

Benjamin Lodge Ltd

Benjamin Lodge

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service responsive?

Good ●

Summary of findings

Overall summary

Benjamin Lodge is registered to provide care and accommodation for a maximum of 17 people who require support with mental health needs. The service is owned by Benjamin Lodge Limited.

The service is situated in the village of Cottingham, which is a large village in the East Riding of Yorkshire. It is within walking distance of local shops and other amenities. Accommodation is provided over two floors and there is a selection of bedrooms for single occupancy and communal areas which include a lounge, dining room and garden. There is a car park to the rear of the property.

The service had a manager in post as required by a condition of registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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 carried out an unannounced comprehensive inspection of Benjamin Lodge on 14 January and 5 February 2016. After this inspection we received concerns in relation to staffing levels and recruitment, and how the service was meeting the needs of people who use the service. Because of the concerns raised we completed a focused inspection. This report covers our findings in relation to the concerns we received. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Benjamin Lodge on our website at www.cqc.org.uk.

We undertook this unannounced focused inspection on the 19 April 2017. At the last inspection the service was rated as 'Good' in all five domains of Safe, Effective, Caring, Responsive and Well-led. As we have not completed a full inspection, we have not changed the overall rating for the service.

At the time of the inspection, 16 people lived and received a service at Benjamin Lodge.

We found that people's individual needs were assessed and the registered provider put risk assessments in place to manage and reduce the risk of avoidable harm. The registered provider and manager were aware of their obligations in relation to managing and reporting any safeguarding concerns.

The staff we spoke with understood the risks to people's wellbeing and knew what action they must take to help minimise risks. General maintenance was carried out at the home. Service contracts were in place to ensure equipment remained safe to use.

We found that the management of medication was safely carried out and staffing levels provided on the day of our inspection were adequate to meet people's holistic needs.

Recruitment policies, procedures and practices were followed to ensure staff were of suitable character to

care for and support people living at Benjamin Lodge.

People we spoke with told us they felt safe living at Benjamin Lodge. We observed warm and positive interactions between people, the staff and managers. We observed people were relaxed and at ease in their home environment.

We saw that people were supported according to their person-centred care plans, which reflected their needs well and which were regularly reviewed. People had the opportunity and, were supported to engage in employment, pastimes and activities if they wished to do so.

We found that there was an effective complaint procedure in place and people were able to have any complaints investigated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at Benjamin Lodge. People were cared for by staff who knew about risks to people's health and wellbeing.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This helped to protect people from avoidable harm and abuse.

People's medicines were ordered, stored and administered safely by staff who had completed relevant medicines training.

There were enough skilled and experienced staff provided to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans were centred on the person and contained information about their life history, their interests and the people who were important to them. Their preferences and wishes for care were recorded.

People's preferences for activities and social events were known by staff who spent time with them to help keep them engaged.

A complaints procedure was in place and action was taken to address any issues raised.

Benjamin 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 focussed inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the service in specific areas such as staff deployment and recruitment, assessments of people needs and care planning.

This focused inspection took place on 19 April 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. We also spoke with the local authority safeguarding and contracts teams about their views of the service.

During the inspection, we observed how staff interacted with people who used the service during the day and at lunchtime. We spoke with three people who used the service, two members of staff, the registered manager and the registered provider.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as four people's medication administration records and accident and incident reports.

We reviewed a selection of documentation relating to the management and running of the service such as staff rotas, four staff recruitment records, complaints, menus, safeguarding and activity records.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Benjamin Lodge. One person told us, "Staff care about me" and another said, "I feel safe living here. I get on well with everyone and I have friends here."

There were effective procedures in place for protecting people from abuse. Staff we spoke with during the inspection, were aware of the different types of abuse and what would constitute poor practice. They were able to state what they would do and who they would report any concerns to. The service had safeguarding policies and procedures in place for recognising and dealing with abuse. This helped to keep people safe.

The care files we inspected confirmed any risks to people's health or safety were assessed, managed and reviewed. Risks to people were assessed and plans put in place to ensure people were supported safely. These covered areas such as self-neglect, vulnerability and risks to the person and others. Each element of the care plan recorded the risk identified and any action required to minimise the risk to the person. For example, one person's care plan for behaviour recorded actions to prompt the person to use their coping strategies as were identified in the plan. It went on to say the person responded well to positive reinforcement as the person was, at times, keen to please others.

Staff spoken with, demonstrated a good understanding of people's needs and how to keep them safe. One member of staff told us, "We always try and talk to people about the risk and discuss the consequences of that risk with the person" and another told us, "When people are out in the community we look out for them. We know people's routines and would know if they should be back at the home. We remind people of the policies for example, on alcohol and cigarettes and talk about the risks. To reduce risks we may look at holding people's cigarettes for them if they are in agreement."

Accidents and incidents were reported and recorded. We saw that accident and incident reports were completed to include a detailed account of the accident and actions taken such as, 'Rang 111' and, 'Taken to hospital as concerned about high blood sugars and heart rate'. The registered manager told us they planned to record all accidents and incidents on the 'Care Management System' (CMS) the service had introduced. CMS is an electronic system that is designed to manage day to day care and staffing needs.

