The Trustees of Bethany Homestead

Bethany Homestead

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on the 14 and 17 September 2015. Bethany Homestead provides accommodation for up to 38 people who require residential care for a range of personal care needs. There is also a complex of bungalows within the grounds where some people receive personal care and support to enable them to retain their independence and continue living in their own home. There were 37 people in residence and 6 people receiving care in their own homes during this inspection.

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.

The registered manager had the knowledge and experience to motivate staff to do a good job however, they were not always supported by the provider on a daily basis. The provider relied on committees to make

Summary of findings

decisions which had the potential to delay actions that had an effect on the management and maintenance of the home. Systems and processes for the health and safety and maintenance of the home required improvement and embedding as more support from the provider in establishing these was required.

People were supported to maintain their links with the community and with significant others, such as friends and relatives. The provider had an entertainment committee to fund activities, however the provider did not provide sufficient support for people to take up activities, they instead relied on the good will of the Friends of Bethany Homestead and volunteers to provide enrichment to people's daily living.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse. People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the training to provide safe care. However the deployment of staff needs to be strengthened to ensure that there are sufficient staff on duty at all times to enable people to pursue their interests.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. Staff referred people to relevant health professionals where indicated. People's care plans reflected their individual needs; they had been involved in planning and reviewing their care when they wanted to.

Staff were kind and compassionate, they knew people well and ensured that people received their care in line with their likes and dislikes. People's needs were discreetly met by staff so that they maintained their privacy and dignity.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

There were appropriate arrangements in place for the management of medicines. Staff followed policies and procedures that had been updated when required. The quality control audits for people's care were comprehensive and followed up with timely actions led by the manager.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

We identified that the provider was in breach of one of the Regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3) and you can see at the end of this report the action we have asked them to take.

Summary of findings

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 received their care and support from sufficient numbers of staff that had been appropriately recruited and had the training to provide safe care.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good

The service was effective.

Staff knew their responsibilities as defined by the Mental

Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Staff had the training and acquired skills they needed to provide the care to meet people's needs.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Requires improvement

The service was not always responsive.

People did not always have the opportunities to carry out their chosen activities as the deployment of staff did not enable them pursue their interests.

People were supported to maintain their links with the community and with significant others, such as friends and relatives.

Summary of findings

People's care plans were individualised and had been completed with their involvement.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Requires improvement 

The service was not always well-led.

There was a registered manager in post, they had the knowledge and experience to motivate staff to do a good job however, they were not always supported by the provider on a daily basis.

Systems and processes for the health and safety and maintenance were not sufficiently embedded.

The provider made decisions by committee which had delayed timely repairs identified in the health and safety audits.

The provider relied on the good will of the Friends of Bethany Homestead and volunteers to provide enrichment to people's daily living.

The quality control audits for people's care were comprehensive. However there was no practical oversight of the management of the home by the trustees.

Policies and procedures to guide staff were in place and had been updated when required.

Bethany Homestead

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 unannounced inspection was carried out by an inspector and took place on the 14 and 17 September 2015. Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider 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 judgements in this report.

We also reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed one person's private accommodation by agreement with them.

During this inspection we spoke with 16 people who used the service. We looked at the care records of the five people. We spoke with the registered manager, five care staff and three support staff and a volunteer who represented the 'Friends of Bethany Homestead'. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Good

Is the service safe?

Our findings

People could raise any concerns about their safety directly with staff and were confident that they would be responded to appropriately. One person told us "I'm safe here, the staff are very good." Staff had received training in safeguarding of vulnerable adults; they demonstrated an understanding of the signs they would look for, and explained the action they would take if they thought someone was at risk of harm. One member of staff said "People depend upon us to look out for them". The manager had acted appropriately by involving external agencies and carrying out robust investigations. We found that the provider had policies and procedures in place to protect vulnerable people from harm or abuse and that staff worked in accordance with these processes.

