

Tracs Limited

Bethany Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bethany Lodge is a residential care home for people who may have learning disabilities and or have an autistic spectrum condition. At the time of our inspection 7 people were living at the home. The home has lounge, dining room, activity room, and multi-sensory room for relaxation, art room for activities, five individual bedrooms, and two apartments.

At the last inspection in November 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

People and their relatives told us they continued to receive care which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. When people required support to take their medicines this only happened when staff had received the training to do so. Regular checks on staff practices were undertaken to support people's safety. There was enough staff to provide support to people to meet their needs.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

People were provided with care which continued to be effective in meeting their particular needs. Staff had received training to provide them the skills and knowledge they needed to provide the right care and support people required.

People enjoyed spending time with the staff that cared for them and were treated with dignity and respect. People were encouraged to maintain their own personal interests and take part in activities.

People's care was planned in ways which reflected their preferences and wishes. Relatives' and health and social care professionals' views and suggestions were taken into account when people's care was planned. People knew how to complain. The complaint procedure was available in Easy Read Format so everyone could access.

People living at the home and their relatives were encouraged to give feedback on the service provided. The registered manager and provider regularly checked the quality of the care people received. Where actions were identified these were undertaken to improve people's care further.

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 remains Good.

Is the service effective?

Good ●

This service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

This service remains Good

Bethany Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 28 November 2017 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

During our inspection we spent time with people in the different communal areas of the home. We spoke with two people living at the home, three staff, one shift leader, the registered manager and one relative. The following day we spoke with another two relatives via the telephone. We also used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of documents and written records including three people's care records, staff training

and recruitment records and minutes of meetings with staff. We saw the checks made by senior staff on the administration of people's medicines. In addition, we looked how complaints processes were promoted and managed.

We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included quality questionnaires completed by people and their relatives, and checks made on the care planned for people and the suitability and safety of the home.

Is the service safe?

Our findings

People told us they liked and felt safe living at the home. One person told us "Since your last inspection they [provider] has helped me move into my own self- contained flat. Staff help me to feel safe." A relative told us " I feel [relative's' name] is very safe living at Bethany Lodge."

Staff had completed training in how to keep people safe and staff said they had been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this to support people's safety. For example staff said if they saw changes in people's behaviour or signs of emotional distress this could indicate people were at risk of harm. Staff were confident people were treated with kindness and said they would immediately report any concerns to the management team and were confident action would be taken. They also knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We saw from people's support plans risks to people's safety and wellbeing had been assessed, managed and reviewed in order to keep people safe. For example we saw information for staff to follow included "How best to support me". This was guidance for staff to follow to help people on the autistic spectrum keep to their important routines and maintain their well-being so avoid anxiety.

Relatives and staff told us sufficient staff were available to meet people's needs. The provider followed robust recruitment procedures. Recruitment records demonstrated prospective staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks. DBS checks return information about any convictions and cautions, which help employers make safer recruitment decisions and prevented unsuitable people from working with people who lived at the home.

We saw people's medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example people's medicines were stored in a locked medicine cupboard. We saw written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. We saw daily medicine counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines so action could take place promptly if necessary to reduce risks to people's health and welfare. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures.

We saw the provider had taken into account infection control and prevention measures in order to keep people safe. For example when staff worked in the kitchen they used disposable aprons and gloves. Another example we saw was in one person's support file staff were reminded to wear aprons and gloves when cleaning a person's nails for them.

We looked at the way the provider recorded any accidents and incidents that occurred in the home. The

provider had an electronic system called "RADAR" where all incidents, accidents and near misses were recorded. This gave the provider and the registered manager opportunity to look for repeated incidents and patterns and see where lessons could be learned to prevent a further occurrence.

Is the service effective?

Our findings

People were supported by staff with the knowledge to meet their needs so they would be able to enjoy the best well-being possible. The registered manager told us how they had recently completed a specialist autism qualification with a local university, so felt they could offer current evidence based knowledge and support to the people living at the home. The provider encouraged staff to also gain specialist autism training. A staff member told us "This training really helped me understand autism and how it affects people." A relative told us they thought staff had the necessary skills and training to care for their family member. They said, "The staff are so well trained and patient understand [person's name] needs. They've encouraged them to try lots of new things" Staff told us they regularly received training, which assisted them to deliver good quality care for people.

We saw when new staff came to work at the home they were expected to complete the care certificate as part of their induction. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and found the provider had either applied or had authorisation of DoLS to help people stay safe. For example authorisations had been sought where people were required to have constant staff support whilst accessing the local community. We saw staff members were all very encouraging, helpful and positive with people and each other, the staff asked consent from people before supporting them with their particular needs.

People were encouraged to maintain their independence and enjoy their meal time experiences by offering the choice of what and where they would like to eat their meals. Staff had a good understanding of people's individual dietary requirements. For example it was recorded in some people's support plans they would benefit from regular healthy snacks throughout the day. We saw this occurred people were offered pieces of fresh fruit. In addition we saw drinks of juice were available in the lounge for people to help themselves and when people requested cups of tea, staff promptly responded and fetched one for them.

