

Bethany House Limited

Bethany House Limited

Inspection report

Bethany House
20 Front Corkickle
Whitehaven
Cumbria
CA28 8AA

Tel: 01946695556

Date of inspection visit:
22 February 2019

Date of publication:
18 March 2019

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

About the service: Bethany House is a residential care home providing personal care for a maximum of up to 18 people aged 65 and over. At the time of the inspection there were 16 people living at the home; some of who were living with dementia.

People's experience of using this service:

At the last inspection we found the service did not always meet people's needs because care plans were not up to date. We also found the way the home monitored the quality of the service was not effective at identifying and sorting out any shortfalls. We made two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found these breaches and shortfalls had been put right and many other improvements had been made to the quality of the service and running of the home.

There was a new manager in post, who along with the provider's operations manager, had brought about clear leadership and an improved system to ensure people received good quality care. People who lived in the home, their relatives and professionals were impressed with the new manager and spoke of her being very approachable with an open management style.

Everyone we spoke with told us this was a good home and said people were well cared for. People's needs were now being well met through up to date care plans, care being offered by a well-trained and supported staff team and by sufficient numbers of staff on duty to respond to their needs.

Staff knew how to keep people safe and this included having a good knowledge of safeguarding people from abuse. Risks to people were now well managed, with a particular focus on reducing people's risk of falls and managing behaviours that maybe challenging to the service.

Care was person-centred, based around each individual's personal care and health needs and to also meet their social needs and interests. Care planning had improved with particular attention paid to including instructions from healthcare professionals.

People rights were respected and protected because the service had a good understanding of the Mental Capacity Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and compassion. They told us the staff team knew them well, took a genuine interest and were kind and caring. People looked well-groomed and well cared for.

There was a good choice of meals and people said the food was very good and they liked that it was 'home cooked'. Support was provided which ensured people received food and drink when they needed this.

Good working relationships had been developed with health and social care professionals that meant people were supported to stay well and any health issues were quickly addressed.

People's medicines were being better managed with a focus on staff training and competency.

The service was well-maintained, comfortable, clean and odour free. Since the last inspection a number of improvements had taken place. These included internet access and the improved use of technology which had benefited people in the home and the staff team.

Rating at last inspection: Requires improvement (09/03/2018).

Why we inspected: We inspected the service as part of our inspection schedule methodology for 'Requires Improvement' rated services and to check the provider had made the improvements they told us they would, following our last inspection.

Follow up: We will monitor as part of the inspection programme for a Good service. If any concerning information is received we may inspect sooner.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Bethany House Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two adult social care inspectors and an expert by experience conducted the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of caring for an older relative living with dementia.

Service and service type: Bethany House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager who had applied to be registered with the Care Quality Commission. This means they that when they are registered, both they and the provider 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.

What we did: We reviewed information we had received about the service since the last inspection and completed our planning tool. This included the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked the action plan the provider sent to us to address the shortfalls identified after the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection, we spoke with 16 people who used the service and four relatives to ask about their experience of the care provided. We also spent time observing how people spent their time and how staff interacted with them.

We spoke with six members of care staff, the manager, operations manager, the nominated individual (owner), shift supervisor, cook, domestics and maintenance staff. We reviewed a range of records. This included six people's care records and medication records, five staff files and records related to the management of the home. In addition, we spoke with a visiting healthcare professional during the inspection.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; preventing and controlling infection:

- Risks to people were being better assessed and were now safely managed. There were detailed, up to date records that showed which risks were assessed. These included environmental risks, medication management and risk of falls. Staff were given clear guidance on the prevention of risk that was based on good practice guidelines such as National Institute for Clinical Excellence (NICE).
- Staff received training which ensured the safe use of equipment. This included the use of specialist equipment to support people with complex healthcare needs, such as hoists and profiling beds.
- Emergency procedures for keeping people, staff and others safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans in the event of a fire.
- People living in the home told us that staff always wore aprons and gloves when carrying out personal care and that the home was kept clean and pleasant smelling. Staff were trained to follow good infection control practices, used personal protective equipment and followed cleaning schedules to help prevent the spread of healthcare associated infections.
- The home had been awarded the highest rating of five stars from Environmental Health for food safety standards in the home.

