Bethany Homestead

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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

This unannounced inspection took place on the 12 December 2016. Bethany Homestead provides accommodation for up to 38 people who require residential care for a range of personal care needs. There is also a complex of bungalows within the grounds where some people receive personal care and support to enable them to retain their independence and continue living in their own home. There were 36 people in residence and 3 people receiving care in their own homes during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. The registered manager and senior knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care when they wanted to.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with staff, who provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to

carry out their roles. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

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 and staff were clear on their roles and responsibilities to safeguard them.

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

People's medicines were appropriately managed and safely stored.

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

Is the service effective?

Good

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

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

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

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

People's privacy and dignity were respected.

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

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

People had access to a complaints process and complaints were appropriately managed.

Is the service well-led?

Good

The service was well-led.

People's quality of care was regularly monitored by the systems in place.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Bethany Homestead

Detailed findings

Background to this inspection

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

This unannounced inspection was carried out by an inspector on 12 December 2016.

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

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

During this inspection we spoke with 10 people who used the service, 4 relatives and a visitor who was a member of the Bethany Homestead committee. We looked at the care records of the five people. We spoke with the registered manager, deputy manager, one senior staff, three care staff, an activity support worker, a maintenance staff member, the cook and a housekeeper. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that staff at Bethany Homestead provided safe care. One person told us, "Staff know what they are doing, they are quick to notice if I am not well." A relative told us, "[name] is safe and well here." Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would report anything of concern to my manager, and if they did not respond I would contact the local authority safeguarding team." Staff had received training on protecting people from abuse and records we saw confirmed this.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas.

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. People had personal emergency evacuation plans in place in case of an emergency; these were colour coded to enable staff to see clearly in an emergency situation the level of support people required. Fire safety systems were in place and appropriate checks were conducted; these included weekly fire alarm tests and regular fire drills. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order.

People could be assured that prior to commencing employment in the home, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

People told us there was always enough staff on duty to meet their needs and we saw that staff were on-hand to support people when needed. One person said, "when I use the call bell, they [staff] always come in good time." Staff told us there were sufficient staffing levels to meet people's needs, and that the Registered Manager ensured that people got the extra time they needed when their needs increased . Staffing levels were set according to people's dependency and care needs. People's assessed needs were safely met by sufficient numbers of experienced staff.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice.

Good

Is the service effective?

Our findings

New staff told us they had undertaken an induction training course that had equipped them with the skills and knowledge they required to enable them to fulfil their roles and responsibilities. The staff induction training included subjects such as manual handling and fire safety. New staff worked alongside senior staff during their induction training and before being allowed to work unsupervised. One new member of staff told us "I feel more confident in myself because of the support and the training, and I have been able to get to know the people I look after."

All staff continued to receive updates of their training in subjects such as safeguarding, falls prevention, pressure area care and dementia awareness. Care staff were positive about the training they received and said it had helped them with supporting people. One member of staff said "The dementia awareness training was really good, I learnt about approaching people; how you need to get to know the person well to know what approach works best for them." Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF).

People's needs were met by staff that received regular supervision and an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular supervision and I feel listened to, although I know I don't have to wait until supervision if there are any concerns I want to talk about."
People told us that staff always asked for their consent before providing any support and they respected their personal needs and preferences. One person said "They [care staff] always ask me if it is okay to do things for me; they never just turn my light on either, they always ask if I want it on." Relatives also said they had observed that staff sought consent before providing care and this was confirmed during our observations. Individual plans of care also contained information about people's consent. Staff recorded the relevant information about people's lasting power of attorney for a time when they may not have the mental capacity to make decisions themselves.

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).

The management and staff were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Senior staff had training in the MCA and DoLS and had a good understanding of people's rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they

were unable, decisions were made in their best interests.

Staff assessed people's risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Where staff identified people were at risk they referred people to their GP and dietician for further nutritional guidance. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely. For example where people had difficulty in swallowing, staff followed the health professional's advice to provide food that had been pureed or thickened their drinks to help prevent choking. Catering staff ensured people were provided with meals that met their nutritional and cultural needs. We saw that they prepared meals to suit each person's individual needs, such as pureed food. The chef told us "I know what special foods people need; the dietician also advises on the different consistencies of food as well."

Staff were provided with information about people's dietary needs including their likes and dislikes. One person told us "The chef knows what I like to eat." Staff were knowledgeable about who needed assistance or prompting to eat. We saw that staff sat with people and assisted them with their meals in a non-hurried way and they gently reminded people to eat their meals where they had been distracted. All staff were involved with assisting at mealtimes which meant that everyone could eat their hot meal together. Most people chose to eat together in the dining room which was set out so people could eat sociably. Where people chose to eat in their rooms, staff ensured that people had assistance where required.

Staff were responsive to people's changing needs. Staff told us "When people are not so well we visit their rooms more regularly to provide care and give drinks." Records showed that people were encouraged to eat and drink enough to help maintain their health and well being. Where it was necessary, staff monitored the amount that people drank to ensure that they stayed hydrated. One member of staff said "We are kept informed if people's needs change, like needing a softer diet or more drinks."

