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Bethany House

Inspection report

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Date of inspection visit:
06 June 2018
12 June 2018

Date of publication:
04 September 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 06 and 12 June 2018. At the last inspection on 17 and 18 October 2017, breaches of legal requirements were found and we gave the service a rating of 'inadequate' under the questions 'is the service safe and effective'. This meant the overall rating was 'inadequate' and the service was placed into special measures. This was because people were not always safeguarded from the risk of harm because possible safeguarding issues had not been reported to the appropriate authorities. Risks relating to people had been assessed but the service was not always effectively delivered to reduce the risk of avoidable harm to people. People were being unlawfully restricted because the legal processes had not been followed. Risks relating to people's healthcare needs and weight had not been effectively assessed and action taken to manage the risk had not always been identified or planned. Referrals to professionals were not always made when it became necessary. The service was rated as requires improvement under the questions 'is the service caring, responsive and well-led'. This meant people were not consistently receiving a service that was safe and did not consistently meet their needs or comply with the requirements of the law. After our inspection in October 2017, the provider met with us and it was agreed they would provide us with monthly updates outlining how they were improving the service and meeting the legal requirements in relation to the breaches.

During this most recent inspection, we found the provider had made the necessary improvements to meet the breaches of Regulations 11, 13(1), 15, 17 and Registration Regulation 18 identified at the last inspection.

Where people lacked the mental capacity to make informed decisions about their care, we found there had been an improvement with the completion of mental capacity assessments. However, improvement was still required around the provider's and staff understanding of what could constitute a restriction on a person and when to submit an application to lawfully restrict a person, in their best interest.

Potential risks to people had been identified. Although skin management processes required improvement and staffs' practice when moving and transferring people did not always follow guidance to minimise the risk of avoidable harm.

Full information about CQC's regulatory response to issues and concerns found during inspections are added to this report after any representations and appeals have been concluded.

Bethany House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. At the time of our inspection 20 people were living at the home.

The registered manager is also the provider. 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.

Systems used for the effective management of information about people's changing needs and risks required further improvement to ensure people's safety was maintained. The provider was notifying the local authority and CQC about incidents and events as required by law. Staff knew how to escalate any concerns for people's safety and well-being but there was further training required to improve their knowledge on what constituted a restriction on people and moving and transferring people. The home environment was clean and improvements were underway to introduce a more dementia friendly environment, with systems in place to monitor the improvements and audit infection control practices.

People's health care needs were assessed and reviewed but people were not always referred to professionals in a timely way when health needs changed. There were activities available that provided opportunities to optimise people's social and stimulation needs although they were not always suitable for those living with dementia and required further improvement.

People received care and support from staff that had received training but their working practices and knowledge demonstrated that the training provided was not always effective and required further improvement. Staff received supervision and appraisals and they felt supported to carry out their roles.

People were supported by suitably, recruited staff that had received training to identify signs of abuse to keep people safe. There had been an improvement in identifying potential abuse and what action should be taken because the provider and staff followed safeguarding procedures. People were supported by sufficient numbers of staff to receive their care and support. People were adequately supported with their medicines.

There had been an improvement with the managing of people's nutritional needs. People spoke positively about the quality of the food and the choice of food available. People who were on food supplements received them and we found those at risk of losing weight had appropriate referrals made to professionals and were seen to gain weight. Relatives told us the management team were good at keeping them informed about their family member's care.

People and relatives told us that staff were kind, caring and friendly and treated people with respect, although there were occasions when people's dignity was not maintained. The atmosphere around the home was welcoming. People were relaxed and were supported by staff to maintain relationships that were important to people. People and their relatives told us they were confident that if they had any concerns or complaints they would be listened to and matters addressed quickly. There were processes in place to ensure people would receive appropriate support at the end of their lives.

We saw staff treated people as individuals, offering them choices whenever they engaged with people. Where people had the mental capacity, they were encouraged to make their own decisions, staff sought people's consent for care and treatment and ensured people were supported to make as many decisions as possible.

