. For example, two people who the registered manager told us could be in the home alone for short periods of time had 'Safe Environment' plans in place. Each plan was dated 2013 and stated the actions for each person to evacuate the premises. One person's action was to leave the home and seek support from an unspecified neighbour. If the first neighbour was unavailable the plan stated to seek assistance from another unspecified neighbour. When we asked the registered manager about this they confirmed there had been previous concerns about this plan and that evacuation plans needed review. The registered manager confirmed that the drill had never been practised. Another "Safe Environment" plan stated that one person, if home on their own when an emergency occurred, would use the telephone to seek help. The plan stated this should be practiced regularly. We asked the manager if this person had ever practised the actions in the "Safe Environment" plan. The registered manager confirmed they had not. Neither plan was in a user friendly format.

This meant that both people were at significant risk should an emergency occur whilst they were in the home on their own because the provider had not ensured they would understand how to evacuate the premises.

One person had a longstanding diagnosis with potentially life-threatening complications. This was noted as a risk in a review by external professionals on 9 January 2014 but was not reflected in any of the service's formal care planning or risk assessment documentation. When asked how the service managed this risk the registered manager stated that condition was an "old" one and that staff ensured the person did not engage in activities to trigger the condition. This meant staff did not have access to written guidance on how to manage the person's condition.

Ineffective management of risk was evident on a more day-to-day level. For example, we saw in one person's care planning documents they were not to be left alone in the kitchen due to potential risks. We observed them on their

Is the service safe?

own making a cup of tea whilst the staff member was elsewhere in the home. This meant whilst risks had been identified the actions to mitigate those risks were not always followed.

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

We reviewed all staff records and saw that all staff had undergone pre-employment checks including enhanced Criminal Records Bureau (now the Disclosure and Barring Service) checks. We also saw that the manager verified two references and ensured proof of identity was provided by prospective employees' prior to employment. This meant that the service had in place a robust approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people.

We looked around the home and found that it was clean and tidy. We saw there was a cleaning rota with tasks scheduled on a daily basis. The service employed a handyman, whose role was to clean any areas when required. We saw that recent correspondence from the infection control team confirmed that the service was meeting their standards. The Food Standard Agency (FSA) had given the home a 5 out of 5 hygiene rating and the home was using current FSA guidance regarding allergens in food. We also saw that bathrooms were clean. This meant that people using the service were protected against the risk of acquired infections.

At CQC's last inspection it had been established that "The provider failed to ensure equipment in the home was safe by carrying out appropriate testing." The registered manager had developed some arrangements to ensure people were safe in the building. They had brought in the services of a fire consultancy in August 2014 who had made written recommendations. We saw for the most part the provider had adhered to the recommendations. We saw they tested the fire alarm and the emergency lighting each week. Annual portable appliance testing had been carried out in January 2015. Fire drills had also been carried out. A recommendation was made to inform the local fire authority in writing of the quantity, type and location of

flammable liquids and gases on the premises. We asked the registered manager if this had been done. They told us they had not done so and they thought this was the responsibility of the oxygen supplier. We saw oxygen cylinders were stored in the back yard close to the back door. We found the provider had not ensured all actions had been taken to reduce risks to people and rescue services personnel. Following the inspection we contacted the local fire safety officer to advise there was oxygen on the premises and confirmed our actions with the provider via email.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At the last inspection we noted staffing levels were insufficient to provide adequate care for people. One member of staff was on duty at any one time and some staff were on shift for 48 hours without a break (including two overnight shifts). The registered manager showed us a revised staff rota. The longest shift without a break was now 31 hours (including one overnight shift). There remained only one person on duty at any one time to support five people with complex needs. This meant that although the provider had reduced the hours of work for two staff, there was no beneficial impact on people using the service, who were still supported by one member of staff at any one time.

During our inspection we observed the registered manager go out on two errands. On one occasion one person deemed by the manager to lack capacity stayed behind and on another occasion another person deemed to lack capacity stayed in the home. The registered manager told us people were happy to go out. We asked the registered manager what would happen if one person did not want to go out or wanted to engage in their own activities. They told us they would have to think about it or get another staff member to cover. We found there was not enough staff on duty to adequately afford people individual care and choices.

