

Bethshan Nursing Home Limited

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Inspection report

Yewbarrow Close
Whitehaven
Cumbria
CA28 8HB

Tel: 01946590071

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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

Bethshan Nursing home provides support for up to 34 people who may require nursing and personal care and may also be living with dementia. Accommodation is provided on two floors and there is a passenger lift to help people to access the lower floor. The home has a range of equipment suitable to meet the needs of people living there. The home mainly provides support to older people. All bedrooms are ensuite and each floor has a communal lounge and kitchen area for snacks.

At our last inspection, 14 September 2015, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

Why the service is rated Good:

People continued to be safe living in the home. Hazards to people's safety had been identified and managed. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

Robust systems were used when new staff were employed to ensure they were suitable to work in the home.

The staff received training and support to ensure they had the skills to provide people's support in a safe way. The staff knew how to identify and report abuse.

Care was assessed, planned and delivered to meet people's needs. People who lived in the home, and others who knew them well, were included in planning their support.

People continued to receive the support they required to maintain good health. They had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received their medicines in a safe and timely way.

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

We saw a positive dining experience was provided to people who used the service. Meals were of a good quality, varied and people were given choices. The staff were knowledgeable about the support people required to enjoy their meals and drinks safely and this was provided.

People and relatives said staff were kind and caring. Staff had time to interact and engage with people and not just when they carried out tasks. The staff promptly identified if people were unwell or anxious and provided assistance as individuals required.

People were provided with activities and entertainment of their choosing and regularly accessed activities within the community. Technology was used to enhance people's lives such as access to the internet for leisure and for keeping people safe by means of sensor mats and beams.

People had the opportunity to give their views about the service and feedback was acted upon in order to ensure improvements were made to the service when required. A complaints procedure was available.

The provider had systems in place to ensure the delivery of good quality care. The home was well maintained and had an on-going programme of improvements for the benefit of people living in the home.

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 ●

The 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 ●

The service remains Good.

Bethshan Nursing Home Limited

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 4 April 2018 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience working on behalf of CQC. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had expertise in the care of people living with dementia.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted commissioners from the local authorities who contracted people's care. We also contacted the local safeguarding and adult social services teams. We used all this information in a planning tool prior to conducting the inspection.

During the inspection we spoke to 11 of the people living in the home and five of their relatives. We spoke to six members of care staff, two nurses on duty, the registered manager, the handyman, and the cook. We also spoke with two visiting healthcare professionals.

We looked at a sample of care records belonging to six of the people who used this service and we observed

staff supporting people with their day to day needs in communal areas. We looked at the recruitment records of five staff, including two newly recruited staff, the staff duty rosters and staff training records. We checked maintenance contracts and quality assurance audits the registered manager and provider had completed.

Is the service safe?

Our findings

People told us they "always" felt safe and said the staff gave them advice about how to maintain their safety. People we spoke to said, "The girls [care staff] are just wonderful, they come if you buzz even at night" and another person said, "I am very safe here and I have no worries." A relative said "I have never seen anything to worry me and there seems plenty of staff."

People told us there were enough staff employed in the home. During our inspection we observed that people received the support they required promptly because there were sufficient staff working in the service. Staff we spoke with told us they had enough staff to undertake their role safely. We undertook observations on both floors in the home and saw staff supporting people in an unhurried manner. Call bells were answered promptly to ensure people received timely intervention and support with their needs.

We saw that the registered manager regularly reviewed staffing levels and had recently increased staffing levels on one of the floors due to an increase in the needs of some people. One relative had contacted us prior to the inspection with concerns about the staffing levels but on the inspection they told us that this had improved recently. We saw how the registered manager had reorganised some staff shifts so that there were more staff on duty at times when people required the most support, such as at lunchtime and early evening.

The staff we spoke with told us they had received training in how to provide people's care safely and how to identify and report abuse. Policies and guidance were available to support staff in ensuring people were protected from abuse as well as the measures to take if abuse was suspected. One relative told us, "I'm a school governor and I know quite a lot about safeguarding and what to look for and expect, and this place is great I couldn't have found a better place."

Staff were trained in understanding human rights and matters of equality and diversity. Staff could also talk about the balance between individual rights and the duty of care. The staff knew how to support people to maintain their safety while respecting their rights. Risks to people's safety had been assessed and actions taken to manage them. We observed staff moving people with hoists, wheelchairs and various mobility aids. This was done appropriately, in-line with people's care plans and with quiet advice and encouragement.

Robust checks were completed before new staff were employed to ensure they were suitable to work in the home. All new staff had to provide evidence of their good character and the registered manager obtained a check against records held by the Disclosure and Barring Service. This helped the provider to ensure the suitability of new staff.