People's individual needs had been assessed and plans were in place to support staff in providing effective care to meet each person's needs. Relatives told us staff supported their family members to see health professionals and autism specialists so they remained as well as possible. Relatives confirmed they were notified of people's health appointments and their outcomes. One relative told us, "Staff take [person's name] to the hospital regularly to manage their [particular health needs] and they always tell me the outcome." Each person living at the home had their own 'Health Action Plan'. (A Health Action Plan records any health appointments, the outcomes and any further actions required). The information was in easy read format, to help people understand the contents. We could see from these records people had accessed doctors, dentists, physiotherapists, dieticians and psychiatric professionals as required to ensure people's

needs were met.

We saw the home environment had been adapted to meet the individual needs of people. For example we saw signage to assist people to find their way around the home. On the ground floor one room had been adapted to a sensory relaxation room for people to use. People were encouraged to decorate their home with personal effects to make it feel more homely, so they had a sense of belonging. One relative described the home as "Very homely".

Is the service caring?

Our findings

We saw people enjoyed spending time and were relaxed in staff's company. For example we heard a person asked a staff member to support them to go into town to purchase some new items. The staff member asked them which shops they would prefer to go to and asked if they minded if a new staff member came along. The person replied yes with a smile. Another example we saw was when one person returned from visiting their relatives home, they immediately greeted the staff with a hug. All the people and relatives we spoke with were complimentary about the staff being very caring. One relative said "[Person's name] considers Bethany Lodge home from home."

People were encouraged to stay as independent as possible and were encouraged to make as many day to day decisions as they could. For example what each person wanted to wear and what hobbies and fun things they liked to do. Information for people and staff had been collated in an easy read format to aid people's communication and express when and what they wanted to do each day. We saw on the dining room wall a pictorial timetable which one person used to select what activities and in what order they wanted to do things. We saw the person alter the chart throughout the day of the inspection and the staff duly respected and helped facilitate their choices.

Also on the wall was a picture where people had selected "Make a Wish" stating what they hoped to achieve. For example one person had said "I wish to go on another holiday". The registered manager confirmed this had been arranged.

We saw staff respected people's dignity, privacy and independence. When people required personal care, staff discreetly helped them to the bathroom without drawing unnecessary attention to what they were doing. We also saw staff had been given guidance on ways to ensure people's right to confidentiality was protected. For example, people's support plans were kept locked away in a cupboard.

Is the service responsive?

Our findings

In the PIR the registered manager had written, "All support plans are reviewed on a monthly basis by key workers with the people we support being encouraged to get involved with planning their care and support as much as possible. For all of the people supported, we invite family members and friends, as well as healthcare professionals to aid in the completion of these plans" One person told us "My keyworker sits down with me every month and we review my support plan and make any changes."

The registered manager told us as a result of this process, people were now trying different activities and opportunities. Some people were now in employment and others had started college courses. One person had started dog walking and others had been involved with a garden project. Staff told us how these activities had a positive impact on people and their wellbeing. We saw and heard staff members throughout the day ask people living at the home would they like to join in a variety of activities. One person living at the home asked a staff member if they could sit with them to review their support plan, as they were keen to progress their move to more independent living. We heard the staff member was up-to date with how this was progressing and able to reassure the person.

We discussed with the registered manager how responsive the provider was in relation to equality, diversity and human rights; and how they promoted inclusion for people of all religions, cultures and sexual orientation. They gave us examples of how they respected people's chosen religions, cultures and sexual orientation and any specific instructions were recorded in people's care plans for staff to follow. For example we heard how people were supported to attend church services of their choice.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found the provider had given information to people about how to raise a complaint in an easy read format so everyone could access help.

We saw the provider had sought to gain people's end of life wishes and these were recorded in people's support plans for staff to follow in the event of their death.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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.

People, relatives and staff all spoke very positively about the registered manager and the calm culture they had developed in the home since coming into post two years ago. One relative said, "Since he [registered manager] came into post the home is much more homely, he takes pride in the home." Another relative told us they felt able to approach the registered manager with any concerns or worries and they would be dealt with.

The registered manager had a clear vision of wanting to develop the service provided at Bethany Lodge to be a specialist service for people living with autism. They were keen staff were given as much training and support in the subject so they could deliver the best evidence based care for people. We saw the staff team worked closely with the community learning disabilities team to try to achieve the best outcomes for people. For example we heard how the register manager was working with community professionals to assist someone to move into more independent living.

Staff told us the manager and senior staff supported them to provide good care. Staff told us they knew what was expected of them through staff meetings and one to one meetings with their managers. A staff member told us, "The registered manager has made a real difference to the home, I now love coming to work here."

In the PIR the registered manager wrote, "There are systems in place to monitor legal compliance and ensure quality assurance. Key performance Audits are carried out by our Quality Team every 3 months and scores are monitored," We saw regular feedback of customer satisfaction had been sought from people who lived at the home and their relatives. Comments included "My [relative] has a good quality of life which they would not get if they still lived at home."

We saw the registered manager and provider had completed checks to make sure people's medicines were administered safely, health action plans and people's support plans were reviewed so they reflected people's current support requirements.