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

Is the service effective?

Our findings

We spoke with people using the service. Due to their learning needs they were unable to confirm whether they were involved in the planning of their care. We looked at people's care plans and found, whilst there was clear involvement in documenting likes and dislikes through drawing pictures, care plans and associated risk assessments were limited in their scope and effectiveness.

Care plans were not written in a way that allowed people to access or understand them, for example, through the use of pictures. The provider's action plan stated "All individuals must be given help to make decisions themselves by being given information in a format easy to understand." We saw this had not been implemented and that daily activities were noted in the daily diaries as before by the carer on shift. Likewise care plans and risk assessments were brief and handwritten. These systems had been in place for a number of years. The registered manager told us that they would explain care plans, risk assessments and other pertinent information to people in terminology they could understand. There was no documentary evidence of tailored explanations.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Where that freedom is restricted a good understanding of DoLS ensures that any restrictions are in the best interests of people who do not have the capacity to make such a decision at that time.

At the last inspection we noted that staff had not undergone MCA and DoLS training. During this inspection we saw all members of staff had recently undergone MCA and DoLS training. We also saw that each person's care file had a one-page document entitled "Making decisions and giving consent," with the sub-heading "Choice". This was the only documentation relating to consent in people's care files and was worded identically for each person, with a generic statement about the possibility of requiring help with some decisions. We asked if, as per the provider's action plan, any capacity assessments to establish whether people could give consent and subsequent best interests

decisions had taken place. The registered manager confirmed they had not. This meant that people were not receiving person-centred care because their capacity to make decisions had not been individually documented.

All care plans were signed as agreed by each person using the service. These signatures were made in 2013. We asked the registered manager how many people using the service had capacity to make decisions such as leaving the home and pursuing their own interests and were told that four of the five people using the service did not have capacity. We asked how people deemed not to have capacity could meaningfully, without support, consent to care plans and risk assessments and the registered manager told us they (staff) would talk through the decisions with people.

One person disliked "Staying in" and we asked whether this person could choose to go outside. The registered manager stated that the person was "more than capable of going out". This was contrary to risk assessments which stated the person required 'supervision at all times'. We also saw that professional advice from April 2015 indicated the person may require a DoLS application. The registered manager confirmed no DoLS were in place or had been applied for regarding anyone who used the service. This meant that people's capacity to make decisions had not been adequately considered, understood or documented. People had been asked to consent to care and treatment but the registered manager and all care planning simultaneously maintained that they did not have the capacity to consent.

There was also evidence of professional advice stipulating the need for appropriate application of the Mental Capacity Act. In the latest local authority review of one person's needs the assessment stated that "Staff will adhere to the Mental Capacity Act 2005", ensuring that decisions, if needed, be made with the person's "Best interests" duly considered after assessment. This advice and the principles of Mental Capacity Act legislation, as stated in the action plan, had not been followed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff had received training in safeguarding, health and safety, first aid, infection control, medicines administration, moving and positioning and fire safety. This meant that staff had a range of training that equipped them to deliver aspects of care effectively.

Is the service effective?

We saw that there was no current system in place to monitor, plan and refresh training courses for staff. When asked how training was planned and refreshed the registered manager told us they would “have a flick through the file” and plan training where appropriate. We saw that this system was not working effectively. For example, one goal of the action plan was for the registered manager to “Refresh risk assessment training” before the end of July 2015. We saw that no risk assessment training had been completed or booked; this was confirmed by the registered manager. This meant that staff had not received up to date training in the management of risks.

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

We saw that staff supervisions and appraisals were not up to date and had not been undertaken consistently for over a year. The latest completed appraisals were from June 2014. The Benamy Care Staff Supervision Book document states that staff supervisions should take place “at least six times a year” for each member of staff. When asked, the registered manager stated that supervisions should be held four times per year. The registered manager told us formal supervision meetings had “Fallen behind”. We saw that two staff supervisions had taken place in the past twelve months. This meant staff had not been given the opportunity to raise concerns and address their training need through supervision meetings.

