

Franklin Homes Limited

Bethany House

Inspection report

3 Margarets Road
Harrogate
North Yorkshire
HG2 0JZ

Tel: 01707652053
Website: www.caretech-uk.com

Date of inspection visit:
23 June 2016

Date of publication:
24 August 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook this inspection of Bethany House on 22 June 2016. Our inspection visit was unannounced.

Our previous inspection of Bethany House took place in October 2014, when the service was found to be meeting the standards assessed at that time.

Bethany House is a residential care home. It is registered to provide care for up to eight people who are living with mental health difficulties, including learning disabilities or autism spectrum disorder. At the time of this inspection eight people were living at the home.

Bethany House is located close to the centre of Harrogate, in a pleasant residential area close to local amenities, such as the Valley Gardens and shops. The property is an older terraced house that has been adapted for use as a care home.

The service did not have a registered manager at the time of our inspection, with the previous registered manager leaving their post in January 2016. 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. A new manager had just started work and was aware of the need to register with us.

The deputy manager had been acting as manager for Bethany House and another of the provider's service while a new manager was recruited. People told us the deputy manager had done well, but that it had been a difficult time due to staffing issues and management changes. We found that some management and governance systems had suffered because of this. In addition, we found that staff had not received regular formal supervision in line with the provider's policy and procedure and some staff training was in need of updating. We found that some adaptations to the premises were needed in order to meet people's changing needs. We have required that the provider makes improvements in these areas.

Staff were recruited safely and there were enough staff on duty to provide the care people needed. There had recently been a turnover of staff and difficulty recruiting new staff. However, recruitment was taking place and the provider had put in place arrangements to try to retain existing staff.

People using the service told us they felt safe at the home. Staff knew how to report any concerns about people's welfare and any concerns had been reported appropriately. Staff assisted people with their medicines safely.

People had individual risk assessments in place which ensured staff were aware of the risks relevant to each person's care. Staff were able to describe how they encouraged and supported people to take positive risks and lead fulfilling lives.

The service was following the principles of the Mental Capacity Act 2005. At the time of the inspection no-one was being deprived of their liberty. Plans were in place to support people's mental wellbeing and to provide care in the least restrictive way possible.

People told us that they were supported well and treated with dignity and respect by staff. Staff could describe how they maintained people's confidentiality, privacy and dignity.

People were involved in planning and reviewing their care and support. The staff we spoke with knew people well and were able to describe people's individual needs.

We saw people come and go as they wanted. People told us how staff supported them to access the local community and attend activities that interested them.

A complaints procedure was in place and a record of concerns and complaints showed that people had been listened to and responded to. People had been encouraged to be involved and provide feedback through 'resident's' meetings and surveys, although these had not taken place recently.

The staff we spoke with were committed to providing good, individual care and support to people. People using the service and staff who worked there told us that Bethany House was a nice place to live and work.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, premises and equipment and good governance. You can see what action we took at the back of the full version of this report.

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 felt safe. There were processes in place to help make sure people were protected and staff were aware of safeguarding procedures.

There were sufficient staff on duty to meet the needs of people who used the service. Action was being taken by the provider to recruit new staff and retain existing staff.

Staff understood the importance of supporting people to take positive risks so they could lead fulfilling lives.

People received their medicines safely.

Is the service effective?

Requires Improvement ●

The service required improvements to be effective

Staff did not receive regular supervision and some staff needed updates to their training.

Some adaptations to the premises and equipment were needed to meet people's changing needs. Some redecoration and renewal would also be beneficial.

The service was working within the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to maintain their nutritional wellbeing.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were caring and treated them well. Staff were respectful of people's privacy and dignity.

There was evidence that people were involved in planning and reviewing their care and support and making decisions about their lives.

Staff understood the importance of supporting people to maintain independence and to do things for themselves where possible.

Is the service responsive?

Good ●

The service was responsive.

Detailed support plans were in place and staff were knowledgeable about people's support needs and interests.

People had access to the local community and were supported to take part in activities that interested them.

People felt able to talk to staff if they had concerns and had already been introduced to the new manager. Concerns that had been raised had been responded to.

Is the service well-led?

Requires Improvement ●

The service required improvement to be well led.

There was no registered manager and the home had experienced a period of temporary management. However, a new manager was now in post and understood the requirement to register with us.