Using medicines safely:

- The home had improved the systems in place to support the safe administration of medicines. This included improvements to: staff training; more regularly checks of staff competency; and improved storage. A new secure medicines store room had been built which was now on the ground floor and was much more accessible for staff to use.
- There were procedures for updating how 'as and when' medicines were given and how they were recorded. We discussed with the manager about adding in more detail of what to do when these 'as and when' medicines were not effective, in particular when used to calm people who became agitated. She agreed to do this immediately.
- People told us they were happy with how the home managed their medicines. Some people were supported to safely manage their own medicines.
- We noted that a new system brought in by the supplying pharmacy had led to some medicines stock not being accurate. We also saw that some staff were sharing a prescribed thickener with people for whom it had not been prescribed for and did not always make sure it was locked away after use. We raised these issues with the manager who addressed them during the inspection.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe in the home and were comfortable with the staff who supported them. One

person told us, "I have no concerns at all and I can speak to any of the staff about anything." Another person told us, "I feel really safe and the girls are lovely."

- Relatives were confident that staff would act to keep people safe. One told us, "We've no worries at all. I'm confident in the staff and I've never witnessed anything of concern."
- Staff in the home were aware of their responsibilities in protecting people from harm or abuse. They had received regular training and guidance was in place about making safeguarding referrals. These followed the local authority safeguarding protocols. Staff had made appropriate referrals so that allegations could be independently investigated in line with these protocols.

Staffing and recruitment:

- People and their relatives told us that there were always enough staff on duty. One person told us, "There are always plenty of girls about, we've no worries at all." Call bells were placed near to hand and answered quickly when pressed. There had been a stable staff team for many years which helped people to form trusted relationships.
- Staffing levels were sufficient to provide safe and individual care to people. The home was flexible to make sure extra staff were available if someone was unwell or at the end of their life, so all their needs could be met.
- Safe staff recruitment practices ensured staff were suitable to work with vulnerable people. The service checked for any gaps in staff employment history and reasons for leaving the last job. All new staff had a Disclosure and Barring Service check prior to applicants being offered a job. There was also a three-month probationary period to further check they were suitable for the role.

Learning lessons when things go wrong:

- The registered manager and provider had systems to monitor risk in the home and to identify patterns so that action was taken to reduce further risks.
- Falls, accidents and incidents were recorded and analysed to identify trends and patterns and ways of reducing risks, this included medicines errors. A new call bell system had been introduced so that the manager could analyse staff response times, trends and any correlation with falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with guidance standards and the law; supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- People's needs had been assessed and were regularly reviewed to ensure their needs were being met. The information gathered included people's preferences, backgrounds, personal histories and any cultural needs. This enabled staff to know people well and provide person-centred care.
- Staff used recognised good practice tools when assessing people's needs and these were regularly reviewed to make sure people received effective care and support. For example, nutritional assessments and tools to measure the risks of developing pressures sores.
- Since the last inspection a new system had been set up to alert staff to changes in need and this meant advice given by external healthcare professionals was written up and actioned by staff.
- People received timely support to access healthcare services and professionals when they needed help. Information was shared with other agencies if people needed to access other services such as hospitals. The use of 'hospital passports' with key information helped to ensure people's care and support needs were met and the support given was consistent.
- The staff team had good working relationships with health and social care teams in the local area. One visiting professional told us, "The staff team and manager are very good at getting in touch. Staff are knowledgeable and skilled to know when they need our advice. This makes for very effective working. We trust them and their judgements. They are good at following our instructions."

