

Bethel Care Services Ltd

# Bethel Care Homes

## Inspection report

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Essex  
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### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 20 October 2016. A subsequent announced inspection took place on the 24th of October to ensure we could speak with people living at the service.

At our previous inspection in July 2015, there were breaches to legal requirement in relation to short falls in the leadership and quality assurance systems in place. They had failed to pick up inadequate training, appraisal and maintenance of the service. Policies were not always up to date. People's records were not always accurate and they were not always lawfully deprived of their liberty. Staff awareness and training of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) was limited and out of date. During this inspection we found that improvements had been made.

Bethel Care Home provides accommodation and support with personal care for up to three people with a learning disability. On the first day of our visit the two people using the service were out. We observed interactions between a staff member and one person on the second visit.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff understood their responsibilities and how to recognise and report abuse.

There were appropriate risk assessments in place to manage any risks within and outside the service. Staff could explain the actions they would take to mitigate any identified risk.

Premises had been refurbished and looked clean. Appropriate health and safety checks, weekly fire drills took place to ensure the environment was safe.

Medicines were managed safely by staff who had received appropriate training. We checked medicine administration records and found no discrepancies.

There were appropriate recruitment checks in place to ensure only suitable staff were employed.

Although staff were supported by regular supervision and appraisal, we found that training could be further improved in areas such as autism awareness and understanding of the MCA. We recommend the provider seeks advice on appropriate training. In addition the signage in within the service was not in a pictorial format and could not be easily understood by one of the people.

People were supported to access health care services in order to maintain their health. We saw evidence of input from the GP and that referrals were made appropriately.

Care plans were individual and more specific to people's needs. They were reviewed when people's needs changed.

We observed that people were treated with dignity and respect. People's diversity was respected and they were supported to eat a diet that met their cultural needs and preferences. People were enabled to attend their preferred places of worship and to maintain relationships with people who were close to them.

There was a complaints procedure displayed at the entrance in a pictorial format that was understood by people who used the service.

People told us they went out when they wanted. Activities were based on people's interests and included regular outings.

Staff had attended mental capacity training but were not always fully aware of how it applied in their daily practice. The registered manager had taken appropriate steps to ensure a person's best interest's assessment took place in order to lawfully deprive them of their liberty for their own safety.

People thought the service was run well by an approachable management team. Staff and people were involved in how the service was run.

## 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. There were procedures in place to manage medicines and protect people from abuse. The premises had been renovated in places was clean and checked regularly.

People told us there were enough staff to support them. Risk assessments were completed in order to minimise the risk of preventable harm.□

### Is the service effective?

Requires Improvement ●

The service was not consistently effective. Staff had limited knowledge in relation to applying the Mental Capacity Act (2005) in a care homes setting. However, the registered manager had taken appropriate steps to ensure that procedures to lawfully deprive people of their liberty when it was in their best interests were followed.

Staff were supported by means of regular supervision and annual appraisal. However, there were still shortfalls in understanding of MCA, and autism awareness. In addition signage within the service was not in a format that could be easily understood by people using the service, thereby not always promoting independence.

People were supported to access health care services when required and were encouraged to eat a balanced diet.

### Is the service caring?

Good ●

The service was caring. People told us that staff treated them with dignity and respect. Staff were aware of people's preferences and gave examples of how they promoted choice.

People had access to information about activities and how to make a complaint. They were involved in aspects of care such as meal planning and planning their day.

Steps were taken to encourage people to be more independent although for one person this was still work in progress.

### Is the service responsive?

Good ●

The service was responsive. People were encouraged to maintain contact with friends and relatives. They were encouraged to pursue their social and educational aspirations.

There was a complaints procedure in place which was known by staff and accessible for people and their relatives.

Care plans were individualised and had details of people's likes and dislikes. They were reviewed regularly and relatives were encouraged to participate in yearly care reviews.

**Is the service well-led?**

**Good** ●

The service was well-led. People told us the manager and staff were approachable and that they felt involved in how the service was run. Records and policies were up to date and stored upstairs in the office.