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 consistently safe:

People were not consistently safe from risk of avoidable harm because staff did not always use equipment appropriately or have effective processes in place to manage the risk of sore skin.

People had risk assessments in place and were supported by sufficient numbers of staff that were recruited safely, to ensure that they were suitable to work with people.

People were protected from infection and cross contamination because staff members were provided with sufficient personal protective equipment. There had been improvement to the general cleanliness of the home.

People felt safe with the staff that provided them with support. Staff recognised signs of abuse. Systems were in place to protect people from the risk of harm and staff knew how to report any suspicions of abuse.

People were supported by staff to take their medicines as prescribed by the GP.

Requires Improvement ●

Is the service effective?

The service was not consistently effective:

People's rights were not always protected because key processes had not been followed to ensure that people were not unlawfully restricted. Some staff members' knowledge of what could constitute a restriction of a person's liberty was limited and also required improvement.

People lived in a home environment that had improved with repairs being made and new equipment being purchased. However, there was further room for improvement to ensure the environment was more 'dementia friendly.'

People were supported to maintain their health because they had access to health and social care professionals, although there was room for improvement when identifying a change in

Requires Improvement ●

peoples' needs that required a referral to a health care professional.

People's nutritional needs were assessed and they received sufficient amounts of food and drink to maintain their health.

Is the service caring?

The service was not consistently caring:

People were supported by staff that was caring, kind and respectful. However, we found there were missed opportunities to engage with people.

People's independence was promoted as much as possible and staff supported people to make some decisions about the care they received. Although more could be done to promote further independence for some people.

People were cared for by staff members who protected their privacy but there was improvement to be made when treating people with dignity.

People told us their visitors were always made welcome.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive:

People were not always offered opportunities to engage in activities or hobbies that interested them. Although there had been some improvement, activities provided did not always reflect people's individual needs.

Some people and their relatives were involved in the planning and review of their care, but more could be done to involve people with limited verbal communication.

People knew how to raise complaints and the provider had a system in place to manage complaints to ensure they were dealt with.

The provider had processes in place to support people at the end of their life.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led:

Requires Improvement ●

Although the provider's systems and processes had improved to monitor the safety and quality of the service, there was further improvement required to ensure the service operated effectively and to sustain improvements.

There had been an improvement with the submission of statutory notifications about notifiable incidents, where appropriate.

People and relatives spoken with were complimentary of the management and staff members and gave positive comments about the improvements they had seen.

Bethany 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 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.

The inspection took place on the 06 and 12 June 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience on the first day and one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of residential care service.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also received information from the Clinical Commissioning Group they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

We used a number of different methods to help us understand the experiences of people who lived at the home. We spoke with nine people, five relatives, two health care professionals, five staff, two deputy managers and the provider. We also spent time observing the daily life in the home including the care and support being delivered. As there were a number of people living at the service who could not tell us about their experience, we undertook a Short Observational Framework for Inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We used this information to form part of our judgement.

We sampled records of eight people including care files, risk assessments, nutritional information and

medication records to see how their care, treatment and medicine was planned and managed. Other records looked at included three recruitment files to check suitable staff members were recruited. The provider's training records were looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

At our inspection on the 17 and 18 October 2017, we found the provider did not meet the requirements of the law. People were not always safe because incidents of potential risk of harm had not always been identified and reported to appropriate agencies. Risks associated with people's needs had not all been identified and assessed. Risks were not consistently managed to reduce the possibility of harm because staff support was inconsistent. Overall, we found the service was not consistently safe and we rated the provider as 'inadequate' in this question. This meant the service was in breach of Regulations 12 and 13(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found there had been some improvements made therefore the rating for this question is 'requires improvement.'

