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Bethany House

Inspection report

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Date of inspection visit:
17 December 2020
06 January 2021

Date of publication:
10 February 2022

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Bethany House is a residential care home providing personal care and accommodation for up to 30 people, some of whom may live with Dementia. The service was supporting 10 older people at the time of the inspection.

People's experience of using this service and what we found
People were not supported in a safe way. People were not protected from potential harm. Infection prevention and control (IPC) was unsafe. Risks to people were not assessed or mitigated. Hospital discharges, medicines management, moving and handling equipment and kitchen management were not safe.

The providers systems failed to identify that care and support was not provided in a safe way. Audits did not identify shortfalls in IPC processes and practices relating to, the use of personal protective equipment (PPE), assessment and monitoring of risk, hospital discharges, medication services, maintenance of moving and handling equipment, and kitchen management.

The provider did take immediate action when information of concern was shared with them, to protect people from harm.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Requires Improvement (published 18 October 2019).

Why we inspected
We received whistleblowing concerns and a complaint, about safe care and treatment. This included a bullying and closed culture, ineffective and non-compliant PPE, ineffective IPC, lack of training, unsafe medication practices, poor moving and handling, ineffective food and kitchen management and ineffective management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

We looked at IPC measures under the Safe key question. We look at this in all care home inspections even if

no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report. The provider took immediate action to mitigate the risks of people receiving unsafe care.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bethany House on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account, where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

Bethany House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection site visit was carried out by an inspector and an assistant inspector.

Service and service type
Bethany House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider was also registered with the Care Quality Commission as the registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 17 December 2020 and ended on 15 January 2021. We visited the service on 17 December 2020.

What we did before the inspection
We reviewed information we had received about the service, since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider

return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of documents and records including the care records for five people and multiple medication records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We looked at training information, care plans, risk assessments, kitchen management records, medication management records and quality assurance information.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have effective systems and processes to safeguard people from the risk of abuse.
- Risks to people were not identified, assessed or mitigated. This has the potential of people developing sore skin which could be prevented.
- We shared whistle blower information with the provider during June 2020. This information included concerns about the effectiveness of PPE, IPC and kitchen management. The provider informed us they had investigated, and the concerns were unfounded. At this inspection we found current evidence of the same concerns, therefore the provider's systems had not safeguarded people from the risk of abuse.

Preventing and controlling infection

- People staff and visitors were not effectively prevented from catching and spreading infections.
- Inspectors observed that staff and the provider demonstrated poor and inconsistent use of PPE. Staff wore the same mask for the duration of the shift, lowering it to neck level during refreshment breaks. Staff members we spoke to said, "Wear one mask all day" and "We use the same mask through the day… we have supplies at home and wear a fresh mask each day." The provider did not wear a mask and informed us, "Makes me more aware of COVID-19 I'm more alert and more aware of the environment and risks".
- Handwashing stations were not available in areas where staff were working, and staff did not carry hand sanitiser with them.
- Consideration had not been given to enabling social distancing for people. We spoke to one staff member who was not sure of the isolation period for hospital discharges or new admissions, they told us, "Three days before they can come out of their rooms initially".
- There were not effective cleaning systems in the home. The sluice and bathroom areas were not kept clean. Data sheets were not available for the chemicals in use. One staff member spoken to did not know about the control of substances dangerous to health (COSHH) data sheets and said that they would just wash their eyes with water. The provider stated, "There would not be a spillage, so no need for staff to have them [COSHH data sheets] we have them somewhere".
- People were not protected from foodborne infections. The fridge was not clean. Food storage processes were not operated effectively, food was not always labelled with the date of freezing, defrosting, opening or when to use by. Canned foods, frozen foods and foods stored in the fridge were found to be kept months beyond their use by dates. Temperatures of food when cooked and at the point of serving, were not always recorded.

The provider did take immediate action when information of concern was shared with them, to protect people from harm.

Assessing risk, safety monitoring and management

● Risks to people were not always assessed. Known risks to people were not managed or mitigated.

● People did not have personalised risk assessments in place for individual health care conditions, this included dementia, mobility, dietary care, skin care, and COVID-19.

● Body maps and turning charts were not always in place. One staff member was asked where a person's repositioning was recorded, they acknowledged there was not a repositioning chart in place, they told us, "There should be a repositioning chart".

● Choking risks were not assessed. One person's care plan contained conflicting information about why a pureed diet was required, in one section of the care plan stated this was due to swallowing difficulties and in another section, it was due to chewing difficulties. There was conflicting information about the required food preparation, this was referred to as `shred` and also as `pureed level 4`. A staff member initially stated that there were no people with swallowing difficulties. Staff knowledge of this person's dietary risks, and how to meet them, was minimal. The staff member who prepared the food on the day of inspection said, "I just know they [the person] can't have any lumps in the puree otherwise they [the person] just won't swallow it".

● `Personal emergency evacuation plans` (PEEPS) were not in place. One staff member said, "We have a stairlift if we need to get people out in an emergency".

● Hospital discharges were not always safe. Following a person's discharge from hospital, the hospital discharge summary identified a risk to tissue viability, this information was not assessed or updated into the care plan and the person then developed a skin sore.

● Moving and handling equipment had not been maintained in compliance with `Lifting Operations and Lifting Equipment Regulations` (LOLER). Hoists were due to be maintained 10 August 2020, this maintenance had not taken place at the time of this inspection.

The provider agreed to take immediate action, regarding hoists, when information of concern was shared with them, to protect people from harm.

