

Healycare Limited

# Benjamin House

## Inspection report

41-43 Ormerod Rd  
Burnley  
Lancashire  
BB11 2RU

Date of inspection visit:  
13 April 2016  
14 April 2016  
15 April 2016

Date of publication:  
27 June 2016

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Benjamin House is registered to provide accommodation, care and support for up to 10 people with mental ill health. The service aims to put the rights of people using the service at the forefront of its philosophy of care and support. Benjamin House is a large end terraced house situated a short distance from Burnley town centre. There is a lounge and a dining kitchen with conservatory area. Bedrooms are single occupancy and have en-suite facilities. There are enclosed yards to the rear and side of the premises and a garden forecourt to the front. There are limited parking spaces to the rear of the premises. At the time of the inspection there were seven people accommodated at the service.

At the time of the inspection the service was without 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. The Commission had received an application for the position of registered manager which was being processed.

At the last inspection on 30 April 2014 we found the service was meeting all the standards assessed.

During this inspection 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. You can see what action we told the provider to take at the back of the full version of this report.

The people we spoke with indicated they experienced good care and support. Their comments included, "Things are fantastic" and "Things are lovely here."

We found arrangements were in place to help keep people safe and secure. Risks to people's well-being were being assessed and managed. People using the service had no concerns about the way they were supported. They told us they felt safe living at the service, one person said, "I feel very safe here."

Staff were aware of the various signs and indicators of abuse and they knew what to do if they had any concerns. Appropriate character checks had been done before new staff started working at the service.

There were enough staff available to provide care and support and additional staff were being recruited. However, we have made a recommendation on monitoring staffing arrangements to make sure there are always enough staff available at the service.

There were systems in place to ensure all staff received regular training and supervision. We found some training was overdue but action had been taken to address this matter.

People were receiving safe support with their medicines. One person told us, "I am aware of all my

medicines. The staff give them to me and I get them on time." Staff responsible for supporting people with medicines had completed training and further training was being arranged. This had included an assessment to make sure staff were competent in this task.

The service was working within the principles of the MCA (Mental Capacity Act 2005). We found people were supported to make their own decisions and choices. They 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 satisfied with the meals provided at Benjamin House. Their individual dietary needs, likes and dislikes were known and catered for. Arrangements were in place to help make sure people were offered a balanced diet. People were actively involved with shopping for provisions and devising menus, which meant they could make choices on the meals provided.

People made positive comments about the care and support they received from staff. They said, "The staff are helpful" and "They are very good to me here," We observed positive and respectful interactions between people using the service and staff.

People's privacy, individuality and dignity was respected. There was a focus upon promoting independence and developing skills. Each person had detailed care records, describing their individual needs and choices. This provided clear guidance for staff on how to provide support. Care records were being developed to further involve people with their care and support.

People were supported with their hobbies and interests, including activities in the local community. Their well-being was monitored and reviews of their needs were held regularly. People were supported to keep in touch with their relatives and friends.

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 with the service in their review meetings and during the weekly house meetings.

## 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.

Staff recruitment included the relevant character checks. There were enough staff available to provide safe care and support.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures. We found there were safe processes in place to support people with their medicines.

Risks to people's wellbeing and safety were being assessed and managed. Processes were in place to maintain a safe environment for people who used the service.

### Is the service effective?

Good ●

The service was effective.

People indicated they experienced effective care and support. People's health and wellbeing was monitored and they were supported to access healthcare services when appropriate. People were supported to eat healthily; their preferred meal choices and dietary needs were known and catered for.

Processes were in place to train and support staff in carrying out their roles and responsibilities. Some training was overdue, but action had been taken on this matter.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

People made positive comments about the kind and friendly attitude of staff. We observed friendly and respectful interactions between people using the service and staff.

Staff were aware of people's individual needs, backgrounds and

personalities, which helped them provide personalised care.

People were supported for in a way which promoted their privacy, dignity and independence.

### Is the service responsive?

Good ●

The service was responsive.

Processes were in place to find out about people's individual needs, abilities and preferences. People had opportunity to be involved with planning and reviewing their care and support. They were aware of their care and support plans. Some people confirmed they had been agreed with them.

Processes were in place to monitor, review and respond to people's changing needs and preferences. People had opportunity to access the community and to pursue their chosen interests and lifestyle choices.

There were procedures in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had been slow in ensuring there was a registered manager to take legal responsibility for the running of the service. There were some systems in place to monitor the quality of the service, including some ongoing checks and gathering feedback from people. However, we found there was a lack of oversight, planning and review of the service from the provider.