Staff were aware of their daily responsibilities and the values and vision of the service.

Regular meetings took place to ensure staff and people were involved in the day to day running of the service

# Bethel Care Homes

## **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 20 and 24 October 2016 and was unannounced on the first day. The inspection was completed by one inspector.

Before the inspection we gathered information from safeguarding notifications, and previous inspections. We also contacted the local authority and the Healthwatch to find out information about the service. We received feedback from social workers.

We spoke to one person who used the service and observed people. We spoke to two staff members, the registered manager and the provider. We reviewed three staff files, two care plans, handover records and the daily log books. We also reviewed records relating to food temperature checks, daily cleaning schedules, incidents certificates and risk assessments. We saw the training and medicine administration records.

# Is the service safe?

## Our findings

At our previous inspection in July 2015 we found aspects of the service were unsafe. Premises and equipment used by the service were not always clean and suitable. During this visit the bathroom mould had been removed and the downstairs toilet had been renovated. The flooring throughout the service had been replaced and the broken bed had been replaced. The premises were clean and in a better state of repair. We checked cleaning schedules and found them to be consistent with what we saw. Substances hazardous to health were kept securely in a locked cupboard with appropriate risk assessments in place to mitigate any identified risk.

Staff were aware of how to report any signs of abuse and told us they would not hesitate to report any concerns. They mentioned a flow chart displayed within the service and in the folder where the policies were located. The safeguarding policy had been updated in order to signpost staff as to who to contact to report abuse in the absence of the registered manager. We checked and found no recent safeguarding incidents. The one incident that happened since our last inspection had been reported appropriately. One person said, "I am treated very well. I have no concerns." We also saw an appropriate system in place to check petty cash daily and ensure there were no discrepancies and to safeguard people from financial abuse.

We found completed risk assessments and actions to take in order to prevent risks for people within the service and in public places. Additional risk assessments for when people went on holiday were in place. Staff were aware of these risks and the steps to take to mitigate the risks identified. For example, staff knew the signs to look out for that could trigger distress and how to respond in such situations. Adequate fire risk assessments were completed as well as health and safety checks. There was an incident and accident reporting structure that staff knew and followed.

There were procedures in place to deal with foreseeable emergencies such as fire and medical emergencies. Staff were able to explain the procedures they would take to keep people safe. One person said, "We practice coming out when the fire alarm sounds." The emergency lighting had been fixed and was tested regularly to ensure it was working when the need arose.

People told us they were happy with the staff that cared for them. One person said, "I like the staff. We get on well and there is always someone around." We reviewed staff rotas and noted that there were enough staff to meet people's needs according to their schedules. On the days people went to college and day centres, the registered manager was the only staff at the service. On days people were at home two staff members were at the service during the day. Staff absence was covered by regular staff who understood people's needs.

There were robust recruitment methods in place. These included interviews, reference checks, proof of identification and qualifications. Disclosure and barring checks were also completed to ensure that only suitable staff were employed. Staff confirmed that they had undergone extensive checks before they were allowed to work at the service.

People received their medicines safely. One person said, "I know what my tablets are for. Staff remind me to take them." The service followed safe practice around storing, administering and disposing of medicines. We looked at medicine administration records and found no inconsistencies. Staff were familiar with how to order medicines and knew why people were on medicine. We saw that people were reviewed by GPs where needed and received pain relief prescriptions as required.



## Is the service effective?

### Our findings

At our last inspection staff did not always receive appropriate training and appraisal to enable them to carry out their duties effectively. During this inspection we found that staff had attended mandatory training such as infection control, first aid, safeguarding and Mental Capacity Act (MCA) (2005). However, we noted that staff understanding of the MCA was still limited. In addition there was no specific training for autism or other learning difficulties spectrum. This potentially impacted communication with a person who was nonverbal. The signage within the service did not currently meet the needs of some people using the service as it was not in a format that could easily be understood by people using the service. We recommend that further guidance is sought to make sure training covers the right areas to meet people's needs.