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

We saw that people using the service were consulted on a daily basis about what food they would like to eat and were actively involved in the preparation of meals. The registered manager explained to us that there was a two weekly menu in place for evening meals and this was subject to seasonal changes. The menu had no specific food listed for breakfasts and lunches. Instead people chose what they wanted. We heard the registered manager giving people choices and people worked in the kitchen to prepare their meal with support. People confirmed to us on the second day of our inspection that they had eaten what they had chosen the day before and we observed people stating preferences for meals and preparing these meals with the help of the registered manager. Meal planning was also a discussion topic in the client meetings, which were held monthly up until February 2015, the last time a meeting was recorded. Mealtimes appeared a communal, pleasurable experience for all people using the service. We also saw that people’s weights were monitored regularly. This meant that people who used the service enjoyed a balanced diet and were not at risk of malnutrition.

We saw that the only adaptation in the service was a hand rail to aid people moving from the dining area to the kitchen. We saw one person using this hand rail during our inspection. We saw that a handyman was employed to undertake general upkeep and cleaning of the premises. They kept a daily log which noted tasks undertaken and we noted that communal areas were clean. We also saw that one person had drawn a picture of the handyman in their care file and stated that they “paint my room.” This meant that the physical premises of the service were adequately maintained.

Is the service caring?

Our findings

One relative told us the care provided by Benamy was “Fantastic”. They stated “It’s run like a family” and “We can’t fault it.” Another relative told us “I’m worried that they don’t notice health matters” and stated that, whilst they were content any health concerns they raised were acted on, they “Shouldn’t have to spot these things.” They concluded “On the whole [person] is happy.” Relatives we spoke to told us they could visit anytime they liked. When we asked the registered manager about the best thing about Benamy he echoed this sentiment, stating “We’re a small, family-type unit. There’s a continuity of support and involvement.”

The homely atmosphere of the service was evident during our inspection, with people using the service at ease with the registered manager and sharing jokes with them and other people. The registered manager communicated clearly with all people using the service, who had varied communication difficulties. Interactions were patient and compassionate and we noted a rapport between all people using the service and the registered manager. This meant that people using the service were comfortable in their surroundings and had made meaningful relationships with those around them and with staff.

The registered manager had a good knowledge of people’s likes and dislikes, for example, musical tastes, family relationships, activities.

People’s independence was varied and depended on the level of support they required. For example, the one person using the service deemed to have capacity regularly left the house to pursue their own interests and errands. The local authority made positive comments regarding this person’s care at their last review, stating they were “Consistently supported by Benamy House staff where their skills are acknowledged and encouraged.” People who were considered to lack capacity did not however have the support to be as independent as they wanted to be. The registered manager stated “We encourage them to do things and support them as much as we can” but we did not find evidence of this. For example, in one person’s care plan we saw they liked attending a day centre but due to health issues had not been able to attend. The registered manager told us due to the person’s health condition additional risk assessments needed to be in place and the person did not mind being in the house. We spoke to the

manager of the day centre who expressed no concerns about being able to support the person and had supported other people with a similar condition previously. We found the provider had not been proactive in working with the day centre to meet people’s needs.

We also saw that two people had contact with the speech and language team. A member of the team had set up picture books which could be used in the home or between the home and day centres to help people explain what they had done and improve their language. We saw one person’s book was in use when they visited the day centre, but another person who was no longer going to a day centre was not using their book. We also saw that, for the person who had used the book, none of their care planning documentation referenced the book and how staff might use it to enable the person to communicate. This meant that whilst an opportunity had been given to the provider to help improve a person’s language skills, the provider had not supported the person to develop their speech in the home.

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

With regard to advocacy, the registered manager told us that the staff knew people as well as anyone and people knew they could speak to staff about anything. We saw a leaflet explaining advocacy services on display in the kitchen. This meant the provider was aware of an advocacy service should a person need it.

Everyone had their own bedroom and we saw these were personalised, as were communal spaces, with a range of photographs on the walls from group outings. We saw an exercise bike and a drum kit in the living area. The drum kit was used during our inspection and local authority assessments indicated that one person enjoyed using the exercise bike. We saw that stop/go signs had been placed outside bathrooms to encourage people using the service to remember to have regard to the rights of others before trying to enter a bathroom.