It had been identified at the last inspection there were examples of incidents that involved people living at the home biting, hitting or pushing other people. The incidents had not been reported as safeguarding concerns to the local authority or to CQC. At this inspection we found there had been an improvement. Appropriate referrals had been made to the local authority and notified to CQC. People we spoke with told us there had been an improvement and they felt safe living at the home. One person said, "I feel quite safe now. They [the service] did have some people who would strike out which made me uneasy but they have gone so it is all good now." Other comments included, "Oh I feel very safe, could not have gone to a better place. The room here is secure and the staff come to check." "I feel safe as they [staff] are always around asking me if I am alright." A relative explained, "[Person's name] tells me they are happy here and I do feel they are safe here as the staff tell me how they are and keep me informed." We checked the incidents and accidents records and noted there had been a significant reduction in notifiable incidents and where incidents had been reported, the provider demonstrated they had worked in partnership with the agencies involved. This meant the provider had taken appropriate action to protect people and reduce the risk of abuse and had met the breach of Regulation 13(1) Safeguarding people from abuse and improper treatment.

At the last inspection the provider was in breach of the legal regulations because we had seen unsafe staff practice when moving and transferring people and the giving out of medicines that had the potential to increase the risk of cross infection and choking. At this inspection although we found there had been some improvement to meet the breach, the consistency of staff working practices required further improvement when supporting people to transfer. For example, on the first day of inspection, we saw one person being supported by three staff members to transfer from their lounge chair to their wheelchair with the use of a 'supporting belt.' We saw two staff members use the belt to physically lift the person into their wheelchair that caused the person's left foot to twist at a 45 degree angle and was positioned under the left foot plate of the wheelchair. The person did not have the strength to straighten and stand on their legs and the whole transfer had the potential to cause injury. This piece of equipment was not designed to be used to lift people and was unsafe practice. We checked the person's risk assessment, it was clearly documented 'This belt is not to be used as a lifting device; it is only to give grip and control during transfer'. We noted from the person's care plan that a referral had been made for an occupational therapist to visit to reassess the person's mobility. We discussed our observations with the provider and additional measures were introduced immediately to reduce the risk of harm to the person. One relative we spoke with told us they

had witnessed staff use an 'underarm' technique to lift people on 'numerous occasions', although they were unable to provide us with dates these incidents occurred. However, this was not observed by the inspection team during our visits but it was a technique seen to be used by staff, on four separate occasions, at the last inspection. The use of underarm lifting is not considered to be safe practice because it has the potential to cause bruising to arms and injure people.

We saw that risk assessments were completed. These had been recently reviewed and included actions to be taken by staff to keep people safe from the risk of harm. However we saw that where actions had been identified to mitigate the risk of harm these were not consistently followed. For example, we noted one care plan stated the person should 'sit on cushion at all times' and this had not been the case, and a protective cushion that was in place, was insufficiently inflated and would not provide the protection it should, therefore putting the persons at risk of further skin damage. We noted one of the people had developed sore skin that had not been identified as a risk or reported to the deputy manager at the initial point of the skin break down. There were no body maps in place to record the skin damage.

Although there had been some improvement in working practices since the last inspection to keep people safe from risk of avoidable harm, further improvement was still required around the safe use of equipment and the management of sore skin. Therefore this was a breach of Regulation 12.

At the last inspection we found areas of the home were not sufficiently clean. At this inspection there had been an improvement. People and relatives spoken with told us, without exception, there had been improvements in the home's overall environment. One relative told us, "I visit regularly and have noticed since your [CQC] last visit there has been a marked improvement in the cleanliness of the home, it smells a lot fresher and looks a lot cleaner." We saw staff quickly dealt with food or drinks that had split and the home presented a lot cleaner. Staff told us they had access to gloves to use when providing personal care. We also observed the kitchen area was clean and suitable to prepare food. We looked at cleaning audits and cleaning schedules that showed areas were regularly cleaned and maintained.