People received the support they required to take their medicines as their doctors had prescribed. The staff told us they had completed training to give them the skills and knowledge to support people to take their medicines safely. Medicines were stored securely to prevent their misuse. The home had a registered nurse on every shift to administer medicines and senior care staff had received training to allow them to assist.

The premises were safe for people to live and work in. The staff carried out regular checks on the premises to ensure they were secure and that equipment was safe to be used. The registered provider had also employed specialist external companies to carry out reviews of the safety of the premises and equipment.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire.

Each person in the home had a detailed personal emergency evacuation plan, (PEEPs) to guide staff on how to support them to leave the home in the event of an emergency. We found the PEEPs accurately reflected the support individuals would require and were reviewed if an individual's needs changed.

People were protected against the risk of infection. The staff were knowledgeable in how to control infections and there was suitable equipment provided such as disposable gloves, hand washing facilities and disposable hand towels. Throughout our inspection we saw all areas of the home were clean and free from odour.

Is the service effective?

Our findings

People told us the staff who worked in the home knew how to provide their support and were "good at their jobs".

We found assessments of people's needs had been completed to identify the support people required. Appropriate specialist services had been included in assessing individual's needs to ensure support could be provided in line with best practice principles. The service had developed good partnership working with other professionals when people transferred from hospital. The home frequently took people on a quick discharge directly from hospital, referred to as 'fast track'. The health care professionals we contacted said the home managed this well and were good at following advice and referring people for follow ups.

People received the support they needed to access appropriate services and to maintain good health. These included local GPs, dentists and opticians and specialist services appropriate to their needs. Where health services had given advice about how to support individuals we saw this was included in their support plan and the guidance was followed by the staff in the home.

One health care professional told us, "Bethshan work with us and refer appropriately, even if it is for advice only. They are at present looking at purchasing equipment after trialling a mattress replacement on loan from us as they have recognised the benefit for the person. They follow instructions and if they have any concerns they will contact us straight away. They inform us promptly if they have any concerns around pressure ulcers and have allowed staff to attend training on pressure ulcer prevention and also have been involved in The Copeland AVOID Pressure Ulcers work."

The staff training records showed staff were kept up-to-date with safe working practices. The staff we spoke with told us they had received appropriate training to work in the home. Training courses included nutrition and malnutrition, continence care, pressure area care, privacy and dignity awareness, falls prevention, and equality and diversity. The majority of support staff, over 80%, had achieved a National Vocational Qualification (NVQ), at level two or three, now known as the Diploma in Health and Social Care.

Some people who lived in the home had complex needs and the staff had completed a range of training to give them the skills and knowledge to provide people's care. The registered nurses we spoke with told us they were given training and support to validate their registration as nurses. One told us, "We get really good opportunities to go to national conferences and to enrol on courses that benefit people. I'm about to attend a course on promoting good oral care and we recently had a 'dementia bus' that came to the home that gave staff and relatives real life experiences of sensory deprivation associated with dementia."

All of the staff we spoke with told us they felt well supported by the registered manager and senior staff employed in the service. The staff had regular formal meetings with a senior person in the home where they could discuss their practice and any training needs.

We saw that people received the support they required to enjoy their meals safely. Throughout our

inspection people were given a choice of hot and cold drinks and a good variety of fresh home cooked food and were supported to enjoy these. One person told us, "The food is very good, my drinks are thickened now and I have milkshakes, I do like that." Another said, "The choice is very, very good. I've just had homemade lentil soup, my favourite and the roast dinners are lovely." A relative told us, "The meals are of really good quality and I like the fact that the cook comes out to ask everyone if they enjoyed their meal. She knows everyone's likes and dislikes."

A staff member said, "If someone's hydration or eating needs to be watched we have individual folders with charts in their bedrooms." We saw that the registered manager carried out a monthly audit to monitor people's weights and put in place interventions to ensure people remained healthy and made appropriate referrals to healthcare professionals for advice and support, such as dieticians and speech and language therapists.

The premises were suitable to meet people's needs. People who lived in the home were included in choosing the décor and furnishings and the environment provided homely and comfortable accommodation for people to live in. The provider had made numerous adaptations to meet people's needs such as purchasing profiling beds and by the use of technology, such as sensor mats and sensor beams to prevent falls by alerting staff to people's movements.

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 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.

The registered manager and staff in the home had completed training around the principles of the MCA and how to ensure people's rights were protected. Where the registered manager had identified that people required restrictions on their liberty, to ensure their safety, a DoLS had been applied for. At the time of our inspection some DoLS applications were in the process of being assessed by the local authority as the supervisory body.

People's rights were respected in the home. We saw that people only received support with their agreement. The staff knew how people who could not verbally give consent showed they agreed to their support. Wherever possible people signed to their agreement on all the paperwork we checked.

Consent forms were in place as were Do Not Attempt Cardio Pulmonary Resuscitation forms. These had all been updated as necessary. Staff ascertained that any legal requirements, like lasting power of attorney, were in place and would act upon them.