Using medicines safely

● Medications were not properly and safely managed.

●The medication, including controlled drugs, were not safely secured; inspectors found the key for the medication room was kept in a drawer in the kitchen, access to the controlled drugs was then accessible, within the medication room. One staff member said, "The keys for the treatment room are kept in the drawer in the kitchen and only accessed by the senior on duty". The provider said, "This is not the procedure". Another staff member said, "The senior always has the keys."

● Reference documents provided to staff, for the safe management of medication, were out of date. This included the providers medication policy, the `British National Formulary` (BNF) information and the sample signatory sheets to identify those staff authorised to administer medication. The `Patient Information Leaflets` (PIL) were not easily accessible, they were stored in boxes and a carrier bag, within the medication room.

● Medication Information within care plans differed from that on Medication Administration Records (MAR) charts. In one person's care plan, preventative medication was recorded as reliever medication.

● Topical creams were not safely used. The MAR chart did not contain a record of the opening and use by dates for topical creams. Body maps were not always in use to identify the site of application.

● The use of as required (PRN) medications were not monitored. The reason for administration and the outcome for the person of taking the medication was not recorded. One person's PRN medication was being used on a regular and ongoing basis; the care plan listed the side effects of not taking the medication. This change of use had not been discussed with the GP.

Staffing and recruitment

●Suitable staff were not recruited for food preparation and kitchen management, to ensure safe dietary care.

●Staff working in the kitchen were working outside of the scope of their qualifications and were not appropriately supervised when learning new skills, for example food storage and preparation.

●A cook or kitchen manager was not in post to supervise staff and none of the staff working in the kitchen had an appropriate Level 2 qualification.

Learning lessons when things go wrong

● There was no analysis of accidents, incidents, complaints, whistle blowing or other information of concern. Where things had gone wrong, preventative actions were not put in place and this led to repeated issues. For example, in June 2020 CQC brought complaints and whistleblowing information to the providers attention. This was not recorded in the complaints log; investigation records were not kept, and preventative actions were not identified or introduced. We then identified the same issues at this inspection.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection, this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider was also the registered manager. The provider did not have a clear system of delegation. Supervisors and staff performed check list audits. The provider did not give the necessary support and guidance to staff performing these audits. The provider and supervisors spoken to did not have an effective understanding of IPC, COSHH data sheets, PEEPS planning, risk assessment or care planning. The provider did not have a system to check the quality and effectiveness of the check list audits and these audits did not feed into a quality assurance overview. The provider did not maintain a quality improvement action plan.
- The provider had not given effective leadership and direction to staff. The provider failed, and allowed staff to fail, to follow Public Health England's (PHE) guidance on the effective use of PPE. People were therefore exposed to risk.
- Systems and processes in use had failed to identify that whistle blowing and complaint information were not effectively recorded or investigated. People were therefore exposed to ongoing risk of harm.
- The providers systems and processes failed to identify that staff were using moving and handling equipment, which had not been maintained as required by LOLER regulations. People were therefore placed at potential risk of harm.
- Effective systems were not in place to mitigate risks to people. The providers actions, systems and processes failed to identify that risks to service users were not always assessed or mitigated. IPC, pressure area care, mobility, moving and handling, and dietary care was not effectively risk assessed or monitored. The provider told inspectors, "We do not have waterlow we have care plans and there are no pressure sores and no concerns". People were therefore placed at potential risk of harm.
- Robust audits were not in place to monitor the medicines systems. Audits by supervisors were brief and did not identify the issues found at this inspection. The provider did not sample or check the quality or effectiveness of medication check list audits. The provider said, "We do a daily medication audit, by senior night staff, check all the drugs, blister packs, controlled and liquid medication, any discrepancies are reported to me, [provider], it has been our practice for years, it is accurate, and we rarely have mistaken". The audit was not effective, and people were therefore placed at potential risk of harm.
- The provider did not have oversight of kitchen management. The provider failed to register with Birmingham City Council as a food business. The provider did not have systems in place to monitor and improve the food storage and preparation, health and safety and hygiene issues which were identified at this inspection. Therefore, people were not protected from foodborne illness.

This was a breach of regulation 17 (Good Governance) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The providers systems and processes failed to identify the issues found at this inspection. This meant the provider may not be aware of incidents which trigger a duty of candour response.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The provider engaged with people using the service and their relatives. People we spoke to told us they liked living at the home. One person told inspectors, "I like it here".

● People expressed mixed views about being involved in the service. When asked if involved in any discussions or decisions about their care plan, one person said, "Not seen it, never asked to". Two people stated they did not have resident meetings.

● The provider conducted quality assurance questionnaires for people and their relatives. One person said they had not received a questionnaire to record their views, another person said, "Have done so before and changes were made after completion". Relatives taking part in the survey expressed their satisfaction with the service. Relatives told us, "I go through the care plan to see if there is anything to correct", and "I get a relatives survey to complete".

● People received support from external health care providers, where this was required to meet their needs. This included regular GP virtual ward rounds and district nursing.

● The provider had declined support with risk assessments and infection control, which had been offered by the local authority.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to provide safe care and treatment. Infection prevention control was unsafe, risks to service users were not assessed or mitigated, medicines were not properly or safely managed, equipment was not safely maintained, kitchen management was unsafe.

The enforcement action we took:

Cancellation of providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of service provided, or mitigate risks to the health, safety and welfare of service users.

The enforcement action we took:

Cancellation of providers registration.