We observed a medicine round and found there had been an improvement from the last inspection. We saw a staff member administer medicine to a person using a spoon and ensured the medicines were swallowed safely. People we spoke with told us they received their medicine when required. Comments from people we spoke with included, "My meds are given to me on time and I take them myself." "They [staff] bring them [tablets] to me and I take them with some water." "All my meds are on time. They [staff] are very particular on times for them. I am able to take them myself when they [staff] bring them [tablets]." We found the medicines were stored safely and securely and for medicines that required to be kept in the fridge, we noted the temperatures were regularly monitored. We saw that medication administration records (MAR) were completed correctly and audits conducted showed the amounts of medicine in stock balanced. For people that required medicines on an 'as required' basis, we found there were appropriate protocols in place that provided staff with guidance on the signs, behaviours and triggers that would prompt them to offer people their medicine.

We found on the days we visited the service, there were sufficient staff numbers on duty. People, relatives and staff we spoke with told us, without exception, they felt there was sufficient numbers of staff to support people. Comments included, "Yes they [the provider] seem to have enough around as they [staff] are always asking if they can do anything for me." "Yes they [the provider] have certainly got enough staff." "Not sure about the number of staff but there always seems to be a few about." "Yes never had a problem over this." "Yes there are always plenty of them [staff]." The provider did not use agency staff and planned and unplanned absences were covered by existing staff members.

There had been no new staff employed by the provider since the last inspection. We checked employment records for previous staff and found pre-employment checks and Disclosure and Barring Service (DBS) checks had been completed prior to their employment. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

We asked staff if the provider shared with them the outcome of investigations into events when things had gone wrong. One staff member explained, "Since the last inspection we have put measures in place that have worked and we support people better now." The provider also shared with us their learning from the last inspection. The management team explained that since the last inspection a weekly meeting had been introduced where the provider would meet with the deputy managers to discuss any issues or concerns and how they should be addressed. We saw the provider had introduced new documentation to help identify and monitor for trends with appropriate action to be taken.

Is the service effective?

Our findings

At our inspection on the 17 and 18 October 2017, we found the provider did not meet the requirements of the law. Mental capacity assessments did not consistently identify decisions people were being asked to make, in relation to their care. Some people had been unlawfully deprived of their liberty. The home environment was not safe. The management of people's nutrition had also required improvement. Overall, we found the service was not consistently effective and we rated the provider as 'inadequate' in this question. This meant the service was in breach of Regulations 11 and 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found some improvements had been made therefore the rating for this question is 'requires improvement.'

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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible. At the last inspection the provider had failed to complete appropriate mental capacity assessments for those people lacking the mental capacity to consent to their care, treatment or support. We checked whether the provider was working within the principles of the MCA and found there had been sufficient improvement to meet the breach for Regulation 11. The provider had identified those people that lacked mental capacity to consent to their care. A new mental capacity assessment document had been introduced and completed appropriately; although there was some room for further improvement around the clarity of the decisions people were being asked to make. Staff sought consent from people. One member of staff said, "We do have some people that can't verbally tell us what they want but we know if they want to do something or not by their facial expressions or their body language. Most people can tell us a 'yes' or 'no' or shake their head."

At the last inspection we found three people had been potentially deprived of their liberty, without lawful authority. This was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection, mental capacity assessments had identified people potentially being unlawfully restricted. However, no applications had been submitted nor had new applications been submitted for people who's DoLS had expired. One person was continually heard to ask to 'I want to go home'. We asked staff what this meant for the person and conversations with some staff demonstrated to us there was still limited knowledge around DoLS and this meant they did not understand what constituted a restriction on somebody's liberty and required further improvement. Records we looked at showed there were at least seven people who had potentially been restricted, without the lawful authority in place to legally do so. Following conversations with the provider, seven urgent applications were submitted. However, this was as a result of our intervention which meant the provider's knowledge around DoLS required further improvement and was a continued breach of Regulation 13(5).

At the last inspection we found there were some issues with the upkeep and maintenance of the home which had led to a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Premises and equipment. This information had been originally reported in the last inspection report under the question 'is the service safe' but for this inspection, will be addressed under the question of 'is the service effective'. At this inspection we saw there had been sufficient improvement to meet the breach. People and relatives we spoke with told us they thought the home environment had improved since the last inspection. One person said, "I like it here, it's homely." We found most of the necessary repairs had been made to the premises. The provider had also started to improve the environment for those people living with dementia. We found some dementia friendly signage had been introduced to signpost people to the garden, dining area and bathrooms.