Some aspects of the management of the service were not as up to date or well organised as they should be. We had difficulty accessing some records and management information during the inspection. Quality assurance processes hadn't been effective at identifying issues and ensuring that improvements were made.

Staff were committed to providing a good service and providing people with a happy and homely place to live.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Bethany House took place on 22 June 2016 and was unannounced. One adult social care inspector undertook the inspection.

Before we visited the service we reviewed the information we held about this location and the service provider. For example, the inspection history and any complaints and notifications received. Notifications are events that the registered provider has a legal duty to inform us about. The provider was not asked to complete a Provider Information Return (PIR) before this inspection. We also obtained feedback from the Local Authority who contract with the service.

During our inspection we spoke with six people who lived at the home. We looked at the care records of three people who used the service and observed how staff interacted with people during our visit. We also observed how care and support was provided.

We spoke with the deputy manager, the new manager and three support workers. We also looked at a selection of staff records and other management records relating to the running of the service.

After our visit we contacted seven health and social care professionals to request feedback about the service. We also contacted the regional manager for further information about the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Bethany House. One person told us, "I feel secure. I think it's a safe house." Another person described how they felt safe and told us, "No problems, I'm alright with everything." People told us they were treated well and that the support staff were nice people. A healthcare professional told us, "We have no concerns about Bethany House within our team."

We looked at the recruitment records for three members of staff who had recently been employed. We saw that appropriate checks had been undertaken before they began working. A Disclosure and Barring Service (DBS) check had been carried out and two written references obtained, including one from the staff member's previous employer. The DBS carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and protects people from unsuitable staff. Proof of identity had also been obtained. An application form, including employment history, had been completed and interview records were available. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed how staffing was organised with the deputy manager and support staff, and looked at staff rotas. Staff explained that one of the service's main challenges was maintaining adequate staffing. The service had a regular turnover of staff, with two support worker vacancies at the time of our visit. Staff told us that recruiting new staff and retaining existing staff was an on-going difficulty.

We spoke with the regional manager for the service, to find out what plans the registered provider had to address these difficulties. They told us that staff retention initiatives were being put in place and that the new manager had suggested new recruitment ideas that were being explored. Arrangements were in place to use bank staff or utilise local staff from the provider's other services if needed to cover staff shortfalls. Agency staff were also used if needed. This helped to ensure that sufficient staff were on duty if the home's permanent staff could not cover shifts.

At the time of our inspection staffing levels consisted of two support workers on duty during the day, with an additional support worker on duty between 10am and 5:30pm. The people who used the service and staff we spoke with did not raise any concerns about the numbers of staff actually on duty. People told us that staff were available and could be approached for support when needed. People also described how staff supported them with tasks, such as cleaning their room. For example, one person told us, "Always someone downstairs, one of the staff you can get hold of." Another person said, "If I'm not feeling so good there is always someone to talk too."

Staff demonstrated a good understanding of supporting people to take positive risks, so that they could develop skills and lead fulfilling lives. For example, one staff member told us, "I think they [people using service] are safe, but we support people, use risk assessments to choose the best option, independence and risk, life is a big risk anyway."

Staff had received training in safeguarding vulnerable adults and knew their responsibilities in recognising

and reporting concerns. For example, one staff member told us, "They [people using the service] need to be protected." A safeguarding policy was available and the deputy manager knew how to make alerts to the local safeguarding authority. Feedback from other professionals told us that the service had reported any concerns appropriately, to ensure people were protected. Notifications about safeguarding concerns had been made to us in line with notification requirements. Staff told us that they felt confident any concerns would be listened to and dealt with appropriately.

We looked at how people were supported to take their medicines and observed a support worker undertaking a medicine administration round. People we spoke with were happy with the support they received with their medicines and told us this was done well. For example, one person commented, "All the staff are good with medication." Staff told us they had received relevant training to help them administer medicines safely and we saw them assisting people in a safe and caring way. They were supportive and encouraging, and did not rush people. Medicines were stored in people's bedrooms, in locked facilities, so that they could be involved as much as possible.

Each person had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and when they have been administered. The MARs we looked at were up to date and showed medicines had been given in accordance with people's prescriptions. There was also guidance available for medicines that had been prescribed on an 'as required' basis. This helped people and staff to make safe decisions about the use of these medicines. Where people spent time away from the home appropriate and safe arrangements had been made for medicines to be available to go with them. For example, one person had the medicines they needed on their days out dispensed in a separate blister pack, so that they could easily be taken with them.

