

Quality Homes (Midlands) Limited

Bethrey House

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

This inspection was unannounced and took place on 3 February 2016. At the last inspection in June 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

Bethrey House is registered to provide accommodation for up to 19 people who require personal care and support. On the day of the inspection there were 14 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. People received care from staff that protected them from the risk of potential abuse. Staff were confident in reporting any concerns or suspected abuse. Risks to people were recorded and understood by staff. There were enough staff to meet people's needs and provide them with effective care and support. People received their medicines as prescribed. Medicines were stored securely and there were clear audit trails for people's medicines.

Staff received regular training and had the skills, knowledge and experience to meet people's care and support needs. People's consent was sought before care was provided and appropriate assessments had been carried out around people's capacity to make certain decisions. People enjoyed the food provided and told us they received the food and drink they required. Staff were aware of people's preferences and people with specific dietary requirements received appropriate food. People had access to appropriate healthcare according to their needs and staff responded without delay to changes in people's health.

Staff knew people well and treated people with kindness. Staff had a good knowledge of people's needs and preferences. People were involved in making decisions about their care and support. Staff acted in a way that protected people privacy and dignity. People's relatives were welcome to visit the home at a time of their choosing.

People's care was tailored to their individual needs and choices. Staff had a good understanding of people's preferences and life histories and provided them with support that was responsive to their needs. People felt able to express their views to the staff or the registered manager. There were systems in place to manage complaints.

People, relatives, professional visitors and staff felt the home was well managed. Staff felt they were listened to when they contributed ideas and that they were valued. The registered manager and senior staff carried out quality checks to ensure people received good quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm by staff who understood their responsibilities in relation to keeping people safe. There were sufficient numbers of staff to meet people's needs. Medicines were stored and managed safely and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were asked for their consent before care and support was provided. People were supported to maintain a healthy diet according to their needs. People had access to healthcare professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were friendly and kind. People were involved in decisions about their care and staff supported people in a way that respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's changing needs were recognised and staff were kept updated so people received care relevant to their needs. People were supported by staff who understood their interests and activities were provided.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture and people were asked to share their views about the care they received. People and staff felt the home was well managed and staff expressed confidence in the registered manager.

Bethrey 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.

This inspection took place on 3 February 2016 and was unannounced.

The inspection team consisted of two inspectors. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with three people who lived at the home, two relatives, three staff members and the registered manager. We looked at three records about people's care and support, three staff files, medicine records and systems used for monitoring quality.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "Yes, I am definitely safe. I can be frightened of falling, but staff are here if you need them." People were protected from harm by staff who understood their responsibilities in relation to keeping people safe. Staff we spoke with knew how they would identify signs of possible abuse and were knowledgeable about the process they would follow if they had any concerns. Staff told us how they would escalate any concerns about people's safety and were aware of the provider's policies in relation to keeping people safe from harm.

Risks to people were identified and managed by staff who supported people in a way that kept them safe. Staff were able to tell us how they kept people safe. One member of staff told us how they monitored risks in relation to people's diet and nutrition and shared any concerns with the senior worker or the registered manager. We saw there were systems in place for staff to share information about possible risks with the rest of the staff team, including handovers and staff meetings. This meant staff could act in a way that kept people safe. We saw that where accidents or incidents had taken place they were recorded by staff and then investigated by the registered manager. Where necessary had been reported to the local authority and to CQC as required by law. We found that the provider learned from incidents that had taken place and took appropriate action to ensure that people's health and safety were protected. Any changes were recorded as part of the investigation and people's care plan and risk assessments were updated accordingly.

There were enough staff to meet people's needs and provide care although some people told us that when staff were off due to sickness or on leave, this could mean they waited a bit longer for support. One person said; "Sometimes I think they could do with more staff, but I don't have to wait long to see someone." Staff we spoke with felt there were enough staff to meet people's needs. One staff member told us, "There are enough staff to manage the needs of the residents." Another member of staff said, "There is a good skill mix in terms of staff and senior staff are always present." The registered manager told us they covered for staff absence at short notice and staff confirmed they stepped in when needed. Staff and the registered manager told us that staffing levels were dependant on people's needs and that people were reassessed if their needs changed and they needed additional staffing support. We saw that staff were available when people needed them and were able to respond to people quickly.

We looked at pre-employment checks carried out by the provider and found that necessary checks had been carried out prior to staff starting work. These included checks carried out by the Disclosure and Barring Service, which provides information about people's criminal records. We found the recruitment process undertaken by the provider helped to reduce the risk of unsuitable staff being employed.

