

# Tracs Limited

# Bethany Lodge

## 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 

### Overall summary

The inspection took place on 2 October 2015 and was unannounced.

The provider of Bethany Lodge is registered to provide accommodation and personal care for up to eight people. On the day of the inspection there were six people living there. A manager was in post who had applied to become the registered manager with the Care Quality Commission to manage the service. 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.

People responded positively to staff looking after them and communicated with them in a friendly manner. Relatives told us they had no concerns and that staff knew what to do to keep their family members safe.

People received care from staff who understood their individual health needs and how to manage risks when caring for them. People were supported to take their medicines. People received their medicines at the correct

# Summary of findings

time and medicines were safely administered and stored. The manager made regular checks to ensure people received their medicines correctly. The manager told us they would make sure the information about people's 'when required' medicines was reviewed.

People received care and support from staff who were regularly supervised and could discuss aspects of people's care they were unsure of. People received care from staff that understood their needs and knew their individual requirements. Staff received regular training and understood well how to care for people.

People's consent was appropriately obtained by staff. People who could not make decisions for themselves were supported by staff so that people's best interests were always considered.

People enjoyed their food and were supported to prepare drinks and meals. People were offered choices at mealtimes and were supported with special dietary requirements. Staff understood people's needs and preferences and ensured people received the food they liked.

People's health needs were assessed regularly and staff understood how they should care for people. Staff kept relatives informed about their family members care and appropriately involved them in any decision making. People accessed other health professionals as appropriate.

People liked the staff who cared for them and responded positively to them by seeking reassurance through appropriate comforting touches. People's privacy and dignity were respected and people were supported to make choices. People's individual circumstances were considered when caring for people.

People were supported to take part in activities they liked or had an interest in. Staff understood each person's interests and encouraged people to make their own choices about what they wanted to do.

People were involved in making decisions about their care and how they received services. People were kept updated by the manager and provider about issues which affected their care.

People were relaxed around the manager. Staff enjoyed working with the manager and felt part of a team who understood people who lived there and their roles and responsibilities.

People's care was regularly checked and reviewed by the manager. The quality of care people received was routinely reviewed to ensure it could be monitored and improvements made were effective in providing people with better care.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People were relaxed around care staff. People were supported by enough staff that knew how to keep them safe. People received their medicines when needed.

Good



### Is the service effective?

This service is effective. People were cared for by staff who understood people's health and the risks to their health. People were involved in making choices about their care and diet. People received additional support from medical professionals when they required it.

Good



### Is the service caring?

The service was caring. People were cared for by staff they liked and staff communicated positively with them. People were treated with kindness, dignity and respect.

Good



### Is the service responsive?

The service was responsive. People's care was involved in shaping their care and their care needs were met. People were supported to participate in activities that reflected their own interests.

Good



### Is the service well-led?

The service was well led. People's care was regularly reviewed and updated based on decisions people had made. The quality of care was monitored so that it could be continually improved for the benefit of people who lived at the home.

Good



# Bethany Lodge

## 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 inspection was undertaken on 2 October 2015 by one inspector and was unannounced.

We looked the notifications that the provider had sent us and any other information we had about the service.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications.

We spoke to all people living at the home. We contacted four relatives, but could only speak with three relatives. We also spoke with four staff and the manager.

We also viewed the care records for three people, three staff recruitment files, the complaints folder, and quality monitoring audits of the services people received.

# Is the service safe?

## Our findings

One person we spoke with told us they liked living at the home because, “It is near to my family, the staff help me.” A relative told us, “[Person’s name] is safe when they are in Bethany Lodge, as they can be.”

People were cared for by staff who understood how to keep people they supported safe. Staff were able to describe signs of possible abuse, and how to report any concerns. We saw from the training planner staff had received regular updates on abuse to keep their knowledge up-to-date.

One member of staff told us the training they had received from the provider had been very good helping them understand the needs of people who may have autism. They said it demonstrated the difficulty a person may have communicating that they were being mistreated which helped them to look for any signs of change in the person’s mood or behaviour. They felt this enabled them to keep people safe from harm.

The manager showed us the provider’s recruitment procedures to make sure staff employed were of good character and suitable to work with people who lived at the home. Each member of staff had a Disclosure and Barring Service (DBS) reference and suitable previous employer references before commencing employment in order to keep people safe.