At the last inspection improvement was required with the overall meal-time experience. At this inspection, there had been an improvement. People we spoke with, told us they were happy with the food they were offered. One person said, "The food is good. They [staff] ask us what we would like from the menu." We heard staff explain to people what their lunch was, a choice of condiments were available on the tables. The provider explained they introduced two lunch and tea time settings. This gave staff time to sit with people who required support to eat. Our observations showed this system was effective. The dining experience was relaxed and people received appropriate support from staff. We saw people were offered plenty of snacks and drinks throughout the day that included a selection of hot and cold drinks, fresh fruit and/or biscuits.

At the last inspection improvement was required with the effective management of people's nutritional needs. At this inspection, there had been an improvement. The provider had introduced a robust method of managing and monitoring people who were at risk of losing weight. Fortified diets had been introduced. A fortified diet ensures the person receives additional calories through their food or fluid intake to maintain a healthy weight. We could see people looked healthier and relatives we spoke with told us they were happy their family members had put weight on. One relative explained, "[Person's name] neglected themselves when living at home, they wouldn't eat and had lost a lot of weight, but since coming here I am so pleased to see the staff have managed to increase [person's name] weight, they look much better now, I don't know how they've managed it." Records we looked at showed people at risk had slowly increased their weight with some people no longer assessed to be at risk. We did see there was additional support sought from dieticians and speech and language therapists (SALT) where people had difficulty swallowing their food. This meant the provider had implemented appropriate measures to ensure people's weight was effectively monitored and timely action taken.

At the last inspection some improvement was required with referrals being made to appropriate professionals when people's needs changed. Although there had been some improvement, further improvement was required. People we spoke with told us "A doctor comes around to see us all and I do tell them [staff] if I am not feeling well or need something doing." Another person said, "Well I tell them [staff] how I feel when they ask and if I need to see someone or they think I do, they will get them here to see me." Two healthcare professionals we spoke with told us that overall the staff were quick to contact them when people's needs changed and demonstrated a 'good' knowledge of people's needs. Records showed people accessed the GP, podiatrist, optician and dentist.

People and relatives we spoke with told us staff were skilled and knowledgeable in their role. One person told us, "Definitely, it's excellent here. The carers know us well and come if we need anything at all. Yes all well trained." The provider explained no new staff had been recruited recently that required induction training into the service. Records we looked at showed staff had completed routine training in safeguarding, moving and handling, health and safety and fire safety. The provider did not offer the Care Certificate but

ensured their training was based on the same standards. The Care Certificate is an identified set of induction standards to equip staff with the knowledge and skills they need to provide safe and effective care to people. Staff we spoke with all told us they had regular supervisions. Supervision is important because it helps to ensure all staff receive guidance and support where required to effectively carry out their duties and understand their role and responsibilities.

Some of the people we spoke with told us they had been involved in the assessment of their care and support needs prior moving to the home. One person explained, "Yes I do tell them what I think I need." We reviewed people's care records and saw comprehensive assessments of peoples' needs had been undertaken and recorded. The pre-admission assessment included information about people's health, medicines, risks and communication needs. Staff we spoke with had a good understanding of people's needs and understood their communication styles and behaviours.

Is the service caring?

Our findings

At our inspection on the 17 and 18 October 2017, we found the provider required improvement under the question of 'is the service caring?' This was because we had observed times where staff had missed opportunities to interact with people, there was limited evidence to demonstrate how information contained within people's care plans was being used to personalise support for people and people's privacy was not consistently respected. At this inspection, we found there had been an improvement, although the provider's systems and processes had not always meant that care was given safely. Therefore, further improvement was required and the rating for this question will remain 'requires improvement.'