People were assessed for potential risks to their safety such as risks associated with moving and handling; falls and skin integrity. Any identified risks were monitored on a regular basis and guidance was given within care records to advise staff on how risks could be minimised. For example one person required help to turn over in bed to prevent pressure damage, they told us "They [staff] help me move at night so I don't get sore." Staff were kept updated about changes to people's care and people received care in line with their care plans.

There were regular maintenance safety checks on safety equipment such as the fire alarm system; hoists and other movement and handling equipment. Staff had access to the personal evacuation plan for each person, and these were kept updated to reflect their mobility. There was a business continuity plan in place which explained the actions that staff would take in the event of any disruption to the service, such as a failure of the power supplies. There were systems in place to manage risks and maintain a safe environment.

The manager had a system to calculate how many staff were required and ensured that enough staff were allocated to meet people's needs. Although our observations confirmed that the number of staff on duty was sufficient to support people safely there were no allocated staff for ensuring people could carry out their chosen activities.

Recruitment systems were robust and ensured that people were protected from the risks associated with the recruitment of new staff. People told us the staff had the skills to provide them with the support they needed. Staff told us they had undergone interviews and references had been acquired. One member of staff told us "I had to wait for my DBS to come through before I started work". The manager screened applications for good communication skills and previous care experience. All the relevant pre-employment checks had been carried out before staff commenced work and staff recruitment files contained all the required information.

People received their medicines in a way they preferred. There were appropriate arrangements in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

Good

Is the service effective?

Our findings

People and relatives told us that staff had the skills that were required to care for them. One person said, "I used to be nervous of the hoist, but staff know what they are doing, they are very competent". Staff told us about the range of training they had received and how this had helped them to meet people's needs, such as manual handling, first aid and support for people who were living with dementia. The manager ensured that staff could apply their knowledge by testing their competence when they had completed their training. Records confirmed that staff had received appropriate training to meet people's assessed needs.

New staff completed induction training that enabled them to get to know the service. Staff commented on how useful the induction had been as they got to know people's individual care needs and their likes and dislikes. Staff completed their induction training by shadowing more experienced staff and completing a workbook that covered all areas of knowledge before being able to work unsupervised. The manager ensured that new staff were competent before they worked unsupervised by supervision and marking the work book.

People were cared for by staff who received supervision to carry out their roles. Staff told us that they felt supported by the manager as they had regular meetings where they had the opportunity to bring up any concerns. Where staff had raised issues the manager maintained confidentiality and ensured that issues were dealt with discreetly. The care supervisors received support from the manager to carry out their roles, they knew and understood their responsibilities of looking after people's care. The home would benefit from development of the care supervisors in management training to enhance their supervisory roles.

People were involved in decisions about the way their care was delivered and staff understood the importance of obtaining people's consent when supporting them with their activities of daily living. Staff sought permission to help people change their position or to assist them to take their medicines; people provided their consent verbally or by their body language.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people who may lack capacity to make some decisions for themselves. For example one person had been assessed as not having the mental capacity to make decisions about their daily care. A best interest meeting had been held and the person's advocate, the GP and the manager had agreed that it was in their best interests for staff to provide aspects of their care. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately.

People were supported to have sufficient to eat and drink to maintain a balanced diet. People were complimentary about the food, with one person describing it as 'Very good'. They told us that they could choose from a menu and there was always enough food. The kitchen staff had good knowledge of people's dietary needs and had access to information at a glance which showed people's needs likes and dislikes and were able to adjust meals accordingly. We observed a lunch time and saw that people who were not able to eat independently were supported to do so in a way that met their needs; for example staff assisted people to cut up their food or help to eat their meal.

Staff assessed people's risks of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely; for example where people had difficulty in swallowing staff followed the health professionals advice to provide food that had been pureed. Staff had followed the dietitian's advice and people had gained weight where they had previously lost weight.

The kitchen staff were very knowledgeable and the head cook was receiving training in management skills. The benefit of this was evident in the way that the menus and the service was geared around people's needs and wishes.