People who lived at the home and relatives spoke positively about the staff employed at the home. Most people were supported by staff on a one to one basis which meant staff were available to work on an individual basis to support each person in doing activities and following their interests. A relative told us, “I am very pleased with the staff they are always helpful and very good with [Person’s name]. Relatives told us they felt there was enough staff on duty whenever they visited.

The staff team were organised into small teams to work with people so they knew people’s individual care and support needs. One person who lived at the home told us they liked this arrangement because they knew who to go to if they had a problem, or wanted help organising an activity. They gave an example of how they were supported to organise a holiday and the staff member who supported them was able to go with them.

We saw that risks to people’s health had been identified in people’s care records to guide staff and when needed people had been supported to attend health appointments. Staff we spoke with understood the risks to people and were able to describe how they would support a person when they became anxious and had behaviour that may challenge. This included the distraction techniques which worked for this person to support them in reducing their anxiety so that they felt better and were safe.

People were supported to take their medicines. One person was in the process of learning to take their own medicines. We saw that people’s medicines were stored safely. Administration instructions of how a person preferred to take their medicines were available to all staff. For example, staff had information to refer to for people’s ‘when required’ medicines to say why and when someone may require to take these. However it was noted that some of information was written in 2013 and the manager told us they would be reviewing this to ensure it was still relevant for each person. In some of the information we saw handwritten instructions and crossing out that should have been initialled by the person altering this information. We brought this to the attention of the manager, who said he would take action immediately so that written information continued to assist staff in administering people’s medicines in a safe way.

# Is the service effective?

## Our findings

People who lived at the home and relatives we spoke with told us they thought the staff understood how to care for people. One person told us, “All the staff are good and I like living here.” One relative told us “I am very pleased with the way my son [person’s name] is cared for”. Another relative told us, “We are very happy with the Bethany Lodge placement, much better than where [person’s name] was before.”

The manager described how they ensured staff had the right knowledge and skills. They told us new staff received a comprehensive induction programme which included specific training to meet the needs of people who lived at the home. For example, how to support people with behaviour that may challenge. They also said before a new member of staff started to offer support to people they spent their first two weeks doing training then spent a further two weeks working alongside a more experienced member of staff. The manager told us they felt this benefitted the staff as well as people living at the home, as they had the opportunity to get to know and learn to trust new staff.

Staff told us they had been impressed by the training the provider supplied to them. They felt that it had prepared them for their roles. For example, the induction training had included specific training in autism which helped them understand how best to communicate with the people they were caring for. A relative told us that they thought staff knew how to best care for their family member who had limited verbal communication.

Staff we spoke with told us they had regular one to one meetings where they received feedback on their performance and were able to discuss future training

requirements. One staff member described how each year they had a review meeting about their work with their manager which included feedback from their colleagues on their performance throughout the year.

People told us about how they were involved in decisions about their care. People described to us how staff explained things to them. We saw examples of this during our inspection. For example staff explained medical procedures to people before supporting them with these. Staff we spoke with understood decisions could be made in people’s best interests where people did not have the capacity to make an informed decision. The manager took steps to ensure that people’s best interests were considered and involved family members when making specific decisions. The manager and staff also knew some people’s freedom may be restricted in order to keep them safe and Deprivation of Liberty (DoL) applications needed to be made. The manager had assessed people who lived at the home and made DoL applications to the local authority where people’s liberty may be restricted. For example, the use of locked doors to keep people with limited safety awareness safe.

People told us the food served was very good and they were offered choices. We saw menus were developed using pictures of meals for people to be able to choose what they wanted to eat. One person who lived independently at the home went shopping twice a week to choose their own food, with the support of staff. People took it in turns to help prepare meals in the kitchen with the support of staff. On the day of the inspection one person had made home-made soup.

We saw from the care records that people had been assisted to access a variety of healthcare professionals. One person told us how staff had supported them to a doctor’s appointment; they didn’t need staff to speak on their behalf just support them for added confidence.

# Is the service caring?

## Our findings

People we spoke with told us they liked the staff. One person told us, “The staff are very good and they help me”. Staff often worked with people they supported on a one to one basis so got to know their needs well and what they liked and disliked. We saw people returning home after following their own interests in the community and they showed they enjoyed their experiences as they were smiling and happy.

One person told us, “I don’t mind which staff supports me they are all very good.” We saw people who lived at the home and staff enjoyed each other’s company as they sat in the lounge chatting. On one occasion we saw staff reassured a person who was anxious so that they felt better.