The provider had employed the services of a specialist company to provide support with health and safety, environmental management, fire and food safety. However, we found that the records relating to health and safety and maintenance were disorganised, and some records were not easy to locate and had to be sent to us after the inspection visit. For example, the last legionella safety review and testing records on file were for December 2013. Staff were unsure if a re-test had taken place and no records could be located during our inspection visit. After our inspection the up to date test certificate was located and sent to us. We also had similar issues with the fire risk assessment and electrical installations certificate. The new manager and deputy manager acknowledged these issues during the inspection and agreed to take action to ensure that these records were better organised.

Fire safety records were available and showed that fire equipment was checked and maintained appropriately. For example, the fire alarm and equipment had been serviced and inspected in November 2015. A fire drill record showed that drills had taken place in during March and June 2016. A fire evacuation plan was in place and people who used the service told us that staff had discussed with them what to do in the event of a fire.

Accidents and incidents had been recorded. Each record included details of the accident/incident and any action taken prevent further accidents.

In April 2016 the home achieved a five star food hygiene rating, which is the best rating available.

Is the service effective?

Our findings

We spoke with the deputy manager about training and looked at training records. Training was provided through a mixture of online courses and face to face training. A training record was available for all staff and showed that a variety of relevant training was provided, with the majority of training up to date. Some training updates were now overdue, but there had been some difficulties releasing staff from care duties so that they could attend training dates. This was because of staff vacancies and the need to ensure that enough staff were always on duty at the home. The deputy manager was awaiting new training dates for this training, so that staff could attend.

The deputy manager told us how they had been undertaking staff supervision sessions in the absence of a registered manager and had delegated some staff supervision responsibilities to senior support workers. The supervision records provided to us showed that the majority of staff had only received one formal supervision so far in 2016. The provider's policy and procedure outlined that staff should receive formal supervision every two to three months depending on their working hours, but this was not being achieved at the time of our inspection visit. There was also a six monthly observation of practice undertaken to ensure staff administered medicines safely. Some of these were now overdue, the deputy manager was aware of this and had plans to complete the needed observations as soon as they were able.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, Staffing.

We found that some of the premises and facilities available did not fully meet people's needs. For example, staff described how one person experienced difficulties getting out of the bath and we saw further evidence of this in incident records. Staff explained how they were now in the process of requesting specialist assessments to help ensure the person got the equipment or adaptations they needed.

We could also see that other parts of the service had been redecorated and provided people with a comfortable and homely environment in which to live. However, feedback we received and our own observations showed that parts of the home would benefit from maintenance and redecoration. For example, we saw that there was a broken radiator screen and strong unpleasant smell in one person's bedroom. Some bathrooms were looking in poor condition and in need of attention to make them pleasant facilities for people to use.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, Premises and equipment.

We spoke with people who used the service about their care staff and if they had the skills and the knowledge to provide their care. People told us that the care staff seemed trained, competent and able to do their jobs.

Staff told that they felt part of a good and committed staff team, who supported each other well. Staff felt

the deputy manager had done their best to support them through a difficult period with the recent changes in management and difficulties with staffing. Staff were positive about the appointment of the new manager and the positive impact this would have on the home and staff team going forwards.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The service had a policy and procedure on the MCA and Deprivation of Liberty and staff had received training on these subjects. No one using the service at the time of our inspection was subject to a DoLS Authorisation. Staff we spoke with understood that people had the right to make their own decisions whenever possible and that the people they currently looked after had the capacity to decide where they lived.

People told us that they received a choice of meals and snacks at Bethany House and that the food provided was good. One person required a gluten free diet and staff were able to explain how this was catered for. One person said, "Food's alright, no problems. I can go to the shops if I want, can have an alternative [to menu] if I want." Another said, "Nice food. If we don't like what's on the menu we can let them know and have an individual alternative." Another person told us, "There is a list [menu] up in the kitchen of what's for tea and if you don't like it there is an alternative, fried egg on toast or something, the food is nice."

During our visit we observed people spending time in the kitchen and dining area. We saw people eating a variety of snacks and meals at various times that suited them as individuals. The care records we looked at included information about people's dietary needs and preferences and monitoring of people's weight. Where there was concern about someone's weight and wellbeing action had been taken to support the person to make suitable lifestyle changes. For example, a fit for life/active health referral had been made to help one person participate in physical exercise and manage their weight.