All of the people we spoke with told us they were happy with the way they received their medicines. People told us they received pain relieving medicines when they required them. One person told us, "I am happy [with how I get my medicines]. The staff will give me my medicines if I am in pain." We saw staff supporting people to take their medicines and explaining to people what they were for. Staff also offered people their 'as and when required' medicines, including inhalers and pain relief, if they observed that people may need them. Staff told us they received training before they were able to support people with their medicines. The

registered manager or senior carers then carried out competency assessments where staff were observed while they administered medicines to ensure they were safe to do so. We looked at the medicines records for three people and discussed them with a senior member of staff. We saw that systems were in place to ensure people received their medicines at the right time as prescribed by their GP. We looked at the systems used to manage and store people's medicines and found the provider was doing this safely and securely.

Is the service effective?

Our findings

People told us they felt the staff were professional and were skilled in their work. One person told us, "The staff are absolutely brilliant, I can't praise them enough." We spoke with staff who told us they felt supported in their role and had the training they needed to meet people's care and support needs. Staff were able to tell us about their induction, when they started at the home, and felt this covered the areas required to ensure they supported people effectively. The registered manager shared with us how they supported staff who were both new, and established, they said, "I wouldn't expect anyone to do anything I wouldn't do myself." We saw that where relevant, staff were supported to undertake nationally recognised qualifications. The registered manager told us they regularly attended local training and information sharing events which enabled them to keep up to date with current best practice.

We saw different methods of communication used by staff which aimed to ensure that people received appropriate care and that staff had the most recent information available to them. The provider was in the process of introducing an electronic system for the management of information across the home. This included people's care records and notifying staff of any changes to people's care and support needs. Staff we spoke with were positive about this change and they told us it saved them time when recording information, which meant they could spend more time with people. One member of staff told us, "I prefer the new system, it takes less time."

People were asked for their consent before staff provided care and support. People and their relatives told us staff offered them choice. One person told us, "I always know what the staff are doing." Staff told us they always asked people before they began to provide care, and we saw examples of this throughout the inspection.

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 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 found that it was.

Although there were no current DoLS authorisations in place, the registered manager shared with us how consideration had been given to individuals living at the home and whether or not they were being deprived of their liberty. Staff had received training in MCA and DoLS and the registered manager, along with support from people's GP's, had assessed people's capacity to make certain decisions. These assessments were shared with staff and recorded in people's care records.

People told us they liked the food and were given choices about the food they had. One person told us, "We get a good choice of food, the cook will find an alternative if we don't like the options." We talked to staff

who demonstrated a good knowledge of people's likes and dislikes in relation to food and told us how they encouraged people to eat a healthy balanced diet. We saw that where appropriate staff had carried out nutritional assessments with people to ensure they received the correct diet. Staff shared with us examples of people who required specialist diets and we saw that the staff responsible for food preparation were aware of people's individual needs.

People were supported to maintain their health and had access to healthcare when required. People told us staff arranged appointments for them when they needed them. One person told us, "If I need to see a doctor I just ask and a phone call is made." We saw staff took appropriate action when people needed additional support from healthcare professionals and staff shared with us examples of when they had taken action due to people losing weight. We spoke with a visiting healthcare professional who told us the staff always followed any advice they gave in relation to people's healthcare needs and they found staff were friendly and knew people well.

Is the service caring?

Our findings

People told us that staff were caring and treated them with kindness. One person told us, "They [staff] always talk to me and ask me how I am." Another person said, "The staff are very good, they are friendly and helpful." We saw that staff treated people with kindness and had good relationships with people and their family members. We saw staff interacting positively with people, taking time to sit with them chatting and laughing. We saw staff take time to sit next to a person who became anxious and offer them comfort and reassurance.

People told us staff took time to listen to them and understand their needs. One person said, "Staff listen to me, they know my needs and wishes." We spoke with staff who could tell us in detail about people's life histories, interests and care needs. One member of staff said, "We treat people individually, their care is tailored to them, I ask them for their likes and dislikes." We observed care being provided and saw that staff knew people's preferences. We saw that people were comfortable and relaxed in the company of staff who supported them.

We saw that people were supported to make decisions for themselves throughout the inspection. We saw staff offering people choices about food and drink, activities, and where they would like to sit. Staff told us how they encouraged people to do as much as possible for themselves and asked people how they wanted to be supported. Where people had specific communication needs we saw that staff knew how best to communicate with them for example, flash cards and pictorial references. Staff also knew who to contact if they required any additional support, such as speech and language professionals.