Is the service caring?

Our findings

People we spoke with were all very positive about the care and support provided by staff. Their comments included, "It's brilliant, my family are so happy that I have settled in so well. Nothing is too much trouble for them, I get turned and creamed and fussed over, it's great" and ", I am very comfortable and they look after me so well, the girls [care staff] are very good, so kind, they would do anything for you"

The relatives we spoke with were also very complimentary about the caring attitude of the staff and praised the staff for their attention to detail. We saw that people were well groomed; women wearing jewellery and matching clothes and men well shaved and wearing wrist watches. A relative said "I come in when I like, staff make me very welcome. You like it here don't you?" (to relative) oh aye it's grand here, very good I have no problems with it'. Another relative said, "They look after [relative] beautifully. I couldn't ask for better" and another relative told us, "You can't fault the staff, they have been marvellous. We thought we were going to lose (relative) the other day but they've got her round again"

We saw that staff clearly demonstrated consideration and were thoughtful about trying to improve the quality of people's lives. For example the maintenance person had set up one person Ipad onto a stand so that they could more easily use it while sitting in a wheelchair. The maintenance person had also set up a home cinema for one person who was confined to lying flat on their back in bed, due to a medical condition, and this person's favourite nature films were projected onto the ceiling.

We saw people were comfortable and relaxed around the staff who were on duty in the home. Throughout our inspection the staff were very attentive to people and treated people in a caring and respectful way. The staff understood how people's mood and actions could show they were anxious or feeling unwell. The staff knew how to reassure and support people. They gave people prompt and appropriate support to reduce their anxiety and to manage minor ailments.

The staff knew people well and spoke with individuals about things that mattered to them. They gave people their time and we saw people enjoyed talking and joking with the staff on duty. There were meaningful conversations about the town and world events between staff and residents.

It was evident throughout the home that the staff and residents had a meaningful relationships. People living in the home were asking from staff about unwell members of the staff's family and vice versa. There were photographs of people living in the home with staff member's babies and toddlers. Some people were attending staff weddings later in the year. One person told us, said "It's grand here, she's the best (indicating a staff member) I know her and all her family. The staff member said "We used to live on the same estate." This conversation then went onto include other people sitting in the lounge and people spent time reminiscing about past events and people they knew in common.

People were supported to maintain relationships that were important to them. This included seeing their families and friends. We noted that the high number of visitors and relatives was a feature of the home and staff we spoke to said they tried to go out of their way to make relatives feel welcome. Staff had taken

people to family celebration and events and helped them to buy outfits for the occasions.

People's independence was promoted. The care records we looked at included guidance for staff on how to support individuals to carry out tasks themselves. The home made use of technology to promote people's independence. The service had recently upgraded the WIFI in the home so that it was more reliable and we saw people using Ipads to do internet shopping and to enjoy online quizzes and jigsaws. The home had provided some people with modern 'sports' type drink bottles which enabled them to drink more independently.

We saw and were told about the methods used to support people in expressing their views and making decisions about their care. Easy read information was displayed, such as the day's menu and posters about how to report complaints or safeguarding concerns.

Throughout our inspection we saw people's privacy and dignity were promoted. People were supported to maintain their appearance and guided to maintain their personal hygiene. The staff discreetly checked that doors to private areas, such as toilets and bathrooms, were closed while people were using them. Staff knocked on bedroom doors and called out before entering. Requests for toileting were dealt with discreetly. The staff consistently spoke to people in a friendly and considerate way and treated each person as an individual and with respect.

The registered manager of the service was knowledgeable about local advocacy services that could support people to express their views. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes. One person was a member of a local advocacy group and was supported to attend activities they held. People who lived in the home had access to support from appropriate agencies to share their views.

Is the service responsive?

Our findings

We saw that full assessment of needs had been completed for everyone in the home. These covered physical, psychological, emotional and social needs. From these assessments care plans were developed that were detailed and comprehensive. People told us they had been asked about their needs and their opinions.

Each care plan that gave information for the staff about the choices people had made about their lives, their preferences and the care they required. The records we looked at showed that individuals, and others who knew them well, had been included in developing the care plans.

Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. Evaluations were detailed and included information about peoples' progress and well-being. We saw that tools were used to monitor people with more complex health care needs such as being at risk of pressure ulcers or at higher risk of falls.

The staff we spoke with said the care plans gave good information and guidance about how to support people. These plans had been reviewed as people's needs changed to ensure they remained accurate and gave the staff up to date information. One of the nurses we spoke to said, "We get protected time additional to our shifts so that we can update the care plans which is great as you can make phone calls and follow up on any issues." A relative told us, "I have two relatives in here and it's fine, we get a review once a year and they always phone me if there is anything wrong." Another relative told us, "They are quick to respond to any changes in health. Yes they are definitely on the ball getting in the GP or different equipment."