We found people were not partners in their own care and there was no evidence of a collaborative approach to care planning involving the people who used the service. For example, the only pictures in care files that presented a good opportunity for people using the service to understand the content was their own likes/dislikes section, which they had drawn themselves.

Is the service caring?

We saw a 'reward' chart on the noticeboard in the kitchen and asked the registered manager the purpose of it. They explained to us if a person came downstairs on a morning with clean hands they got a star and the chart was there because the person liked to see their own progress. We spoke with the manager about how this might compromise

the person's dignity given their age and the subject matter. They told us no one else knew why the chart was there but acknowledged it might be more appropriate to have the chart in their bedroom.

Staffing levels inevitably presented difficulties with regard to meeting people's needs and promoting their independence. There was only ever one member of staff on duty to meet the needs of five people with complex needs.

Is the service responsive?

Our findings

One relative told us the “Management always communicate with us if there are any issues” and another stated they were happy with the levels of involvement in care planning. The registered manager gave assurances that the service responded to people’s changing needs.

We saw however numerous examples of pertinent aspects of people’s care needs not being reflected and updated in respective care plans. For example, one person had a history of a particular behaviour. We asked when the most recent incidence was and the registered manager told us “approximately 18 months ago”. We reviewed the associated care plan and saw that the latest detailed note dated June 2013, stated the occurrences were “2-3 times per year”. The latest risk assessment, also dated June 2013, stated there were risks of injury and the support required was “Firm reminders that behaviour is not acceptable”. When we looked at the monthly review log of this risk assessment, we saw that there had been no changes made to the plan since its inception. The documented risk assessment was therefore contrary to the registered manager’s understanding of the risk. This meant the care plans and risk assessments were not accurate.

We saw that recent professional advice from April 2015 recommended that occupational therapy advice be sought in relation to one person. We asked the registered manager whether any advice or support had been sought from occupational therapy. They confirmed no external advice or support had been sought. This meant the provider had failed to seek professional advice to support a person as advised.

In the two staff supervisions that had taken place in the last twelve months we saw that each had a section in them entitled “person centred plan”. There were no apparent actions or decisions related to the personalisation of care. This meant staff supervisions were not conducted in such a way that encouraged a responsive approach to the personalised needs of people using the service.

We found a number of gaps in people’s care planning. For example, in one person’s care file we noted the person had visits to the audiology department at a local hospital. We asked the registered manager why this was the case and they told us they had been given hearing aids but would not wear them at certain times. They told us they tried to

encourage the person to wear their hearing aid. In the person’s communication plan we saw nothing in writing about the person’s hearing loss and how staff were to support the person, despite this plan being signed as reviewed on a monthly basis since 2013. In Durham County Council’s care planning documents we noted one person had been diagnosed with an eye disease and staff were expected to monitor the person’s vision. We found there was no care plan in place which gave staff guidance on what to look for and expect so that the person’s eye condition was monitored. This meant that a range of people did not have their changing care needs meaningfully assessed or reviewed to ensure care was tailored to those needs.

We reviewed the action plan the provider had presented to CQC for completion by July 2015 and saw that one agreed action was to “record all recommendations from professionals – implement actions via care plans.” We saw that this had not happened in a number of instances. Care plan reviews were therefore inadequate.

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

All of the care plans we saw were written in 2013 and remained unchanged. We found one person had a Social Interaction plan in place that was vague and did not evidence social interaction. Their goal was described as “I would like to do things that I choose, and enjoy” however no further detail was given. One person’s preferred activity was to “Go out in community as and when I want.” This same person was confirmed by the registered manager as lacking capacity to do so meaning that, should the person try to choose to go out in the community, they would be unable to do so given the staffing levels and the need for one-to-one support. The viability of their preference had not been considered in any meaningful way.

We saw evidence of some preferences being met. For example, the ‘client meeting book’ documented discussions with people using the service whereby they stated a desire to visit the zoo and Blackpool. We saw that in the subsequent month these preferences had been met. These meetings stopped in Feb 2015, meaning that people’s individual preferences and those that might achieve a group consensus, had not been documented for 6 months.

Is the service responsive?

We saw that people who used the service had a daily diary that was used by care staff to record their activities that day, foods prepared and eaten. When we asked people using the service whether they had enjoyed particular activities, such as the trip to Blackpool and a specific food choice, they confirmed they had.