People we spoke with thought staff were caring. One person told us, "All the carers are quite nice and caring and talkative." Another person said, "They [staff] look after me well." Our observations of the staff showed them to be patient and polite. We saw some positive interactions with people, for example, we saw staff members helping people that required support to eat talking kindly to them and offering encouragement. However, we observed that for people with less verbal communication did not always receive the same input from staff as others. For example, in lounge A staff member spent time during the inspection with a small number of residents that had mental capacity and could engage in conversation and ball activities. This was not mirrored in lounge B where the majority of people lacked mental capacity and had less verbal communication. We noted people in this lounge were left unattended for long periods of time with limited social interaction. We discussed our observations with the provider who told us that staff did interact with people in lounge B but this had not been our observations at the time of our inspection.

People we spoke with told us they had been involved in the planning of their care. One person said, "Yes I do have an input into my care plan." However, there was limited evidence to demonstrate how the provider included people, with limited verbal communication, in making decisions about their care. The provider explained they were looking to purchase communication cards to help with remove communication barriers and provide a more accessible way for staff to communicate with people with limited verbal conversation.

People we spoke with told us staff respected their privacy and dignity. We saw one person had managed to displace their clothing that left them sitting in an undignified way. A staff member was quick to notice this and promptly spoke gently to the person explaining what they were doing when trying to rearrange the person's clothing to protect their dignity. However, we noted when one person was being transferred from their lounge chair to their wheelchair their clothing was raised to expose their right thigh which went unnoticed by staff. We also heard staff on the first day of our inspection frequently and not in a discreet manner, ask people if they wanted the toilet. When people said they did not, the staff would continue asking the person until they agreed to go to the toilet. It is not dignified to ask people in an open forum if they want the toilet. We discussed this with the provider and by the second day of our inspection, this had slightly improved.

Staff we spoke with gave us examples of how they encouraged people's independence and supported people who could not always express their wishes. For example, people's facial expressions and body

language would indicate whether a person was happy, upset or distressed. People we spoke with told us that staff would support them to maintain their independence as much as practicably possible. One person told us, "They [staff] encourage me to take part in things and to walk around to keep my mobility going." Another person said, "They [staff] know I like to sit here and have my paper to read. They know I like to have a regular drink which they see to and I am free to go outside and sit by the fountain. They encourage me to keep walking due to the problem with my leg which they have made better."

Everyone we spoke with told us there were no restrictions when visiting. Comments from people included, "Oh yes my son and his boyfriend come and see me regularly there are no restrictions on time that I know of." "I have family that visit me all time they can come when they want." "My brother and sister in law come and see me all the time they can come when they can." This meant people living at the home were supported to maintain contact with family and friends close to them.

Staff we spoke with knew how to prevent discrimination and promoted equality and diversity at the home. Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Care files contained information about people's personal histories, albeit limited information in some cases, people's preferences and interests so staff could consider people's individual needs when delivering their care. We found that people were given choices and whether they had any special dietary requirements in association with their spiritual, religious or cultural beliefs and whether they joined in with any religious ceremonies or celebrations. The provider told us they created an inclusive environment and whilst they were not formally aware of anyone living at the service who identified themselves as being Lesbian, Gay, Bisexual or Transgender, (LGBT) all relationships were respected and people encouraged to be open and comfortable within a safe and supportive environment.

Is the service responsive?

Our findings

At our inspection on the 17 and 18 October 2017, we rated the provider under the key question 'is the service responsive' as requires improvement. This was because care plans were not person centred or individualised and contained limited personal life history. There was evidence of information being 'cut and pasted' from other care plans. The process for investigating complaints required improvement to ensure it identified any trends for analysis. Improvement was also required around the provision of personalised activities and interests, particularly for those people living with dementia. At this inspection we found the provider had made some improvement although further improvement was required therefore the rating for this question will remain 'requires improvement.'

Most of the professionals we spoke with told us they had found the service to be responsive to people's needs. However, we found this was not always consistent. One person should have been referred to professionals in a more timely way. We found checks were made on their skin but this information had not been recorded. The person had developed sore skin, there was no recording of this and there had been a delay with contacting the healthcare professional. There was no 'body map' to record where marks appeared on the skin. The deputy manager explained the sore skin had not been brought to their attention by staff and acknowledged the situation should have been referred more quickly.