The home worked with hospice nurses and the GP's to ensure people had comfortable, peaceful, and pain free end of life care. In one of the numerous than you cards we saw one relative had written, 'I can't thank the home enough for the excellent care you gave mum and the reassuring hugs you gave us too. Her passing was made as comfortable as possible and we will be forever grateful.' People's end of life wishes were recorded and Do Not Attempt Cardio Pulmonary Resuscitation forms in place and up to date. Where people had expressed a preference to dying in the home this was clearly recorded in the person file 'not for hospital' so that any unnecessary interventions and distress were avoided wherever possible.

Staff followed national best practice such as 'One chance to get it right' and NICE guidelines for end of life care. Staff had received training on managing people's pain relief and on aspects of end of life care, such as mouth care. The home ensured that anticipatory medicines were available which the person might need through good communication with GPs about a person condition and so avoided delays and meant the person was kept comfortable.

During our inspection we saw that people chose where and how they spent their time. People could spend time in their own rooms or in one of the communal areas in the home as they wished. The staff knew people well and suggested activities they may wish to take part in.

We saw that there was a full range of activities for people to take part in. This included going out for shopping and day trips in the home's mini bus. A staff member said "Each afternoon one of the staff is responsible for activities, we have a list up of everything and people choose what they fancy doing." The list included baking, music sessions, Church services, current affairs, film afternoons, pamper sessions. One person said , "I like it when I have my nails done we have someone come in to do shellac nails, look at mine, I chose glitter ones." A staff member said "If people stay in their bedrooms we make sure we do a one to one with them. We never leave them out".

In one sitting room there was a 'Living eggs' scheme, with an incubator with eggs waiting to hatch. Two hatched that afternoon and staff brought people to see them. A member of staff was recording the hatching with time lapse photography so it could be watched by everyone later. People were captivated and even those who had been quiet became animated and everyone was thrilled watching the chicks hatching.

People said they knew how to complain or raise any concerns. The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure that was available in the contract they signed when they moved into the home. A record of complaints was maintained and we saw the most recent one had been investigated and resolved appropriately. Several cards of appreciation were also available from relatives expressing thanks to staff for the care provided.

Is the service well-led?

Our findings

The home had a suitably qualified and experienced 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.

Those people we spoke to all knew who the registered manager was and told us that they were very approachable and they spoke to her most days. One person told us that the registered manager was, "Very good and easy to talk to. The manager listens to what I have to say." Senior staff told us that the registered manager was always available to speak to and talk things through with.

People told us Bethshan was "A good place to live". People who lived in the home were involved in decisions about how the service was provided. This included meetings where planned changes to the service were discussed and informally by staff asking people for their views and giving people choices about their lives. One of the plans had been to add a sitting room that could be used for relatives to meet with visitors, to hold review meetings for people and to have a sofa bed when relatives needed to stay over.

The provider, registered manager and staff carried out checks on the premises and quality of the service to ensure people received a high quality, safe service. Where the registered manager identified areas that could be further improved actions were taken to address the areas identified. We saw numerous improvements that had taken place to improve the service over the last 18 months. These had included moving and installing a new larger more efficient kitchen and central heating boiler system, and two new bedrooms had been built that were ensuite with wet room shower facilities.

The registered manager told us she felt well supported by the registered provider. She said she was supported to make improvements to the home to ensure people continued to receive a high quality service. We had evidence to show that the registered provider had analysed and reviewed the governance arrangements and had listened to people's views and those of the staff. For example the registered manager, in agreement with the provider, had refined the staff rosters and had increased staffing levels when people most needed support. One suggestion of an extra care staff on shift on the day a new resident was admitted to the home had come from a relative. This had now been adopted and had been a great success. The registered manager told us, "This one carer is allocated to the new person and makes everything smoother and offers the person more one to one time and reassurance."

Records showed audits were carried out regularly and updated as required in order to monitor the care and support provided by the home. Monthly audits included checks on medicines management, care documentation, kitchen audits, accidents and incidents and nutrition and weight audits. We also saw how the digital call bell system was analysed each month to ensure that staff response times were within acceptable parameters.

There were regular staff meetings. We saw from the minutes that these meetings offered an opportunity to

staff to share their views and to be updated by the management. Some meetings included updates on specific training areas such as safeguarding and staff had been reminded about forthcoming training dates.

The registered manager had developed relationships with partner organisations including the local authority who commissioned to ensure that people received the support they required. They had taken part in local health initiatives such as the falls prevention and pressure ulcer awareness campaigns.

Registered providers of health and social care services have to notify the Care Quality Commission of important events that happen in their services. The registered manager of the home had informed us of significant events as required. This meant we could check that all appropriate actions had been taken.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.