The 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. Staff gave examples of how they ensured they gained consent before they supported people and understood that capacity could be variable.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At our previous inspection in July 2015, DoLS and the key requirements of the MCA were not fully understood. During this inspection we saw that staff had attended training and were aware of instances when they needed to seek authorisation to lawfully deprive people of their liberty. The manager had taken appropriate steps to ensure people were lawfully deprived of their liberty when it was in their best interests.

Staff were supported by means of annual appraisals and regular supervision. Staff told us they were happy with the support they received. One staff said, "The manager has been supportive. I had a good induction including shadowing and meeting with the manager every few weeks to discuss how I am and how we can improve people's lives." Regular staff meetings, daily handovers and a communication book were used as a tool to communicate and update staff on any changes in people's care needs.

The service monitored people's health and care needs and acted on issues identified. We saw that people were supported to attend annual health checks and had access to the GP when required. We saw people had been taken to the emergency department when they required urgent medical attention and had been assisted to attend surgical interventions when required. The service made an effort to implement advice given by healthcare professionals in a timely manner. However, we noted that there was still work to be done to encourage people to accept blood tests and dental checks. This could be encouraged by requesting for home dental and blood test visits to ensure people were in a familiar environment and more likely to accept treatment.

People were supported to eat regular meals. Weights were monitored regularly with the consent of people who used the service. We noted a person was still being encouraged to watch their portions to avoid excessive weight gain. Fresh fruit and healthy snacks were readily available for people to eat when they wanted. One person said, "I cook for myself and shop for what I want to eat." Another person had a pictorial menu in place and a weekly menu that incorporated their favourite food. Food temperature checks were completed prior to serving meals to prevent bacterial growth and food poisoning. Food stuffs were stored appropriately with date of opening or date prepared clearly labelled to prevent people from eating expired food.

## Is the service caring?

### Our findings

People told us that care delivered was good and met their needs. One person said, "I am more than happy here. I go and come as I please and do my own cooking." We observed that people could get up when they wanted and saw in care plans they could go to bed when they wished. We observed positive interactions between staff and a person. We saw staff encouraged a degree of independence during personal care. There was evidence in daily logs that people were being encouraged to be more independent by doing simple tasks like taking their plate to the kitchen after meals. Consideration when shopping in order to enable people to be independent was also noted in simple ideas such as buying smaller water bottles rather than large ones in order to enable people to get their own water from the fridge when required.

The service encouraged and supported people to spend time with family and friends. One person told us, "I speak to my family all the time. I also visit them and my friend." On the day of our second visit, one person had gone away for the weekend with their family. We saw evidence that relatives had been involved in annual care planning reviews. We saw that actions from the latest reviews were in the process of being implemented in order to improve people's quality of life.

Staff knew and understood people's history and preferences including their preferred names. They were able to explain how people communicated using facial expressions and gestures. Although communication care plans were limited, they included the meanings of what some non-verbal cues meant. In addition there were a few pictorial signs in the lounge to aid communication with people. Staff told us about how they took a person out regularly who enjoyed sight-seeing.

People were supported to access pain relief when in pain and checked regularly to ensure they were comfortable. One person said, "Staff help me a lot, when I am in pain. They do their best to cheer me up and give me medicine." We were told and saw in care plans that a person responded well to songs by smiling and dancing. Staff understood and responded to each person's worship and spiritual needs. People were supported to eat cultural specific food and attend religious services when they wanted.

People were treated with dignity and respect. One person told us, "Staff are polite and respect my wishes." We observed that people were treated with dignity and respect. Staff told us how they supported people with personal hygiene needs when required allowing them time and enabling them to choose what clothes to wear. Staff understood and respected people's confidentiality and kept people's files and personal information in the manager's office.