There was a manager in post who had applied for registration. People made some positive comments about the management and leadership arrangements at the service. The manager expressed a commitment to develop the service and described the action taken to make improvements.

The service's vision, aims and values were shared with staff and supported by the management and leadership arrangements.

# 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.

This inspection took place on 13,14 and 15 April 2016. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to 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 also contacted the local authority contract monitoring team. 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 we spoke with six people who used the service. We talked with one support worker, a senior support worker, the deputy manager, the provider and the registered manager. We spoke with three care coordinators and a local authority safeguarding officer. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

The people we spoke with indicated they felt safe at the service. Their comments included, "Yes, I feel safe enough," "They have never been unkind to me here" and "I feel very safe here." One care coordinator told us, "My client is safe here. No cause for concerns."

We looked at how the service protected people from abuse and the risk of abuse. People spoken with told us they were encouraged to raise any matters of concern in the weekly house meetings. People's individual vulnerability was assessed and responded to in their care records. There were also individual contact agreements which outlined health and safety matters and visiting arrangements, for the protection and well-being of people using the service. There was a notice board for people using the service, this displayed the service's safeguarding policy and the house rules. The house rules made reference to people having respect for each other's private space, no bullying, no borrowing monies and no gifts for staff. One staff member told us, "We make sure people are kept safe and well, free from any dangers and anything inappropriate."

We discussed the safeguarding procedures with the manager and staff. Information we held about the service indicated any safeguarding matters were effectively managed and appropriately reported, for the wellbeing and protection of people using the service. Staff spoken with expressed a good understanding of safeguarding and protection matters. They had received training and guidance on safeguarding and protecting adults and further training was being arranged. Arrangements had also been made for staff to receive training in positively managing behaviours, which would help keep people safe.

The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Staff were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff expressed confidence that any issues of concern at the service would appropriately dealt with.

We looked at how 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. One staff member said, "We have access to the risk assessments and we are involved in updates." The risks assessed included physical and verbal aggression, compliance with medicines, insight into illness, self-harm, smoking, social skills, malnutrition and accessing the community. The risk management strategies seen reflected people's specific needs, behaviours and preferences. They included 'signs and triggers' to promote a proactive approach to monitoring and responding to specific changes. Processes were in place to appropriately review and update risk assessments. One care coordinator told us, "They have handled things like behaviours well."

We looked at the way the service supported people with their medicines. The service had processes in place to routinely assess people's ability and preference to administer their own medicines. People spoken with indicated they were satisfied with the arrangements in place. Their comments included, "The staff give me my medicines, always at the right time" and "I am aware of all my medicines. The staff give them to me. I get

them on time." We observed one person being supported to take their medicines in a safe and sensitive way.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. There was a MDS (monitored dosage system) for medicines. This is a storage device designed to simplify the administration of medicines by placing them in separate compartments according to the time of day. All the records seen of medicines administered were complete and up to date. The MAR (medicine administration records) provided information on the prescribed items, including a description of the medicines, dosage instructions and a photograph of the person.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These were important to ensure staff were aware of the individual circumstances in which this type of medicine needed to be offered.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Storage temperatures were monitored and adjusted in order to maintain the appropriate conditions. Although there were no controlled drugs at the service, we noted there were no suitable storage facilities for such medicines. The manager was aware of the implications of this matter and indicated suitable storage could be provided if needed. There were systems in place to check aspects of medicine management practices on a daily and monthly basis. Records were kept of any medicine errors. Action plans were devised to appropriately address any identified irregularities.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available on prescribed items. Staff responsible for administering medicines had previously completed training. We noted this was almost four years ago. However they had completed 'in-house' refresher training and records showed certified medicine management training had been arranged with the contracted pharmacy. Practical assessments had been completed of staff's skills and competence in administering medicines.

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience to meet people's needs. We examined the recruitment records of the two most recently employed staff. The recruitment process included candidates completing a written application form and attending a face to face interview. We noted a person who used the service had been involved with the interview process, which meant they had a say on who was selected. Records had been kept of the applicant's response to interview questions.

The required character checks had been completed before staff worked at the services and these were recorded. The checks included an identification check, clarification about any gaps in employment and obtaining written references from previous employers. We noted any specific matters arising had been pursued and clarified as appropriate. Risk assessments were completed as necessary, to ensure staff were suitably monitored and supervised during their probationary period. The records of the applicant's physical and mental health reviews were not available; however, we were told these were with the provider.