Systems were in place to maintain and monitor the safety of the premises. We saw documentation and certificates to show that relevant checks had been carried out on the gas installations, electrical circuits, fire extinguishers and emergency lighting. We noted the gas safety certificate had expired on 30 March 2017. The registered provider told us the gas service had been completed and they were awaiting the certificate from the external contractor. This was sent to us after the inspection. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw during our inspection there were enough staff provided to meet people's needs and they supported people in a timely way. This was confirmed when we checked the staff rota and in discussions with people who used the service and staff. One member of staff told us, "We were managing okay with the staff we had,

then [Name] came and we approached the managers to discuss having an extra member of staff and they agreed. This has been in place for three weeks now. I feel there is enough staff." Another told us, "Sometimes we have busy days. We now have an extra member of staff for eight hours every day since [Name] came to live here." In addition, the service had a registered manager who was at the service for three days every week. At the time of our inspection there were 16 people using the service who were supported by three members of staff in the mornings, three in the afternoons and two during the night.

We saw the recruitment processes in the service were robust enough to ensure people who lived at Benjamin Lodge were protected from the risk of unsuitable staff. Staff files we looked at provided evidence that the required pre-employment checks had taken place before staff were allowed to work without supervision. The registered manager told us they were currently reviewing all staff disclosure and barring checks (DBS) to ensure they could be accessed portably on line. One member of staff told us, "I started in November 2016 and had to provide two references and have a DBS check" and another said, "I got my DBS check and I had to give references before I started."

People told us they had their medicines at the prescribed times. One person told us, "I always get my medicines on time" and another told us, "Staff look after my medicines, I am just waiting for some new medication to be delivered."

People's medicines were stored securely and medicine administration records showed people were receiving their medicines as prescribed by healthcare professionals. The service had effective systems for the ordering, booking in, storing and disposing of medicines. We saw that staff authorised to administer medicines had received training on the administration of medicines and their competence was regularly checked. These processes helped protect people from the risks associated with inappropriate use and management of medicines.

Is the service responsive?

Our findings

The records we viewed, and feedback from people living at Benjamin Lodge, showed us that staff were responsive in their approach to people's needs. Comments included, "I can always talk to anyone here [staff]", "I have a keyworker and [Name] would always listen to me" and, "I can talk to [Name] and any other staff members if I need to. They [staff] always tell us to come and talk to them. I get all the support I should."

We saw from records we looked at that people who used the service had a plan of care, which was kept electronically on the CMS, and on paper. The registered manager followed admission criteria and completed an assessment of people's needs prior to them coming to live at Benjamin Lodge. The registered manager told us, "During assessment I ask for a timeline of people's lives which includes their life history, risk and relapse plans, their current assessments and any risks. The person will come and visit the service for a couple of hours each day which then increases to an overnight stay." We reviewed the assessment process for a person that had recently come to live at the service and saw the service held Information that was gained from the person, relevant health care professionals and included an overall summary of the persons needs in relation to health, personal care, levels of capacity and mental health. This helped to ensure that the service was able to safely meet the needs of the person.

Everybody had a care plan in place and these were based around the person's initial assessment. The care plans we reviewed were personalised and covered all aspects of the person's life; these were detailed and included the level of support people needed and any risks and action in relation to areas of care required, such as medicines, sleeping, behaviour, personal care, nutrition, communication and safety and wellbeing. We saw people had care plans to support their mental health which incorporated risk and relapse plans. These records ensured that all people involved in the person's care knew how to respond if their mental health declined. This information was reviewed and care plans were updated to ensure records were reflective of people's current needs.

We observed people were able to make decisions about how they spent their day and were able to go out independently if it was safe for them to do so. This included going out to work and shopping in the community. The service had assisted people to source part time work where they had expressed an interest. One person told us, "I work in the local charity shop and I take a pack up to work with me."

The registered manager and a director of the organisations had implemented an 'Enablement programme' at the service which began in 2016. The enablement programme aimed to support people to improve their skills in areas such as personal hygiene, food safety and road safety, with a view to working towards independent living. We saw one person at the service was currently working on the programme. This meant people were supported to maintain their independence.

People were provided with a range of activities. We spoke to an enablement support worker who delivered activities at the service for 15 hours each week. They told us everyone at the service had different interests and hobbies and some people liked rugby, bowling, football, bingo and going out for meals. They told us they had successfully worked on a financial budget with one person so they were able to purchase a ticket

to see their favourite rugby team. People who used the service confirmed that there were opportunities for them to take part in activity if they chose to. One person told us, "I like to play bingo and I have my own TV in my room. We go out to the cinema and I am going on the trip to Flamingo Land."

We looked to see how complaints were managed. Checks of the complaints file kept by the registered manager showed that they investigated all concerns raised with them and that appropriate action was taken where needed to resolve the issues and improve practices within the service. People were well-informed about the process for making complaints. One person told us, "I would talk to [Names of registered provider and manager] if I was unhappy or had a complaint. I know they would listen to me."