Staff support: induction, training, skills and experience

- There was a stable staff team who had the skills and knowledge to meet people's needs. The service had a programme of training and on-going staff supervision which ensured staff had up to date guidance and information for their roles.
- Since the last inspection the service had developed a more formal approach to the supervisions of staff which was more comprehensive in identifying staff development needs.
- People told us staff were well trained in meeting their needs. One person told us, "The staff are always doing some training and they certainly know what they are doing." A relative confirmed this, "They are very well trained. I've been impressed with how they care for people who are confused or have dementia. They are very patient and professional and always seem to sort things out when people are upset."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were very satisfied with the quality of the food provided, and especially liked that it was home cooked, with plenty of home baked cakes and puddings. People could have a choice of food they wanted to eat each day and had been involved in planning the menus.

- While the majority of people had a well-organised mealtime with appropriate support from staff we saw one person did not get the support they needed from staff or from equipment to make eating easier. We discussed this with the manager who stated she would rectify this and review the person's care plan. She also said she would carry out a full mealtimes audit to identify any further areas for improvement.
- People who were at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any weight loss. Referrals were made to relevant healthcare professionals, such as dieticians and speech and language therapists for advice and guidance.
- The cook had training in providing good nutrition to older people and knew how to fortify foods for people who had lost weight. They were knowledgeable of specialist dietary needs, such as food suitable for people with diabetes.
- Since the last inspection the time intervals between meals had been reviewed so that meals were more evenly spaced across the day.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff had a good understanding of the MCA and gave appropriate support so people could make decisions for themselves. Where people's capacity to make decisions was compromised, for example by a health condition, such as people living with dementia, the service followed the MCA to ensure their rights were prompted and protected.
- Staff ensured they had people's consent before carrying out care tasks, and this was recorded in people's files. Some people had restrictions placed on them to keep them safe, such as the use of bed rails, monitoring movement by sensor mats to prevent falls and digital keypads on some doors. The service checked these restrictions and considered them as part of a best interest process as set out by the MCA. Appropriate referrals had been made to the local DoLS supervisory body. Some people were subject to DoLS orders to keep them safe while protecting their rights, and we saw the conditions of the orders were being met.

Adapting service, design, decoration to meet people's needs:

- The service had given careful consideration and effort into providing a home that was adapted for the needs of people living with dementia. This included consulting with national best practice institutions in dementia care. Clear signage was used throughout the home and one of the toilets had been completely redesigned with advice from Stirling University's Dementia service. This was to promote people's independence as far as possible. Consideration was given to colours, contrast and material used that considered people's spatial awareness needs.
- Technology and equipment was used effectively to meet people's care and support needs. For example, sensor alarms helped to keep people safe and a new call bell system linked to the service's IT system was in place. Since the last inspection the service had invested in a computer system for staff and people in the home to use.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- We observed people were treated with kindness and were positive about the caring attitude of staff. We received feedback from people and visitors which supported this. One person told us, "I've been depressed and they have brought me out of myself really. It's so difficult when you have dementia but they do really help."
- People said care staff knew their likes and dislikes and always found the time to talk with them. They described the support they were given as "not rushed". Staff used touch to convey warmth and empathy with lots of friendly 'banter' and laughter in the home.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- Staff had received training in equality and diversity and person-centred care. This was reflected in how they supported and treated people with dignity and respect.
- We saw staff respected people as individuals and promoted their diverse cultural needs. They were supported to practice the religion of their choosing and to carry on interests they had prior to living in the home.

Supporting people to express their views and be involved in making decisions about their care:

- Staff supported people to make decisions about their care and these were recorded in their care plans. People told us they were made to feel comfortable about speaking up and saying how they wished to be cared for.
- Staff signposted people and their relatives to sources of advice and support or advocacy and provided advisors or advocates with information after getting permission from people.
- Care records reflected how best to support someone with a sensory impairment and with any communication support needs. People were encouraged to wear glasses and hearing aids to promote their communication needs.