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. The provider had introduced a process of annually requesting staff to declare any convictions. This would ensure any risks to people's wellbeing and safety are appropriately managed as part of the service's disciplinary procedures.



We looked at how the service managed staffing levels and the deployment of staff. One care coordinator told us, "There are always plenty of staff, I am glad they have time to spend with the service users." During the inspection we found there were sufficient staff on duty to support people. We looked at the staff rotas, which indicated processes were in place which aimed to maintain consistent staffing arrangements. Staff spoken with considered there had been occasions when staffing arrangements had been insufficient, but this had improved. The manager also explained that additional staff were in the process of being recruited. We were told staffing levels were kept under review and were flexible in response to people's needs. The manager said staffing arrangements would always be reviewed during the admission process of a new person moving in to the service.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. We found health and safety checks were carried out on a regular basis. There were individual risk assessments around people having access to hot water. Hot water temperatures to sinks, baths and showers were being checked weekly. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas safety and fire extinguishers. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out on a regular basis. Kitchen hygiene checks were carried out. There were accident and fire safety procedures available at the service. We noted the fire safety procedures were routinely discussed with residents' during house meetings and we observed one person being shown the fire procedures.

We found the service to be clean and free from unpleasant odours. There was a designated cleaner employed to maintain a clean environment. One person told us, "They always keep things clean and tidy." We looked at the laundry facilities and found suitable equipment was available. We noted the laundry areas were in need of upgrading to provide more hygienic and cleanable facilities. However, the provider was able to show us estimates for improvements had been obtained.

## Is the service effective?

### Our findings

The people we spoke with indicated satisfaction with the care and support they experienced at Benjamin House. Two people said, "Things are fantastic" and "Things are lovely here." Comments from care coordinators included, "They have been fabulous and proactive," "I have been quite impressed with the service provided" and "Definitely effective [my client] is now less anxious and has moved on."

We looked at the way the service provided people with support with their healthcare needs. People we spoke with indicated they had received attention from healthcare professionals. They told us, "I had to change GP and I was supported with this," "I went for a check-up with the nurse not long ago" and "I have regular and dental checks." We found people's healthcare needs were identified and managed. There were 'okay health checks' and 'staying well plans' in place. The monitoring of people's general welfare, emotional needs and mental health was included within the care plan process. This meant support workers could identify any areas of concern and respond accordingly. Staff spoken with confirmed people's health care needs were monitored and they were supported as appropriate with appointments. The manager said plans were underway to introduce a mental health 'recovery star' programme, to support people in actively sharing responsibility for managing their mental health care needs.

People spoken with indicated they were always asked about matters affecting them, including their consent to support and care. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. We found care records included individual contracts which outlined the terms and conditions of residence. Most had been signed in agreement by people using the service. Similarly, people had also signed in agreement with their care plans and reviews. Some people had chosen not to sign their records and their wishes had been respected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS. Each person had a capacity screening assessment in place which highlighted their ability to make their own choices and decisions along with any support they may need. Records and discussion showed that staff had received some training on this topic. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions. They said they would report any

concerns or changes in people's ability to make decisions to the manager. One staff member said, "Capacity is covered in care plans, we would definitely monitor and pick up on any changes and report on any concerns." There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS authorisation by local authorities in accordance with the MCA code of practice.

We looked at how the service supported people with their nutritional needs. People made some positive comments about the meals provided at the service. They told us, "The food is not so bad" "The food is good, we have a choice at breakfast," "The food is lovely here" and "We get what we want. Fresh fruit is available and offered." The day's menu was on display in the dining area. This had been discussed and agreed with people during the weekly house meetings. One person explained, "We talk about the different meals in house meetings." During the inspection we noted a lively discussion took place around various food options, cooking and meals. This resulted in people's specific choices and suggestions being included on the menu. People could also request specific items to be included on the weekly shopping list. Some people shared responsibility for shopping and cooking meals with staff support. Staff expressed an awareness of nutrition and healthy eating. They described the support they provided people with in relation to food, diet meal preparation and cooking. Staff had received some 'in house' training on nutrition and food hygiene.

The care planning process took into consideration people's dietary needs, food preferences, likes and dislikes. Processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out, food diaries were kept and people's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake.