When needed staff provided support to people and helped them access healthcare services. For example, one person told us how staff helped them to attend appointments if they needed medical input. People's care records included information about their doctor and other relevant professionals so staff could contact them if they had concerns about a person's health.

We saw examples where the input and advice of health care professionals had been included in people's care records. One healthcare professional told us, "Bethany House are perhaps the best of all the care homes I deal with in accurately monitoring and recording information, of which there is a lot. They manage people with complex mental health issues on the Care Programme Approach (CPA) and liaise well with our team and other services to keep the residents well." The CPA is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health difficulties.

Is the service caring?

Our findings

People who used the service told us they were happy with the way staff treated them and how care was provided. People told us that staff were pleasant and caring in their approach. For example, one person who used the service said, "They [staff] treat you fine, treat you well and with respect." Another person described their support workers as, "Exemplary."

When we asked a healthcare professional if the staff were caring in their approach they told us, "Yes. Absolutely in all dealings I have witnessed. Really good positive regard and concern observed by various staff and privacy and dignity always maintained."

Staff were respectful of people's privacy and maintained their dignity. Staff we spoke with were able to describe how they maintained people's privacy. For example, one staff member told us how they ensured people's privacy by discussing things in private and knocking on doors and asking permission before entering.

During our visit we observed staff treating people with respect and ensuring that their privacy was maintained. For example, when asked if people would like to speak with the inspector one person said 'no' and this was respected and supported by the staff on duty. Staff also recognised that another person was showing signs of being uncomfortable while speaking with us. The staff member carefully ensured that we were aware of this so that we didn't cause the person unnecessary distress. This showed that staff were aware of and recognised people's non-verbal communication methods and behaviours, and ensured that people were listened too.

People had been involved in decision making regarding the management of the service through regular 'residents' meetings up until February 2016. However, there were no records available of more recent meetings taking place. People's care records included evidence of monthly reviews with people who used the service, where their feedback and wishes could be discussed.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. For example, one person told us how staff prompted and supported them to clean their own room. Another told us, "There is always help with changing bedding or doing washing, but I can clean my room myself." Staff were able to describe to us how they encouraged people to maintain their independence, with their focus on supporting people to lead independent and fulfilling lives. One staff member told us, "They feel like they are in charge of their own life, which I like in this place."

The day of our inspection visit it was the day of the European Referendum. Some people at the service had already been out early to vote independently and others told us that they were going to vote later in the day when staff would help them with transport. Staff were able to describe the support and information they provided to people and how they did this in a way that did not impose their own views on people's decision making. For example, one person was quite anxious about voting. Staff had reassured them and explained

that they did not have to vote if they would rather not.

Is the service responsive?

Our findings

People told us that the care and support provided met their needs and they were happy at the home. People also told us that staff discussed their care with them and listened to them. For example, one person told us, "You can ask for one-to-one time during the day and they'll [staff] spend time with you." Another said, "We have a support plan, we do that [review it] once a month." One person described how they had a key worker to support them and was able to tell us who this was. They told us, "They listen to you, they do what they can to help you."

Feedback from a healthcare professional included, "Yes [the service is responsive]. Different members of the team have contacted myself and my colleagues with any concerns. They have then sought out the GP [doctor] if they have not had the quick response they wanted, which I can respect." And, "They have sought advice for equipment and adaptations from our team. The support staff do show a good understanding of relapse prevention plans and mental health issues."

The staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs.

The deputy manager told us that support plan audits had recently been completed and we saw examples of these audits during our inspection. Keyworkers had been given the audit results so that they could complete the work that had been identified as needed. The deputy manager explained that the focus was on making people's support plans "more personalised, focusing on individuals and ensuring (they are) up to date." There was also the intention to get people's records typed and stored on computer, so that they could be updated more easily.

The care records we looked at included assessments, support plans and reviews. People who used the service had been involved in reviews with their key worker and we saw example's where people had signed to show their agreement and involvement in support planning. The records we saw were person centred and detailed, although some parts had been written several years ago and would benefit from general updating.

Support plans included the detailed information staff needed to support people. For example, one person had detailed information to guide staff when having their one-to-one conversation time. This one-to-one conversation time was a significant part of the support the person required to maintain their wellbeing and the information ensured that staff could provide it in a consistent, appropriate and effective way. Another person had in place detailed support and management plans to help manage their anxiety and agitation. The records we viewed also contained evidence of staff monitoring people and responding to concerns or changes in their needs. For example, closely monitoring a known health issue and contacting the doctor when needed.