Relatives told us they thought the staff were very caring and they felt involved in their family members care. One relative told us they spoke to the manager several times a week to discuss their family member’s progress as they had recently come to live at the home. Relatives confirmed they

were invited to review meetings and involved in their family members care plans. We saw from the care records that relative’s signatures were gained to confirm they had attended the review meeting.

People were treated with dignity. We saw that people could choose the staff who helped them with their personal care and we saw this was respected. Staff understood people needed time alone and we saw they respected people’s personal space. For example, one person wanted to go into a specific room which held sensory equipment for people to choose to use and closed the door to have privacy. Staff knocked on the door and waited before entering.

People told us how they were encouraged to maintain relationships with their relatives and friends. One person told us how staff helped them to go on home visits and make telephone calls home. One relative told us staff brought their family member home every other weekend. Another relative told us that when they visited staff were always very welcoming and had positive relationships with their family member.

# Is the service responsive?

## Our findings

People told us how staff supported them to do activities they wanted to. One person described how they went on annual holidays; they planned them but required some assistance from staff. They told us they had chosen their holiday and how staff had helped them with their budgeting.

The manager described how they and staff had been responsive in recognising the changing and progressive needs of someone living at the home. As the person was becoming more independent the provider had agreed to promote their independence by making adaptations to the home environment. This person was looking forward to the future and to the prospect of living more independently. They told us they had been involved in the planning and were being consulted about the adaptation's being made which the colours and decoration.

Staff could describe the individual preferences and needs of people they cared for. They knew people's personalities and backgrounds. They also knew what made people happy or things that may cause them to be anxious. We saw one person was provided with a personalised aid to communicate with staff which enabled them to express what they wanted to do. Staff said this personalised aid had given this person more independence and reduced

their anxiety. People told us they had a variety of different interests they could choose to follow. They told us they liked going swimming, going into town and hydrotherapy sessions.

We asked about the meetings for people who lived at the home to share their experiences and make suggestions about the services they received. One person told us they didn't happen. However they did tell us that they could approach the manager about, "Anything". They felt the manager listened and responded to their wishes. The manager told us that questionnaires were due to be sent out in November to gain people's experiences about aspects of the service they received.

People who lived at the home and relatives told us about what they would do if they needed to complain. One person told they would speak to the manager. We saw some complaints had been made by people who lived at the home. For example, one person had complained because they had felt that a member of staff had not stayed with them when they were following their specific interest in the community. We saw action had been taken to reduce the risk of this happening again.

People and their relatives told us they knew how to complain in the first instance to the manager, but if not satisfactorily resolved they would speak to the CQC or the ombudsman. We saw information about advocacy services was available should people require an independent person to speak up for them. We saw advocacy information was displayed on the notice board in the hallway.



# Is the service well-led?

## Our findings

People told us they liked the manager and knew him well. One person told us he is, “Very friendly.” One member of staff told us, “He has a very warm personality and is approachable.” We saw people who lived at the home were very relaxed in his presence.

The manager told us they had been well supported by the provider to undertake his new role. He saw the area manager most weeks to discuss any concerns and developments but also said they were always on the, “End of the phone” if he needed anything. The manager told us he was enjoying his new role and felt he was making positive improvements for people who lived at the home and staff. For example, the incidents of people’s behaviours that may challenge had reduced.

Staff told us that they felt he was a good leader and enjoyed working with him. Staff told us communication was good and they received regular up-dates. The manager had arranged for two staff meetings to take place each month so that all staff were able to attend one of these meetings. They felt comfortable raising concerns and were included in the developments to the service people

received. For example, staff were aware that the manager was applying for accreditation through the Autistic Society so that the service was known as a centre of excellence for people with autism.

The manager described to us the systems used to monitor and evaluate people’s care. We looked at three people’s care records and saw that these were updated regularly. We saw that regular checks were made to review people’s medicines, the home environment, any accidents people had had as well as how people’s care was recorded. These quality checks were also audited by another manager and feedback given to the home manager about whether there were any areas that required improvement. An action plan was then produced and actions taken were monitored by senior management to make sure improvements were effective for the benefit of people who lived at the home.

The manager commented that he was in the process of reorganising people’s care records to make sure they were easier to use. He showed us an example of one care record they had almost completed which staff told us was much easier to follow. He did acknowledge the information for staff to refer to about some people’s ‘when required’ medicines needed to be reviewed. He assured us this would be done within the next few weeks so that this information continued to be accurate to reduce risks to people’s health and safety.