People spoken with were mostly satisfied with the accommodation and facilities available at Benjamin House. Their comments included, "I like the surroundings and the garden in summer," "I like my room, I have all my own things" and "I am happy with my room." We found parts of the premises had been redecorated and refurbished. There were new carpets and furniture and corridor walls had been decorated. However, we found that some matters were not always attended to in a timely way, which people found frustrating. One person explained, "It took two weeks for one repair." We looked at the maintenance log which showed 13 matters identified as needing attention. We discussed this matter with the provider who agreed to introduce more effective systems. We also noted some areas in the kitchen were in need of improvement. However, the Provider Information Return (PIR) showed there was an ongoing action plan to make further improvements to the premises and facilities at Benjamin House within the next 12 months.

We looked at how the service trained and supported their staff. Processes were in place for new staff to complete a six week induction training programme. This included the completion of an induction checklist and the 'shadowing' of experienced staff. One member of staff explained that much of the induction was spent, "Getting to know people, building relationships and trust." The induction training had been further developed to incorporate 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 manager said all existing staff were to complete the Care Certificate as 'refresher' training. We saw evidence that some staff had commenced this course of learning.

Staff spoken with told us about the training they had received and said that training and development was ongoing at the service. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. The training programme included: infection control, food hygiene, protection of vulnerable adults, mental capacity, mental health awareness and fire safety. We noted some training, including first aid and medicines management was overdue. However, the manager and provider had identified and responded to this shortfall and there was information to show further training had been

arranged.

The service supported staff as appropriate, to attain recognised qualifications in health and social care. The majority of staff had attained a Level 2 or 3 NVQ (National Vocational Qualification) in health and social care. Two were enrolled on a level 3 QCF (Quality and Credit Framework) diploma in health and social care and the manager and deputy had commenced the QCF diploma level 5.

Staff told us one to one supervision meetings had been recently introduced and they had ongoing support from the manager. This provided staff with the opportunity to discuss their responsibilities and the care and support of people who used the service. We found staff had received an appraisal of their work performance which included a review of their training needs.

## Is the service caring?

### Our findings

People spoken with made some positive comments about the staff team at Benjamin House. They told us: "The staff are helpful," "They are very good to me here," "They came to see if I was alright during the night, which I thought was really kind of them" and "The staff here are not so bad." The care coordinators spoken with made the following comments about their experience of the staff team, "They seem very good. They get on well with people," "The care is second to none" and "No problems with staff they have given a lot of reassurance."

People indicated they were treated with dignity and respect. They said staff spent time with them and listened to them. They said, "Yes the staff are respectful" and "There is always someone to talk to." We observed some positive and respectful interactions between people using the service and staff. Staff showed kindness when they were supporting and encouraging people with their daily living skills. They demonstrated sensitivity and tact when responding to people's emotional needs. Staff spoken with were aware of people's individual needs, backgrounds and personalities. They gave examples of how they delivered care and promoted people's dignity and choices. One staff member told us, "We always make time to sit and talk."

We found people's care records highlighted their individual skills and abilities, matters of importance to the person and how they could best be supported. There was a 'care profile' which included a summary of the person's background history, their diagnosis and interpersonal relationships. We found positive relationships were encouraged and supported. People told us of the contact they had with families and friends.

We spoke with people about their privacy. People had free movement around the home and could choose where to sit and spend their time. All the bedrooms were single occupancy and people could spend time in their rooms whenever they chose. Bedroom doors were fitted with suitable locks and people were offered keys to their rooms. We observed the manager and staff respecting people's private space by knocking on doors and waiting for a reply before entering. One person commented, "They always knock on the door." The service had policies and procedures to underpin a caring ethos, including around the promotion of dignity, privacy and confidentiality.

People indicated they were supported to do as much for themselves as possible. For some people this included confidence building to promote their independence and skill development. A care coordinator said, "[my client] has been given a lot of reassurance from staff it has been nice and positive." During the inspection, we observed people doing things for themselves and others. People explained they went out shopping, cooked some of their own meals, tidied their rooms and did their own laundry. There were also some shared housekeeping responsibilities including, keeping the yard area tidy, recycling and washing up. One person told us, "I am trying to do things to be independent and staff are helping me." We discussed with the manager and staff, further ways of constructively involving and empowering people with day to day matters as part of their ongoing development.

People told us there were weekly house meetings. These helped keep people informed of their rights and choices and proposed outings and events. The meetings also gave people the opportunity to be consulted about day to day matters and the opportunity to raise any concerns. One person told us, "We have house meetings we talk about things like trips out and menus," another said, "I attend the meetings we can say whatever we want." We looked at the records of the last three meetings held which showed there had been various relevant matters raised and discussed and action points had been defined to respond to people's requests.