Respecting and promoting people's privacy, dignity and independence:

- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice. One person said, "You can do as you like here. Staff are always about to help. It's like a second home, you chose what to do with your day."
- People told us staff were very good at promoting their dignity and encouraging their independence. The service had, since the last inspection, undertaken a major reconfiguration of the ground floor so people could more readily access a toilet independently without having to ask staff. Care plans were very well written to inform staff about what people could do for themselves and how they should encourage them to

do as much as possible.

- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the last inspection, we found a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care. This was because the provider did not have effective systems to ensure care was person-centred and met people's changing needs. During this inspection, we found improvements had been made and each person's care plan accurately reflected their support needs.
- Care planning had improved significantly and had become more detailed. Plans were up-to-date and focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health. This included a system to make sure any change in a person's health need was highlighted and action taken.
- Healthcare professionals told us the home had very good records that accurately reflected people's needs and recorded their advice.
- People received well organised care and support that was person-centred and responsive to their needs. People's routines were flexible and people made choices to have a lie-in or to eat their meals where they chose. One person said, "I say what I want to do. Staff are lovely at helping me to carry on like I did at home."
- People were supported to participate in a variety of activities which included opportunities to access the community. Activities included musical entertainment, reminiscence sessions and cake making. Religious services were held monthly. Children came in weekly from the local school to do craft activities. People told us they had developed positive relationships with the children and really looked forward to seeing them.
- Staff gave people support to peruse their individual interests and hobbies. Staff went out of their way to ensure people could still follow interests. One person had been helped to play dominos and solitaire on digital tablet with the help of the home's maintenance man who had attached a clamp holder to make it easy to use.

Improving care quality in response to complaints or concerns:

- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and complaints acted upon in an open and transparent way. One visitor said, "I think management do listen, they often ask us, is everything ok, and if we would change or like things to be done differently, we have plenty of opportunities to talk."
- The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure in the service's brochure.
- A record of complaints was maintained and we saw the most recent one had been investigated and resolved appropriately.

End of life care and support:

- People were supported to make decisions about their preferences for end of life care and staff empowered people and relatives in developing care and treatment plans.
- The service worked closely with healthcare professionals and were able to access specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- Staff understood people's needs, were aware of good practice and guidance in end of life care. The new manager spoke of developing a specific end of life care plan to make it easier for staff to see these support needs in a person's file.
- The service supported people's relatives and friends as well as staff, before and after a person passed away.
- A specialist end of life healthcare professional told us they had been impressed with the support given to people at the end of life. They told us staff had made an appropriate referral to them when staff had judged that a person's medication needed to be adjusted.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At the last inspection, we found a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. At this inspection we found the service was now carrying out comprehensive audits and had systems to ensure the service was well managed.
- People told us the service was consistently well-led. Everyone we spoke with said the new manager led by example and had made the home more professional in how it was run.
- The manager used the systems of the organisation to monitor the quality of the service and in addition she had also devised her own systems. There was now a focus on managing risk to people and staff in the home.
- The service also ensured a quality service by ensuring national good practice was followed such as NICE and Skills for Care as resources for staff to use.
- Staff completed audits on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. A development plan was in place with a timescale for actions.
- The service was aware of how to handle confidential information. This was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The vision and values of the service were to ensure people received safe, compassionate care in a homely environment. Staff demonstrated this ethos, understood their responsibilities and felt they were listened to and valued.
- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- The management team positively encouraged feedback and acted on it to continuously improve the service. For example, by involving people in reviewing concerns or incidents to prevent them happening again.
- The manager and staff we spoke to understood the importance of escalating change in people's health and social needs. This showed the provider had embedded principles of duty of candour responsibilities. The policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong

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

- People and staff felt able to share ideas or concerns with the management. Surveys were given to people who used the service and their family members. The results of these surveys were analysed and action plans developed.
- The provider worked professionally with external agencies such as social services and the health authority. Care records included the involvement of GPs, social and healthcare professionals and advocates for people they supported.