People and relatives we spoke with explained how they were involved with the care of their family member's support needs. One person explained "They [staff] try to involve me but I'm quite happy doing what I do." A relative told us, "We get together with care staff and talk about what [person's name] has done, what's changed, is there anything that needs to be done." We looked at a sample of care plans and noted there had been some effort made to try and personalise them. Staff we spoke with knew people's needs and told us about people they cared for. One staff member said, "We have definitely improved since the last inspection, we have reviewed the care plans and make sure we complete the daily notes so we all know what people have done during the day." We saw from our observations the provider had tried to improve service provision and make it more personalised for people. For example, the introduction of a staggered lunchtime. We found that the lunchtime experience was more relaxed and those people that required the one to one support received it in a timely and consistent way.

Bethany House has two lounges, A and B. Generally people living with dementia and limited verbal communication were situated in lounge B whilst in lounge A there was a small group of people that interacted well and engaged with each other in lounge games and discussions. Some people we spoke with told us they enjoyed their own company and whilst staff would encourage them to take part in things, they chose not to. One person said, "To be honest I get too tired to join in and do things so just go along as I want to." Another person told us, "I join in with bingo and sing songs. We do throwing the ball exercises but don't have any trips out which would be nice." However, this was not always the case in lounge B. During our inspection we found people in lounge B spent most of the day sat in their lounge chair asleep. On the second day of our inspection the staff had tried to introduce the ball throwing exercise but this was not always an effective activity for people living with dementia. One professional we spoke with explained how they rarely saw people taking part in any activities. We looked at one care plan and noted the person

enjoyed gardening, we asked the provider if this had been explored. We were told this had not and the person spent most of their time in their room. The provider and deputy manager told us they tried very hard to encourage people to engage with the activities going on in the home but said this would be an area they would continue to review and try to improve on.

Prior to our inspection we had received information concerning the provider's managing of complaints. Without exception, all of the residents and relatives we spoke with told us they had no reason to make a complaint but if they did they knew who to contact. One person said, "I would speak to my carer when she comes around." A relative we spoke with told us, "I have no concerns and from what I've seen there doesn't seem to be any problems. If I have anything to talk about or need to raise anything, I speak with the staff, they are all very approachable." We checked the provider's complaints records and found all complaints raised had been investigated and, where appropriate, had involved other agencies. We saw there had been an analysis of the complaints and if appropriate, action had been taken and measures put in place to reduce the risk of reoccurrence.

At the time of our inspection, there was no one living at the home that was at end of life. However, the provider demonstrated to us in their answers how they supported people and their relatives to make decisions that related to their preferences and choices in the event of the person becoming ill. We saw from some of the care plans we looked at people had recorded who they wanted to be contacted and what their preferred end of life wishes would be.

Is the service well-led?

Our findings

At our inspection on the 17 and 18 October 2017, we found the provider did not meet the requirements of the law. There was a lack of provider oversight with the provider not recognising the issues that we had identified. Systems in place to monitor the quality and safety of the service had not been effective to monitor for trends, evaluate staff knowledge, had not identified potential fire and health and safety risks and record the amounts of fluid and food intake for people at risk of weight loss. Care plans had not been consistently and accurately completed and potential risks had not been identified. The provider had failed to inform us of a number of incidents and accidents at the time they occurred. Overall, we found the service was not consistently well led and we rated the provider as 'inadequate' in this question. This meant the service was in breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 and Regulation 18(1) Notification of other incidents, Care Quality Commission (Registration) Regulations 2009. The provider was requested to submit to CQC monthly updates on the service to demonstrate action had been taken to address the issues we had found. At this inspection we saw the provider had been more actively involved in the development and improvement of the service. The provider had complied with our request and our observations from this inspection support the gradual improvement made over the last three months and was sufficient to take the service out of special measures. However, there was room for further improvements; therefore the rating for this question was now 'requires improvement.'