The service had produced a guide for people about Benjamin House this described the aims of the service and the facilities available. Mention was made of promoting people's rights, treating them as individuals and with respect. Also included were details of the staffing arrangements and staff training. We noted the guide had not been reviewed and updated for some time however, the manager was to pursue this matter. There was a notice board which displayed information for people using the service. This included; details of the weekly house meetings, fire safety procedures, complaints processes, information about human rights, the service's newsletter and details of the local advocacy agency. Advocates are independent from the service and provide people with support to enable them to make informed decisions. The staff rota was also accessible to people who used the service. This was to keep people informed of the members of staff due to be on duty to provide support.

## Is the service responsive?

### Our findings

We looked at the way the service assessed and planned for people's needs, choices and abilities. One person explained they had visited Benjamin House to see what the service was like, before accepting the placement. They said, "I came to look around before deciding to move in." Comments from care coordinators on the admission process included, "They have dealt with things really well" and "[My client] seems to have settled well" and "They have been fabulous and proactive."

The manager described the service's referral and assessment process. This involved gathering information from the person and other relevant sources, including the person's care coordinator, social worker and psychiatrist. We looked at the assessment records of the most recent admission and found they covered a wide range of needs, abilities, choices and behaviours. The assessment resulted in the proposed initial care plan. This identified specific goals, agreed actions and those responsible for providing a response. There was an admission checklist which was completed with the service user to make sure all the processes had been followed. Reference was made to completing a pre-assessment questionnaire, an explanation of the purpose of the service, introductions to people using the service and overnight stays.

All of the people we spoke with indicated an awareness of their care and support plans. Some said they had been discussed and agreed with them. We looked at three people's care and support plans and other related records. This information identified people's needs and provided in-depth and detailed guidance for staff on how to respond to them. The care and support plans were underpinned by a series of risk assessments and included people's preferences and instructions for staff about how they wished their support to be delivered. We found the care plans were sensitively and professionally written. We discussed with the manager ways of making the information more accessible to people using the service. This was to be improved in the future by the introduction of the 'recovery star' programme.

Staff spoken with expressed a practical awareness of responding to people as individuals and promoting their rights and choices. They told us the care plans were useful and informative, they said they had access to them during the course of their work. One staff member told us, "I have read through the care plans and risk assessments. If we have a new person information is shared with us over the week."

Records and discussions showed people's individual needs and circumstances were monitored and kept under review. There were processes in place to monitor and communicate people's individual needs and abilities. Records were kept of their daily living activities, their emotional health and well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to specific behaviours and other identified needs. We found structured systems were in place to review people's needs each month and every six months. This enabled staff to monitor and respond to any changes in a person's needs and well-being. The care coordinators spoken with indicated the service was responsive to changes. Their comments included, "They keep in touch all the time I am kept fully up to date, they have respond well" and "No problems, staff are always professional and responsive."

Each person had an assessment of their rehabilitation needs and abilities. This resulted in a programme of

proposed activities and learning objectives, in response to their personal development needs. Consideration was given to, meal preparation and cooking, managing finances, social skills, personal hygiene, and community access. People told us how they were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests. This included shopping, walks in the park, visits to nearby towns, playing pool and meals out. One person told us, "I am doing great; I am hoping to move on." We found positive relationships were promoted and people were being supported as appropriate, to maintain contact with relatives and friends. One care coordinator described in some detail the progress their client had made at Benjamin House and said, "Things seem to be working well."

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with were aware of the service's complaints procedure and processes. One person commented, "We always talk about complaints in our meetings," another said, "I do know how to make a complaint but I haven't done." People expressed confidence that their complaints would be properly dealt with, one person told us, "I don't think I have the need to complain, but I would go to the manager or staff. They would try to sort it out." Staff spoken with expressed an understanding of their role in supporting people to make complaints and responding to them.

There was a copy of the complaints procedure displayed on the notice board and in each bedroom. The procedure was also included in the guide to the service. The procedure provided clear guidance on making a complaint. It was written in a proactive way and described how complaints would be managed, including the expected timescales for the investigation and response. Reference was made to raising concerns with the CQC (care quality commission) and the appropriate contact details were noted. There were complaints forms available for people using the service to use if they wanted to put their complaint in writing.