## Is the service responsive?

### Our findings

At our previous inspection we found that people's records were not always accurate. Staff were aware of the needs of the people but these were not always documented in the care plans we reviewed. During this inspection we found care records had improved and were more person centred. They were reviewed as and when people's needs changed. People's health action plans were in place. In addition, documents entitled "My one page profile" and a "communication profile" were in place to show people's needs at a glance. This included information about effective strategies for engaging and initiating conversations. Staff understood these and could demonstrate how they used them in practice

People's care needs were assessed before they began to use the service and reassessed in order to ensure that their needs were identified. People's records evidenced that past medical history, likes and dislikes and religious preferences were noted and incorporated in care plans. Night time routines and personal care preferences were also documented to ensure staff understood people's preferences. People were involved in developing their own care plans. The care plans included details of how individual support was to be given. Staff told us the care plans were useful but also said they always asked people on a daily basis what they wanted to do or how they wanted care delivered and therefore were flexible. For example, they told us that they would only assist people with personal hygiene when they were ready and do not just stick to rigid bath times.

People told us they were happy with the activities. One person said, "I have plenty to do here and outside." At our previous inspection there was a planned timetable of activities but this was not dated and was not always followed as people's choices rightly overrode the schedule. During this visit the activity schedule had been updated. We saw in the daily records that people went out regularly to college, day centres, sight-seeing and shopping. One person had recently been on a holiday with a member of staff and we saw pictures of them visiting various sites. Another person went away for weekends with friends and family. On our second day of inspection we saw a person engaged in puzzles and watched some television. Staff also discussed the lunch menu with the person and told us they now helped to cut up some carrots with support. People were supported to engage in activities they enjoyed.

At our previous inspection staff were aware of people's needs but did not always respond in good time. During this inspection staff showed a better insight into people's needs. We saw staff responded positively to non-verbal cues and also let people do things at their own pace. For example, a person decided to go upstairs and stay there for a while and then indicated they wanted to change their clothes. Staff followed them and asked if they were ok and let them do what they could without taking away their independence.

There was a complaints system in place which was displayed at the entrance in a format that could easily be understood by people using the service. One person said, "I can tell staff or [manager] if I have anything to say. I have no complaints." Staff said they would deal with complaints immediately or ask the manager to intervene. There were no recent complaints in the complaints folder. We saw a folder where complaints could be logged and investigated.

People were supported to express their views through feedback using questionnaires and at any time they wanted to comment on how the home was run. One person said, "Yes they ask me to write what I think about living here." The feedback forms were pictorial and could easily be understood by people. Relatives were also given the opportunity to complete feedback questionnaires annually.

## Is the service well-led?

### Our findings

At our previous inspection in July 2015, we found the service did not have effective systems to monitor the quality of care delivered. During this inspection we found improvements had been made with the exception of record keeping where sometimes records were not dated properly. We recommend further guidance is sought about best practice record keeping guidelines.

There was a registered manager in post. They had notified us appropriately of any issues and concerns as required by law. The registered manager was supported by the provider who was onsite towards the end of our inspection and visited the service regularly. People recognised the registered manager and the provider by name and told us they were very visible and involved in the day to day running of the service.

People told us that staff and the registered manager were approachable and ran the service well. "I say what I want and they listen." Staff told us they could call the registered manager out of hours and also got a chance to discuss any issues during handover and staff meetings.

There were improved systems in place to ensure care was delivered safely. The quality checks in place included health and safety, medicines and infection control. A training matrix was in place to help identify training that was overdue and ensure that staff attended relevant training. Staff were now completing mandatory training and policies had been updated to reflect current guidelines. Staff were aware of where to locate policies and said they would refer to them when needed. The statement of purpose and vision and values had been updated and reflected a more person centred approach.

Staff told us their views were sought during handovers, staff meetings and supervision. They told us they felt supported by the registered manager and thought there was an open and honest culture where staff could approach the registered manager about anything. We reviewed records that indicated that team meetings occurred regularly and included discussions about how to improve the care delivered.

At our previous inspection, not all staff understood their roles and responsibilities. During this inspection, staff were confident and could explain their duties and responsibilities in terms of health and safety, infection control and supporting people effectively. New staff had been recruited and the remaining staff we met at the previous inspection had attended refresher training to keep up to date with the latest guidance. This enabled them to deliver care more effectively. One staff member said, "I had a good induction and know all the care and duties that need to be completed each shift." However, specific training relating to autism was yet to be delivered and would help staff to fully understand people's needs.