At this inspection we found the provider's systems in place to monitor the quality and safety of the service had improved. For example, the recording of accidents, incidents and complaints included the monitoring for trends and, if appropriate, an action plan put in place to reduce the risk of reoccurrence. Improvement was still required in evaluating staff knowledge on completion of some of their training with regard to the MCA and DoLS. This included the provider and management team as their understanding of this piece of legislation required further improvement. There had been significant improvement with the management and recording of people's weight loss, food and fluid intake for people at risk of weight loss. The provider's processes for monitoring the home environment had also improved with regular safety checks and equipment promptly replaced when found to be faulty. We found care plans had been reviewed since the last inspection and there had been an attempt to add additional information to try and personalise them. Potential risks had been identified but the information relating to those risks required further improvement. For example, information about people's specific health conditions was not consistently contained within the care plans to provide staff with additional knowledge about those conditions that would help them to support people.

Although this is the fourth time the provider had been 'requires improvement' under the question of well-led, they had improved sufficiently to meet the breach of Regulation 17 identified at the last inspection. The provider shared plans for their continuing development that should sustain the improvement of the service going forward.

At the last inspection, the provider had failed to inform us of a number of incidents they were required to by law and were found to be in breach of Regulation 18(1) Notification of other incidents, Care Quality Commission (Registration) Regulations 2009. At this inspection, there had been an improvement. On

checking the provider's incidents, accidents and safeguarding's we found the provider had met legal requirements and notified us accordingly and where appropriate, worked in partnership with partner agencies. This meant the provider had met this breach.

People and relatives, without exception, all told us how much they felt the home had improved since the last inspection. Comments included, "It's so much cleaner now and smells nice and fresh," "It's homely here," "Definitely it is a homely place. We looked at three or four others before coming here. It is not posh but homely," and "[Person's name] seems to be happy here, I am happy with the staff and their care. [Person's name] had a choice where to go and we liked this place as it was spotlessly clean and didn't smell."

There was a leadership structure within the service although there were mixed responses about who the manager of the home was. Comments included, "No I don't know the manager," "I think [deputy manager's name] is the boss," "[Provider's name] owns the home," and "Can't think of [provider's name] now but they are here today. Always nice and polite." All the staff we spoke with were happy working at Bethany House. Staff felt supported and valued by the provider and told us they received regular supervision from the deputy managers. One staff member told us, "The owner is very supportive and we all mix in and work well as a team. We treat the residents as family, this is their home." Another staff member said, "I love working here, the staff, the residents, I love it and I love my job. This is a blessed job and when I go home and the residents are smiling, I know I've done a good job today."

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and there was a whistle-blowing policy in place. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. The whistle-blowing policy supports people to raise their concern(s) within the organisation without fear of reprisal or to external agencies, such as CQC if they do not feel confident that the management structure within their organisation will deal with their concern properly.

We saw the provider had tried to obtain feedback from people who lived at the home and their relatives and healthcare professionals about the quality of the service. We were told resident meetings took place but the people and relatives we spoke with could not recall them, however, they could recall completing feedback surveys about the provision of care. Comments included, "No I haven't had any of those [meetings]," "No not had any meetings but we talk as we go along."

"No I can't think we have any resident meetings like that as such." "No meetings but staff are always available to talk to, even in private so it's not a problem." "No not had a meeting as such but they do always talk to us to get our thoughts and views." "I am not aware of any meetings but have been asked to fill in a survey about it all which I did."

It is a legal requirement that the overall rating from our last inspection is displayed within the home. We found the provider had displayed their rating. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. From discussions we had with people living at the home and family members, we found the provider was working in accordance with this regulation.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There had been some improvement in working practices since the last inspection but further improvement was required around the safe use of equipment and the management of sore skin.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There were a number of people who had potentially been restricted, without the lawful authority in place to legally do so. The provider's and staff knowledge around what constituted a restriction required further improvement.</p>