Information within the Provider Information Return (PIR) indicated there had been two complaints at the service in the last year. We reviewed the records of the complaints. We found the records included investigation strategies and there were details of the action taken to resolve matters. The process included informing the complainant of the outcome of the investigation and there was a questionnaire to check on their satisfaction with the outcome. This provided a clear indication that all matters raised were being taken seriously and responded to.



## Is the service well-led?

### Our findings

People spoken with had an awareness of the overall management arrangements at the service. They did not express any concerns about how the service was run. One person told us, "I think the manager is really good." Care coordinators said, "The management have been absolutely fine," "The manager is very good, very amenable" and "Things seem to be working well." A member of staff said, "Things have improved with the new manager."

The service had been without a registered manager for more than 12 months. This meant that the provider was failing to comply with a condition of their registration. We had written to the provider on 29 January 2016 to remind them of the legal requirement to have a registered manager in post. At the time of the inspection, the manager was not registered with the commission to manage Benjamin House. However, an application for registration had been submitted to the commission and was being processed. Following the inspection visit we noted the manager's registration had been completed on 15 April 2016.

The manager showed us the processes in place to carry out regular audits. These included; infection control, kitchen hygiene safety, medicine management, environmental matters, incidents/accidents, health and safety, complaints and room checks and care plans audits. We found the auditing process resulted in action plans as needed, to address any matters requiring attention. We noted there were no audits of staff training, staffing levels, staff meetings, information about the service or the time-scales for repairs. Although the provider visited the service regularly, this arrangement was informal and unstructured. There were no governance audits or monitoring reports available from provider. This meant the provider was not fulfilling their responsibilities in ensuring they had oversight of the service and in making sure the audit and governance systems remain effective. We discussed with the provider their responsibility in the governance processes, including developing a more structured approach to reviewing and checking processes and outcomes for people.

There were no strategic development plans available from the provider to demonstrate there had been a corporate analysis and evaluation of the service, in response to the findings of audit systems and consultation surveys.

Processes were lacking in supporting an effective and accountable approach to monitoring, evaluating and strategic planning of the service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had responsibility for the day to day operation of the service and was registered to manage another service in the Healy Care organisation. The manager was qualified and experienced to manage the service and was undertaking QCF (Quality and Credit Framework) diploma in health and social care level 5. There was a management team in place which included the manager, deputy manager and senior support workers. There was additional management support from the provider and another registered manager within the Healy Care organisation. One senior staff member commented, "The managers can always be contacted for advice." All the staff spoken with considered the manager was approachable.

Throughout the inspection the manager expressed commitment to the ongoing improvements and explained the plans in place to develop various systems and processes. Management meetings were held within the Healy Care organisation. The manager had formal supervision sessions with provider and there was opportunity for informal discussions with provider each week.

Information within the Provider Information Return (PIR) showed us the manager had identified several matters for development within the next 12 months. This included the review and update of the service's policies for staff and that people using the service were to be provided with 'user friendly' policies on a number of topics. During the inspection, the provider produced a proposed action plan for improvements to the environment at Benjamin House.

Processes were in place to seek people's views on their experience of the care and support they received. For example, they had the opportunity to express their views and opinions during their review meetings. The manager said there was an 'open door policy' at the service, to promote ongoing communication, discussion and openness. People had some opportunity to influence the service by participating in the weekly house meetings. There was also a suggestion box for people to put forward their ideas for improvements and changes.

We found a satisfaction survey had been carried out with three people using the service in January 2016. We noted their responses had been mostly positive. The Provider Information Return (PIR) indicated the service user surveys were being reviewed and developed to encourage more effective feedback on the services provided at Benjamin House. The manager explained her intention to introduce surveys for staff and other stakeholders such as families, social workers and care coordinators. This would provide further feedback on the service and highlight any areas for development.

There were clear lines of accountability and responsibility. Staff had been provided with job descriptions, contracts of employment and had access to policies and procedures which outlined their roles, responsibilities and duty of care. Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns. The service's vision and philosophy of care was reflected within the statement of purpose, the guide to the service and policies and procedures. New staff were made aware of the aims and objectives of the service during their induction training. We found staff were mostly enthusiastic and positive about their work. Staff confirmed there were daily 'handover meetings' at the beginning and end of each shift, to communicate and share relevant information. We found there had not been a full staff meeting since October 2015; however the manager said it was her intention to introduce staff meetings on a monthly basis. This would provide further opportunity for ongoing discussions and enable staff to share their ideas for improvements.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to demonstrate overall responsibility for the service and had not evaluated the audit and governance systems to ensure they were effective. Regulation 17(1)(2)(f)</p>