People received the timely healthcare treatment they needed. There was effective communication between staff and people's GPs, and where people had become unwell, staff had involved relatives promptly and kept them

Good

Is the service effective?

informed of any changes. Staff recorded when and why GPs had been to visit people and the outcomes from their visits. People were also supported to attend healthcare treatments such as out-patient appointments.

Good

Is the service caring?

Our findings

People valued their relationships with staff, they told us that staff knew them well and understood what made them happy. People praised all of the staff describing them as 'nice', 'friendly' and 'lovely'. One person said "The most important thing is that the staff are nice, they are very obliging, they seem to go over and above to help."

Staff knew people well, they were aware of people's likes dislikes and backgrounds, and brought these into conversations, for example praising past achievements or talking about people's families. One person told us "It is very satisfactory living here." People's care plans were individualised and contained information that was relevant to them including their life histories, interests and activities.

Staff understood what was important to people such as maintaining friendships. For example one person told us "I can't do much now, as I can't walk, but staff take me down to the dining room for lunch where I see my friends".

People were encouraged to bring items into their accommodation which enabled them to personalise their own private space and feel 'at home'. We saw evidence of this in people's accommodation, with items of personal value on display, such as photographs and other personal belongings that were important to them and reflected their interests.

The manager regularly sought people's opinions on the menu and their dining experience. We saw that people's feedback had been acted upon to change the menu and improve the service at mealtimes. As satisfaction survey was conducted on an annual basis and the manager had used the information about people's views and experience to improve the service.

People's dignity and right to privacy was protected by staff. We observed that staff provided care in the privacy of people's own rooms. One person said, "staff are so kind, they always ensure that they are discreet". People received their care and support from staff that were compassionate, friendly and respectful.

Requires improvement

Is the service responsive?

Our findings

People told us that they did not always get the opportunity to go out as there was not enough staff to assist them; one person said "I would like to go out more often than I do." Staff told us that they were unable to take people out as there was not always enough staff to facilitate this. We saw that the rota recorded less staff on duty between the hours of 1pm and 4pm at weekends where people would like to be more active.

People who had moved into the home in the last few months found that they had not been able to establish their interests yet. They told us that they had not been introduced to other residents or how to join in any other activities other than scrabble or skittles. Some of the staff noted that people did not always have a lot to do, and people did make comments that they had hoped to get out more. Staff described how there was not always enough staff to facilitate people to go out, and there wasn't anyone to co-ordinate activities.

However, where people had lived in the home for many years their chosen activities were very well established as the Friends of Bethany Homestead and the entertainment committee facilitated people's interests. For example some of the men had formed a singing group that performed at other care homes. They also provided a quiz and coffee mornings monthly and organised speakers and pianist for Sunday services in the chapel in the grounds of the home. One person told us "Church means a lot to me" and they explained how it was important to them that they continue to attend chapel regularly.

The Friends of Bethany Homestead had a fund raising committee where the funds helped to take people out on trips; however, this was dependent upon the availability of staff and the fitness of the minibus. Records showed the minibus had been out of action during periods of time in the summer months when people could have been enjoying activities in the community.

People's care and support needs were continually monitored to ensure that care was provided in the way that they needed. A range of information was gathered and focused assessments were carried out before people went to live at the home and these considered their physical and emotional needs and compatibility with the people already living in the home. This helped ensure that their individual needs were known and could be met.

People had been involved in planning and reviewing their care when they wanted to. For example one person spoke of their need for a bed rail at night and how this had been discussed with them. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known. Their care and treatment was planned and delivered in line with their individual preferences and choices.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care. People received care that corresponded to their detailed care plans such as the way they were helped to change their position. The staff we spoke with had a good knowledge of people's needs.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. There had not been any written complaints in the last year, however, the manager had responded in writing to verbal complaints. The manager demonstrated how actions had been taken to rectify situations to prevent them happening again. A complaints procedure was available for people who used the service explaining how they could make a complaint. People said they were provided with the information they needed about what do if they had a complaint.

Requires improvement

Is the service well-led?