The service had a complaints procedure, which provided people with information about making complaints and how these would be handled. People we spoke with said they would feel able to discuss any issues or

concerns with staff. They had already met the new manager and told us they would go to them if necessary. A complaints record was available and showed what had been done when concerns were raised. The records showed that where people using the service had raised issues or concerns these had been responded to and dealt with.

People who used the service told us how they could go out independently into the local community. One person told us, "They [staff] encourage you to go out and do things." People gave examples of how they went out to the shops or to the local park. One person said, "I like shopping." Two people enjoyed a regular chess club and one went to church on Sundays. During our visit we saw people coming and going throughout the day. We also saw staff supporting a person to watch chess videos on their laptop. There was a poster displayed in a prominent place asking people to put their names down if they would like to go on a visit to an animal petting farm.

Is the service well-led?

Our findings

The service did not have a registered manager at the time of this inspection, with the previous registered manager leaving their post in January 2016. Since then the deputy manager had been acting as manager for the service, while also acting as manager for another of the provider's services close by. Staff told us that the deputy manager had done very well in the circumstances, but this had been a challenging time for the service and the staff team. For example, one staff member commented, "She's [the deputy manager] done very well, just needs more support." One staff member told us, "I think we manage well, given what we are working with [referring to recent staffing issues and management changes], people are safe and get the care they need."

We found some aspects of the management of the service were not as up to date or well organised as they should be. This reflected the recent management situation in the home and that the deputy manager had needed to focus on the day to day priorities of running of the service and ensuring people received the care they needed. We found that records of maintenance and quality management processes were not always available or up to date. Quality monitoring systems had not been effective at identifying and addressing these issues.

Maintenance records were disorganised and difficult to locate, with important documentation unable to be located during our visit and staff being unsure where they would be. For example, the up to date gas safety and electrical installation certificates could not be located and had to be sent to us after the inspection. There was no audit trail available in the maintenance book to show that action had been taken to address maintenance issues once reported.

A general fire evacuation plan and risk assessment was in place, but the premises fire risk assessment was overdue for review. A service improvement plan was available, but was dated February 2015 and needed to be updated to reflect the service's current challenges and priorities.

Regular monthly 'residents' meetings had taken place up until February 2016 and showed good levels of involvement and discussion with people who used the service. However, there were no records available to show that more recent meetings had taken place.

Staff meetings had taken place in January and then June 2016, with a six month gap between meetings. However, the records of these meetings showed good staff involvement, with evidence of discussion and sharing of ideas. Staff had not received formal supervision in line with the provider's policy and procedure.

We saw written reports of incidents and accidents that had occurred and the actions taken to prevent the risk or re-occurrence. Incident and accident reports were also supposed to be entered onto the service's computer system, so that information could be reviewed and monitored centrally. However, at the time of our visit accidents and incidents occurring so far during 2016 had not been entered onto the computer system. Staff explained that this had been the result of workload pressures and the need to prioritise work over the last few months.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, Good governance.

The deputy manager showed us the management monitoring they had carried out. This included recent care and support plan audits and a quality audit check list that was being worked through on a rotational basis throughout the year.

A new manager had been recruited and had started work the day before our inspection visit. They attended the inspection and told us that they intended to register as soon as possible. We discussed the issues we had identified with the new manager and deputy manager during our visit and they agreed that these were areas would be improved, now that a suitable management structure was in place.

People who used the service told us that they had already met and been introduced to the new manager, the day before our visit. This showed that the new manager understood the importance of being known by and accessible to the people who used the service.

During our visit we observed staff and people who used the service interacting together and found the service to be a relaxed and friendly place. Staff we spoke with told us that they enjoyed their work and felt that people were provided with a good service at Bethany House. One staff member told us that it was a nice place to be, commenting, "Nice welcome, the atmosphere here is quite homely."

The most recent satisfaction survey had been completed during 2015. This had included surveys for relatives/friends and people using the service. Two relatives/friends and seven people who used the service had responded. The responses showed that people were generally satisfied and happy with their service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person had not ensured that the premises and equipment used had remained suitable for purpose and properly maintained [Regulation 15 (1)(c)(e)].
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and processes to assess, monitor and improve the quality and safety of the service had not been operated. Records necessary for the management of the regulatory activity had not been effectively maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate supervision, appraisal or training.