There was also evidence in this book of group discussions regarding the need to keep the house tidy and what aspects of the rota people preferred. One person expressed a preference for the task of sweeping the floor and we observed this person undertaking this task during our inspection. This meant that, in some contexts, people's preferences in the home were taken account of and acted upon.

Each person in the home had a hospital passport; this was a document which could be used if a person needed to go

to hospital so information about the person could be given to medical staff. We saw the hospital passports had been completed should the need arise for people to go to hospital.

The registered manager confirmed that they did not hold meetings with relatives as a means of improving the service but stated that relatives were invited to review meetings. One relative we spoke to said they had never been invited to a review meeting. We saw no evidence of review meetings taking place within the service since 2013 and the only formal reviews in place were those undertaken annually by the local authority.

The provider had in place a complaints process and a book for noting complaints. We saw that no complaints had been made.

Is the service well-led?

Our findings

One relative of a person who used the service described the providers at Benamy as “Going outside their duty” with regard to their attention to detail. They continued “They’re incredibly dedicated people.”

At the time of our inspection, the home had a registered manager in place.

During the inspection we asked for a variety of documents to be made accessible. These were not always well maintained and organised in a structured way, making information sometimes difficult to find.

At CQC’s last inspection of the service it had been established that “The provider failed to regularly assess and monitor the quality of the services provided.” The action plan provided by the registered manager set out a range of actions to be completed by July 2015. We saw that the majority of the action plan provided to CQC had not been implemented. A particular focus of that action plan involved implementing a range of specific audits regarding the environment, care plans, finance and medicines. We asked the registered manager whether these audits had been put in place and they confirmed they had not. They stated that audits had not been implemented as yet as there were difficulties with the formatting of the documentation. Similarly, when asked what action had been taken to review current quality assurance practices, the registered manager confirmed that no formal review had taken place. This meant that the service did not regularly monitor and assess the quality and safety of the service.

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

With regard to the service being able to sustain improvements, the action plan committed to “Evaluate surveys and act upon outcomes” to ensure that improvements were sustainable. The registered manager confirmed that no surveys had been sent out to relatives or external stakeholders and that no surveys accessible to people using the service had been drafted subsequent to the action plan being drawn up. This meant that the registered manager had limited means of assuring that the service provided was of a high standard or able to identify any improvements.

Some aspects of the action plan in relation to the good governance of the service had been implemented, such as some training being implemented and the drafting of an emergency contingency plan. The registered manager had also ensured that previous concerns regarding infection control had been addressed.

The lack of regular staff supervisions and meetings meant there were limited forums in which staff could raise concerns or suggest improvements. The lack of a consistent approach to staff supervision and engagement meant that opportunities to improve the service and identify potential risks were limited.

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

We saw that one person had fractured their foot in February 2015. The registered manager acknowledged this incident should have been notified to the CQC. Notifying CQC of such incidents is a condition of registration, which the registered manager failed to meet.

This is a breach of regulation 18 of the (Registration) Regulations 2009

The registered manager did not have a clear understanding on what constituted best practice across a range of areas, including medication, risk and capacity. Additionally, there was evidence that, where the providers were advised of best practice, for example the consideration of a DoLS application, or the refreshing of DBS enhanced certificates every three years (as the registered manager told us the local authority had suggested as best practice), they did not follow this advice.

We saw that the service had some community links in place, notably an art class at the local community centre, although only one person who used the service attended regularly. One person who used the service also attended church regularly.

In the confidentiality policy we noted, ‘All information should be kept up to date’ but saw that a number of documents related to individual care planning as well as management documentation was not dated. This meant that the service did not maintain up to date records.

The provider had their last CQC rating displayed on the notice board in the kitchen.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

How the regulation was not being met:

People who used the service did not have their needs met in a way that was appropriate to their needs or met their preferences.

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

How the regulation was not being met:

Care and treatment was not provided with the appropriate consent of people who used the service.

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

Care and treatment was not provided in a safe way for people who used the service.

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

How the regulation was not being met:

Systems or processes were not established or operated effectively to ensure compliance with the regulations

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

There were insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the needs of people who used the service.

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete