

Franklin Homes Limited

# Bethany 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

We inspected Bethany House on 13 September 2017. The inspection was unannounced.

The service was previously inspected in June 2016 and was rated requires improvement. We found the provider had breached three regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the premises and equipment suitability, supervisions and training of staff and ineffective systems to monitor the quality and safety of the service. An action plan was submitted to us by the provider outlining how they would improve. We saw improvements had been made in all areas at this inspection and the provider was no longer in breach of any regulations.

Bethany House is a care home which supports people with mental health concerns and people who may also have a learning disability and/or autism spectrum disorder. The service can provide personal care for up to eight people. At the time of our visit eight people lived at Bethany House.

A registered manager was in post. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Recruitment checks were carried out to assess the suitability of staff before they were employed. There was appropriate levels of staff on duty to ensure people's needs were met.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Where accidents or incidents had occurred records were kept and reviewed for patterns and trends by the manager. The provider told us following the inspection additional sections will be added to the accident documentation to ensure onwards reporting and actions identified to prevent a reoccurrence are recorded.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. This enabled staff to have the guidance they needed to help people to remain safe. The provider agreed to ensure staff had access to recognised risk assessment tools in areas such as falls and moving and handling where people's needs increase in these areas.

We saw staff had received appropriate training and supervision on a regular basis and an annual appraisal. This supported staff to have the knowledge and skills to fulfil their role.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards, which meant they were working within the law to support people who may lack capacity to make their own decisions. Where people's capacity was affected due to their mental health at times, care

plans did not clearly outline what action staff should take to make decisions in people's best interests. The manager agreed to update care plans to ensure this support was reflected.

Appropriate systems were in place for the management of medicines so people received their medicines safely. This included support for people to manage their medicines independently.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff showed they knew the people very well and could anticipate their needs. People told us they were happy and felt very well cared for.

We saw people were provided with a choice of healthy food and drinks, which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

People were actively included, as were their relatives, in designing the care and support they wanted to receive. This included the goals they wanted to achieve. Staff encouraged and supported people to access activities within the community, including volunteering, employment and educational opportunities.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views and knew how to raise concerns. People felt confident any issues would be treated seriously and dealt with appropriately.

There were effective systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out both by the manager and senior staff within the organisation. We saw where issues had been identified action plans with agreed timescales were followed to address them promptly. We also saw the views of the people using the service were regularly sought and used to make changes.

People, their relatives and staff were complimentary about the leadership of the service. They told us the manager demonstrated commitment, listened and had supported the service to continuously improve since the last inspection. This mirrors our findings on this inspection.

## 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.

Systems were in place to protect people from the risk of harm and abuse. Staff were aware of the signs of abuse and how to report concerns.

Records showed appropriate recruitment checks were carried out to help ensure suitable staff were employed. Staffing levels ensured people received enough support to meet their needs.

There were arrangements in place to ensure people received medication in a safe way.

### Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training, supervision and an annual appraisal to support them to fulfil their role.

People were supported to make choices in relation to their food and drink. People had access to healthcare professionals and were supported to maintain their health.

Staff worked within the principles of the Mental Capacity Act (2005) and ensured people were empowered to make their own decisions.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

### Is the service responsive?

Good ●

The service was responsive.

People, their relatives and the staff worked as partners to ensure people received the support they wanted.

People were supported to take part in activities of their choice and access voluntary/ work/ educational opportunities they chose.

People and their families knew how to raise concerns and were confident the manager would listen and act to make improvements.

### **Is the service well-led?**

The service was well led.

The service had a manager who understood the responsibilities of their role. Staff we spoke with told us the manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Quality assurance systems were effective and ensured the quality and safety of the service was maintained.

**Good** ●

# Bethany 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 checked 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.

We inspected the service on 13 September 2017. This was an unannounced inspection. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are when providers are required by law to send us information about certain changes, events or incidents that occur within the service. We sought feedback from the local authority and a variety of visiting professionals prior to our visit. The provider also 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. We used all of this information to plan our inspection.

We spoke to and spent time with six people who lived at the service and two of their relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

During the visit and following the visit we spoke with the manager and three staff members, including care workers and the housekeeper. Following the inspection we spoke with the area director and area manager.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

We asked people and their relatives if they felt safe. All said they definitely did and that they appreciated the support staff gave to make this happen. One person said, "I feel really safe here, the staff are so supportive. I spend time with staff each evening and I can bring up anything that is worrying me." Other people told us, "Staff are working with me to make sure I keep safe. For example they make sure I eat properly" and "Staff have made me feel safe again. When I first moved in I was nervous about going out. Now I go all over the area. We lock the main door at 10pm which makes me feel safe." A relative told us, "We are impressed by the safety at Bethany House. Where my family member lived before it was very much sink or swim and they sank. The staff at Bethany are very attentive to my family member's needs and distress levels and they help them keep calm."

We spoke with the manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The manager told us all incidents were recorded and the service investigated concerns. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed this. A member of staff told us, "Safeguarding is about protecting people from people who may want to exploit them. It also means identifying the risks in the environment."

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines.

People's care plans contained information about the help they needed with their medicines and a photograph to help staff identify them. Records included information for staff about when 'as and when required' medicines should be administered. The provider had a medication policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR). We found they were fully completed, contained required entries and were signed. There was information available to staff on what each prescribed medication was for and potential side effects.

We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training.

We spoke with one person who was supported to manage their medicines independently. They told us they appreciated the support and could clearly explain the process in place to keep them safe. They told us, "I am pleased I can do this for myself."

We looked at two staff files in relation to the recruitment process. This included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable

adults. We saw all staff had provided a full employment history as part of the checks made on their suitability. Suitable checks had also been completed when temporary/ agency workers were used to cover shifts. All of the checks made meant the provider ensured safe recruitment of staff.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had been assessed and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as mental health, access to the community and housekeeping activities. This enabled staff to have the guidance they needed to help people to remain safe.

We discussed with the manager and area director following the inspection how recognised risk assessment tools for areas such as falls, moving and handling would support staff to understand a research based approach to managing risk and putting in place control measures. The provider explained they would ensure tools were available for staff to use when people required this.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken. Test of the fire alarm were undertaken to make sure it was in safe working order.

Arrangements were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation was appropriate and the manager reviewed each month patterns and trends for individuals. There was no section on the records to evidence that action had been taken and that additional reporting had occurred following an accident. The provider informed us this was something they would implement as a new system was introduced later in 2017.

We looked at the arrangements in place to ensure safe staffing levels. We saw the staff rota, which accurately reflected that staff had been deployed in sufficient numbers based on the provider's assessment of what was required. The provider did not have a formal system to assess each person's needs, which then determined the number of staff required to meet those needs. Following the inspection the provider gave us a copy of a tool they planned to implement.

We observed there were enough staff available to respond to peoples' needs and enable people to do things they wanted during the day. Staff told us staffing levels were appropriate to the needs of the people using the service. Staff told us the staff team worked well and there were appropriate arrangements for cover if needed in the event of sickness or emergency. One member of staff told us, "We could always do with more staff but there are enough staff on duty to meet service user needs and so they can have one to one time as well."

## Is the service effective?

### Our findings

At the inspection in June 2016 the provider had not ensured staff had received appropriate training or support to enable them to carry out their role appropriately. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 18.

We saw the training plan which confirmed staff training was well managed and most staff were up to date in all topics. We saw 88% of training was completed. Where staff required training the manager was aware and had dates booked for staff complete what was needed. Additional training in areas such as mental health, positive behavioural support and autism were also available to staff which helped them fulfil their roles more effectively. One member of staff told us, "I've had training on deprivation of liberty, Mental Health Act and I hope to have more training on mental health conditions in the future."

The manager told us staff new to care were undertaking the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm supervision and appraisals had taken place. The manager had also organised a planner to ensure staff received enough support over the next 12 months. One member of staff said, "I'm supervised at least once a month but generally I also have brief meetings with [Name of manager] every week. I feel very supported in my role."

At the inspection in June 2016 the provider had not ensured the premises and equipment fully met people's needs. The service had a malodour in parts and was in need of refurbishment in parts. This was a breach of Regulation 15 (Premises and equipment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 15.

No malodours were noted in the service at this inspection. We spoke with the housekeeper who told us they worked hard to keep the service clean alongside the team of care workers. We saw the service was clean and that the provider had invested in some refurbishments since the last inspection. The provider gave us a copy of their refurbishments planned for the rest of 2017 which will add to the improvements already made.

People who required equipment to aid their mobility and independence had what was required to meet their individual needs. For example a person required equipment to access the bath and we saw this was in place.

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 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).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interests' decisions. Staff could describe clearly what MCA and DoLS meant to them, one member of staff said, "DoLS is there to make sure that people's freedom is not taken away unnecessarily. The MCA is the law that governs what we need to do for people who lack capacity." We saw one application had been made to the local authority to deprive a person of their liberty; the manager was waiting for the outcome.

Everyone who lived at Bethany House was able to understand how to make day-to-day decisions. We saw staff spent time explaining options and choices, plus helping people understand the consequences of their decisions. This empowered people and ensured people had consented to any care they received. We saw people had signed their care plans to say they were happy with them and the care which staff planned to offer them.

We discussed with the manager how at times people's capacity to make decisions maybe affected by their anxiety or mental health concerns. As the manager updated people's care plans they explained they would record how a person's capacity may change and how staff should respond to fluctuations in a person's capacity to keep them safe and how decisions in their best interests would be made at those times.

Staff and people who used the service told us they were involved in making choices about the food they ate. People had a variety of medical conditions, which affected the food they could eat and some people had made choices to eat a specific diet such as a vegan diet. Staff knew people's needs and preferences and we saw people had their individual needs met very well.

People were involved in cooking and developing the menus available, which were in pictorial format to help people understand what options were available. We observed that lunchtime was a calm and relaxed time, where people chose what they wanted from food available. People helped themselves to breakfast and snacks. People were able to make their own drinks when they chose to. Where people still felt hungry they were able to make more for themselves.

Where required, staff monitored people's diet, weight and nutrition and involved professionals if needed. Staff told us they promoted a healthy and varied diet to people.

Where people needed support to access healthcare professionals this was arranged and staff told us they escorted people to appointments. Staff told us that where a person was admitted to hospital they would ensure a health passport was given to the hospital staff so they knew people's needs.

All appointments attended with healthcare professionals had been recorded and the manager explained they had good links with the professionals involved. One person told us, "The staff are so caring not just about my mental health but my physical health too. They make sure I see a doctor. I don't like going to the surgery myself so someone comes with me." This meant peoples' health was promoted and maintained.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring and had a good attitude towards people and their work. One person said, "Staff have been very caring towards me when I have had some challenges recently. They help me sort things out. I don't think I would be where I am without the support of the staff. The staff are fantastic, when I moved here I wouldn't leave my room and now I travel all over." Another person told us, "It is really important that staff do what I like during my one to one time, it shows they care and that makes me feel safe." A relative told us, "You can see the obvious concern they have for my family member. It's the caring attitude that has helped my relative be ready to move on to independence." A visiting professional told us prior to the inspection, "Some staff really do care and mean well and [Name of person] always looks well and seems happy. People are well loved by members of their team and it shows."

On the day of the inspection there was a calm atmosphere, people knew who the CQC was and what we did, they were keen to tell us they enjoyed living at Bethany house. Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw staff treated people with respect. Staff did not rush people and spoke to people gently. We saw staff gave people direction, information and support to help them be independent in all areas of their lives. For example, we saw one person had their own routine on a morning which was respected by everyone. We saw the person was supported well to achieve their goal. A member of staff told us, "The person is in the middle of the care here. We support people to achieve what they want."

Staff showed they knew the people very well and could anticipate their needs. We saw such an approach on the day we visited as people were supported to get ready for their day, make lunch and access the community. The manager told us, "The approach we have is that every person is an adult and will be treated with courtesy." Staff also told us how they worked in a way that protected people's privacy and dignity. For example, one member of staff told us, "We always knock and wait to be invited into people's rooms. We don't have one to ones where other residents can hear information." This demonstrated staff worked with compassion and protected people's rights.

It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure people received care and support in the way they wanted to.

Staff told us how they encouraged independence on a daily basis; they supported people to make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. One member of staff explained this as, "Our approach is based upon active choices. A member of staff may collect information about voluntary work as an example and it is the person's choice if they decide to try it out."

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

## Is the service responsive?

### Our findings

People and their relatives told us staff took time to understand their preferences, needs and goals around activities, work or volunteering opportunities and making and maintaining relationships which were meaningful to them. A relative told us, "We are very impressed with the management at Bethany house. All the way through my family member's last placement we were trying to get them involved in things. We told [Name of manager] and their keyworker and they helped find a voluntary placement. My family member now has something meaningful to do and talk about."

One person told us, "Staff have tried to help me form new friendships away from people I may find a challenge." People told us they had been on visits to Otley, Ripley, that they took part in baking, gardening and enjoyed takeaway nights together. People had also accessed holidays and we saw the photographs of people enjoying themselves. One person told us, "We go to Asda shopping, I stay with staff and other people go shopping by themselves."

People told us they would like to develop more opportunities for activities and the staff already knew this. Staff had created a board in the hallway telling people of events happening locally which people could access. This was alongside the personal planning staff carried out with each person. One person told us how staff had learnt to play chess so they could spend time doing what they liked, they said, "Staff have adapted my one to ones; we now play chess and talk. It means we talk more because when we just talked I was never sure what to say, but I feel relaxed playing chess and things work better." Staff told us, "We are person centred and have learnt chess, the person is more engaged and our chess has improved!" This approach helped to prevent people being socially isolated.

During our visit we reviewed the care records of four people. We saw people's needs had been individually assessed and detailed plans of care drawn up, which had been reviewed regularly. The care plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about their care and developing their person centred care plans. One person said, "The staff are fantastic. I have long conversations with my keyworker whenever they are on shift which are fed into my care plan. Even though I have been here for five years my care has not been static, it has been constantly tweaked." A relative told us, "We have been fully involved in our family member's care and planning. [Name of manager] actively seeks our opinions."

Care plans were person centred and contained very detailed information on how the person liked to be cared for and their needs. The care plan included a 'One page profile,' which outlined what others admired about the person, what was important to the person and what support the person needed. Person centred means putting the person at the centre to plan their own lives. The aim of this approach is to ensure people remain central to any plan which may affect them. The feedback we received and the approach we observed confirmed the service was responsive to people's needs and person centred.

A visiting professional provided feedback to us prior to the inspection and outlined the work that had been needed for one person whose needs had changed over the previous year. The manager had worked with

them to ensure appropriate care plans were in place for the person and that staff were providing a consistent approach.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service had an easy read complaints procedure. Discussion with the manager confirmed any concerns or complaints were taken seriously. There had not been any complaints made since the last inspection. People and their relatives confirmed they knew how to raise concerns should they need to.

## Is the service well-led?

### Our findings

At the inspection in June 2016 the provider had not ensured quality and safety of the service because quality assurance systems were not effective. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 17.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems, which help providers to assess the safety and quality of their services. The manager was able to show us numerous checks, which were carried out on a regular basis including checks on health and safety, medicines, infection control and care plans.

The manager told us the area manager visited the service on a monthly basis and the provider representatives visited frequently to monitor the quality of the service provided. Records we saw confirmed this. We discussed with the area manager following the inspection how they needed to record more robustly the checks they made and feedback they received during their visits. They agreed to do this.

The manager also completed a quarterly service development plan where they assessed their compliance against a set of standards, which were linked to the CQC 'Key lines of enquiry'. The manager produced an action plan where areas for improvement were identified and this was then monitored by the area manager. We saw actions were 'signed off' when completed and it was clear where actions were still to be implemented.

The quality assurance system being robust had led to improvements in the medicines system, care plan system and training compliance since the last inspection. The manager told us they planned to implement a series of night checks and a 'walk around the environment' checklist in the future. All of this demonstrated quality assurance was effective and that there was a commitment to continuous improvement.

People and their relatives spoke positively of the manager. People said, "[Name of manager] is the backbone of this place. I can always talk to them about my concerns. They are really on top of everything" and "[Name of manager] has been a tower of strength helping me organise myself recently." Relatives said, "We have come to depend on the manager's calm and capable approach looking after my family member" and "We are very impressed by the management of Bethany house, they have made more progress with my family member in a few months than their previous placement in a few years."

The staff we spoke with said they felt the manager was supportive and approachable, and they were confident about challenging and reporting poor practice, which they felt would be taken seriously. Members of staff told us, "[Name of manager] is fantastic. They are always ready with support when things have been difficult" and "We are all encouraged by the manager to say what we think."

Staff told us the morale was good and they were kept informed about matters affected the service. One member of staff said, "Bethany House is so small so we are very close in our working and the manager encourages open working with the people and staff. The team work is the best thing, we support each other."

The manager attended 'area meetings' and said they passed down information through team meetings and 'residents meetings' in what they called 'the waterfall system'. Staff confirmed team meetings took place regularly, where they shared their views. We saw records to confirm this. Topics of discussion included staff ideas, team work and health and safety. We saw records to confirm residents meetings had occurred as the manager described. Topics discussed included living together harmoniously, days out and activities, plus menu ideas. This meant everyone was informed and included.

We saw people were asked their opinion of the service via a questionnaire in 2017. People who had responded were complimentary. One person had written the service allowed them freedom. Staff had also been offered the chance to provide feedback via a survey and three staff had responded with positive comments about the manager and service changes in the previous six months. One staff had recorded the service changes in the past six months had been tip top.

A relative told us, "I can always get to speak with the manager whenever I need. The close relationship between them and families is what makes Bethany House so special." We saw the commitment of the manager in their role also. They understood their responsibilities and they reported events appropriately as required via statutory notifications. They had actively sought opportunities to work with peers in their own organisation, and also with external partners by joining local groups to learn about good practice and develop their own knowledge and improve the service.