People's healthcare needs were carefully monitored. Care records showed that people had access to community nurses and GP's and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

All the people who used the service and their relatives told us that they were treated very well and they had no complaints about the care they received. One person told us "the staff are angels, they are so lovely." One relative told us "The staff do a wonderful job, they always have done." Everyone described the service as 'homely'. One visitor who was a member of the Bethany Homestead committee said "I have been involved with Bethany Homestead since 1979 and it has always had a sense of a big family, everybody is welcomed."

On the day of the inspection there was a celebration party for one person's 100th birthday. We saw that all of the person's family had been invited and the chapel was decorated with birthday wishes and cake. One person told us "It is [person's] birthday today and we have just been to the chapel for a celebration; it was lovely."

People told us they had good relationships with staff. One person said "staff are wonderful; I choose what I want to do when I want to." One relative told us "people have good relationships with staff, they look after [name], they know what she needs and they make sure she has what she needs, I can't ask for more." One person who lived in a bungalow with in the complex acted as a 'buddy' when new people moved in to the home. This person told us "It is so important to have someone who can show you around and make you feel welcome; that's my job and I take great pride in it."

Staff were motivated and caring. We observed that all the interactions between staff and people using the service were positive and encouraging. One member of staff told us "I am proud of the relationships we have with people." Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledging every one when they were in the same room or passing.

People were encouraged to express their views and to make their own choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example from a male or female member of staff. Staff had a good knowledge of people's preferences and these were respected and accommodated by the staff team. One relative told us "The care staff have got to know [my relative] really well; I don't know what we do without them now; just knowing they come and visit every day in our bungalow is reassuring for both of us."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private.

People received care that was personalised. Staff spoke with people about subjects that were important to them and had relevance to their previous lives and families. For example, one person had a love of trains and staff included this in their conversations or something about the timing of their care that was personal or staff helped them to spend time with their friends they had made at the home.

We observed that staff respected people's privacy and dignity; they demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. For example; by closing curtains when undertaking personal care and checking that people were comfortable with receiving care. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair staff explained how they would be moved and encouraged them to assist themselves.

Good

Is the service responsive?

Our findings

People admitted to the service were assessed for their care needs prior to living at Bethany Homestead. People and their relatives or advocates were encouraged and supported to visit the home during the decision making process. We saw that the manager involved people during the pre-admission procedure to understand their needs and plan their care. Where people could not communicate themselves relatives or advocates and professionals already involved in supporting each person helped to provide the information the manager required to plan their care. People told us this had helped provide a smooth a transition into the home.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care. People received care as detailed in their care plans. For example people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans.

The care files we reviewed demonstrated that care was planned in a personalised way. We found the care plans were well-written and incorporated personal details specific and relevant the needs of the person. Care plans clearly set out in detail the actions to ensure that all aspects people's health, personal and social care needs were met. We found that the documentation ensured staff and other visiting health professionals could easily ascertain what each person's identified needs were, and the related actions in place to protect them. Care staff completed daily notes with information recorded about people's specific behaviour and interaction during daily activities.

People's changing needs were assessed and care plans were updated. We saw that people's needs had changed the care plans had been reviewed and updated to reflect their current needs. People's care plans were individualised and contained information that was relevant to them including their life histories, interests and activities. One person told us "Having photographs of my family around me is important and the girls [care staff] know that and they often talk with me about my family."

There was a regular timetable of activities in the home that people could participate in, this was displayed in the home and was also in the monthly newsletter. People enjoyed knit and natter sessions, aerobics, bible study, scrabble and skittles, poetry sessions and quiz's. The provider had developed good links with the local community and the home had craft fairs and coffee mornings. A local school choir group was visiting on the week of the inspection to sing Christmas carols. A mobile library visited the home on a regular basis and there were numerous religious services held in the onsite chapel.

People had information about how to make a complaint or make comments about their care. There had not been any complaints recorded, however, people had written letters to compliment staff. One relative told us "I've never had to make a formal complaint; if something isn't quite right I always talk to the team leaders or the manager and it gets put right straight away, everything cannot be perfect all of the time but they always address any issues I raise straight away."

Good

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager was supported by a deputy manager and senior care staff. We saw that people and the staff were comfortable and relaxed with the senior team. All staff we spoke with demonstrated an excellent knowledge of all aspects of the service and the people using the service.

We received many positive comments from staff about the service and how it was managed and led. Staff told us that the manager was very supportive and staff told us they were proud of the standards of care they provided. One member of care staff said "I'd love my [relative] to come here because they would be looked after", another member of staff told us "Staff have been there a long time, and they tend to stay."

People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis.

Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records had been reviewed on a regular basis and accurately reflected the care each person received. Records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Communication between people who used the service, their families or representatives and staff was encouraged in an open way. The provider issued a monthly newsletter which detailed activities and news from the previous month and including upcoming events. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved; questionnaires were sent out yearly to seek their views. We saw that the feedback about the care people received was all positive.

The provider has developed good links with local schools and colleges and supported students on work experience placements. The registered manager said "It is a 'win win' situation; students interested in social care can have some experience in this environment and our residents get to meet young people and share their experiences with them."

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

People's entitlement to a quality service was monitored by the audits regularly carried out by the senior staff and the registered manager. The manager used all of the audits to improve the service and feedback to staff where improvements were required. We viewed team meeting minutes and noted that improvements that

had been identified in audits were discussed with all staff to create a learning environment. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.