People told us staff supported them in a way that maintained their dignity. One person told us, "I am treated with every respect possible." One relative told us, "I think their dignity is very well promoted and respected." Staff shared examples with us of how they supported people in a way that upheld their dignity which included giving people privacy when needed or requested, respecting confidentiality and supporting people with personal care in a discreet manner. We observed staff acting quickly when situations arose that could compromise people's dignity and they supported people discreetly with personal care.

People's relatives were able to visit at any time. We saw family members visiting during the day and staff were friendly and welcomed them. Relatives told us staff updated them with any relevant information about their family members when they visited the home.

Is the service responsive?

Our findings

People told us they were involved in making decisions about their care and support. One person said, "Staff talk to me, and ask if there's things I need, or would like to do." We saw that people had signed their care plans where possible and people's families had been involved where appropriate.

All of the staff we spoke with knew people's needs and shared with us examples of how they had responded to changes in people's health, preferences or interests. Staff told us they informed the registered manager about changes in people's needs and recorded information in people's records to ensure people received up to date care and support. One staff member said, "We review people's needs and report any changes to the manager. We look at whether additional equipment is required, or changes to food and drink. This is then shared in team meetings and handovers."

Relatives we spoke with told us they were kept up to date with details of their family member's health or involvement in activities. During the inspection we saw the registered manager and staff updating visitors and sharing information about any changes to people's needs.

People were encouraged to take part in activities that interested them. We saw activities were offered, although some relatives told us they felt there could be more variety. We saw that people were involved in choosing activities and had been asked for ideas about things that interested them. One staff member told us, "We consult with residents about what they would like to do and offer choices of activities; we also encourage people to take part." We saw some of the activities that had recently taken place included baking, colouring and indoor games.

The provider had a complaints policy and we saw that complaint forms were available in the reception area of the home, so people or visitors could access them if required. People knew how to complain if they were unhappy about aspects of their care and support. One person told us, "I am very happy with the care, but if I wanted to complain I would raise the issue with the manager." One relative we spoke with said, "I know of the procedure [for complaints] but I've never had to use it." We found there had not been any recent complaints and the registered manager told us they tried to communicate with people and families as much as possible, "It's about communication, I talk with families when they come in. Communication means people are kept informed." Staff were aware of the provider's complaints procedure and knew how to escalate any concerns raised directly with them.

Is the service well-led?

Our findings

All of the people, relatives and professional visitors told us they felt the home was well managed. One person told us, "It's all good. The manager is approachable and she responds to our queries promptly." A relative told us, "The manager is lovely and they are proactive in addressing any issues." People told us they liked living at the home and we saw that people, their relatives and staff were able to give feedback about the home and make suggestions about things that could be changed or improved. Feedback forms were available to people and visitors and we saw the registered manager sought people's feedback through resident's meetings and regular contact with people living at the home.

Staff told us there was an open culture in the home and staff felt they could discuss any concerns with the registered manager. The registered manager told us how the provider supported the home, and regular management meetings gave them any additional support they required. Staff told us they were comfortable to approach the registered manager with any concerns and were confident they would be listened to. One member of staff told us, "I think there is good leadership. The manager takes into account staff differences. I am able to approach them about issues or concerns." Another staff member said, "The manager is part of the team, they appreciate us." Staff told us they were asked to contribute their ideas in quarterly staff meetings, and that they received feedback from the management team on their performance in their role. Where staff took responsibility for a specific aspect of people's care we found them to be knowledgeable in this area and other staff members were aware of their role.

We saw that regular auditing was carried out by the registered manager and senior staff to ensure high quality care was provided. The registered manager shared with us examples of how they had taken on board feedback from other organisations, and made changes to improve the home. One example of this was the introduction of a 'Fire Box' to be used in the case of an emergency evacuation. We saw they registered manager and senior staff carried out audits covering areas such as health and safety, kitchen management, medicines, as well as reviews of people's care and support.

There was a registered manager in post who managed the home on a day to day basis. We spoke with the registered manager who demonstrated a good knowledge of all aspects of the home including the needs of people living at the home and their responsibilities as registered manager. The registered manager was aware of their legal responsibilities and had notified us of events that they were required to do so by law.

The registered manager worked with other professionals including district nurses and GPs and had approached them when they needed guidance or advice. They told us they kept their knowledge current by attending provider forums and training events provided by the local health authority and other care organisations.