Our findings

People were supported by the manager who provided the guidance and support staff needed to fulfil their roles and responsibilities. Staff told us they were proud to work at the home as they believed they were providing good care.

There was a registered manager in post, they had the knowledge and experience to motivate staff to do a good job; however they were not always appropriately supported by the provider The provider consisted of a board of trustees who made decisions by committee. The provider had not a nominated a responsible Individual to represent the Trustees of Bethany Homestead with the Commission, they had relied on the Registered Manager to carry out this role.

The provider did not always involve the manager in important decisions. For example the manager had followed appropriate procedures for investigating safeguarding allegations and had taken the correct steps to protect people and to suspend staff implicated during investigations. We were concerned to find that the provider had carried out staff disciplinary processes and had not informed the manager or the police of the outcome of the investigation.

The provider had made recent changes whereby the responsibilities for the laundry, kitchens, maintenance and health and safety had passed to the registered manager. The manager had undergone Health and Safety training in readiness for the change. However, the provider had not ensured that the registered manager had the additional resources they required to manage these areas of the service. We found that the systems and processes in place for the health and safety and maintenance were in their infancy, for example the cleaning of hoists and replacement of hoist batteries. The systems of routine checks required embedding as they relied on one person; when they were away the routine checks were not always carried out, for example checks on fire extinguishers. The provider did not have a suitable system in place to pay for essential materials for timely repairs required for safety of the home.

The appointed maintenance staff were able to identify areas that required improvement and had the foresight to understand what was required to carry out the improvements. They had implemented procedures that ensured that staff had access to equipment they needed to replace batteries in the call pendants and blood pressure machines and logging of any day to day repairs. However, they were establishing processes for checking the water supply for safety, fire safety checks and cleaning of equipment. These systems relied on new processes being devised including the creation of forms and audits to enable the health and safety and maintenance programmes to become embedded. This had not been recognised by the provider as they had not provided any means of administration or support to set up the systems required.

There had been a general risk assessment in June 2015 and a health and safety audit in July 2015 where concerns had been identified. The maintenance team were able to remedy some of the issues, but the provider made all other decisions about maintenance and repair via the properties committee. The process of passing decisions to the committee was slow and the lack of budget availability to the manager did not facilitate timely repairs of identified issues in the health and safety audits, for example repair of window restrictors.

The care staff did not always work well without supervision as they regularly changed the duty rota at weekends; this had impacted on people's ability to carry out their chosen activities. The manager did not have adequate managerial support from their care supervisors as they had not received the required training or development in management skills. The manager provided as much training, guidance and supervision as they could, but did not have a budget from the provider to do so. The provider did not have a suitable system in place to pay for training as the manager did not have a budget; they requested the funding from the provider through a committee. The provider had not made provision for the financial training requirements of staff.

The provider relied on the good will of the Friends of Bethany Homestead to provide activities and staff to serve drinks. There was a lack responsibility by the provider in ensuring people were supported to live life as they would like as they had not ensured there was enough staff to facilitate this. The role of the Friends should be enrichment to people's daily living; over-reliance on the role of the Friends for provision of most activities takes away any potential enrichment they could provide.

Requires improvement

Is the service well-led?

The provider had not made provision for the upkeep of the minibus which provided people access to the community and other opportunities for activities. When the minibus acquired a fault in August 2015 it could not be booked in for repair as the providers had not ensured there was provision for payment. The provider failed to ensure that the minibus was adequately maintained and available for use.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations.

The quality control audits for care that were carried out by the manager were comprehensive. For example the medication documentation audits identified areas for improvement. The manager provided clear feedback to staff about the areas that required improvement and how this could be achieved. This was followed up at team meetings and included in staff handovers.

Annual feedback from people were sought and included in the annual general meeting held every year in October, where the Trustees of Bethany Homestead provided feedback about the running of the home.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes for the health and safety and maintenance were in their infancy and had not been tested. Regulation 17 (2b) The provider made decisions by committee, no provision had been made to fund timely repairs identified in the health and safety audits, or staff training. Regulation 17 (2b)