Cooper Residential Homes Limited

Bethel/Bethesda Residential Home

Inspection report

Equity Road East
Earl Shilton
Leicestershire
LE9 7FY

Tel: 01455847505

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18 March 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Bethel / Bethesda is a residential care home comprising of two connected buildings that was providing personal and nursing care to 28 people aged 65 and over at the time of the inspection.

People's experience of using this service:
• The provider had made improvements to ensure that people lived in a safe and secure environment. They had acted on all the recommendations made by the local fire and rescue service following an inspection they had carried out.
• The provider and registered manager had made improvements to systems that kept people safe from avoidable harm and to how the service was run. However, it was too early to say whether all the improvements were embedded.
• People had personal emergency evacuation plans that staff were familiar with which meant they would be safely evacuated in the event of an emergency such as a fire.
• Staff did not always lock doors to the laundry or a room with cleaning equipment when these rooms were unattended.
• A door to a passageway connecting the two buildings was left unlocked. This area was unmanned. Relatives told us they accessed the home this entrance instead of via reception where they signed a visitor's book. They were concerned that unauthorised visitors could do the same.
• The provider increased their checks to ensure the doors to those areas were locked.
• The provider had improved the arrangements for the maintenance of the premises and equipment such as heating and hot water systems. People told us they were warm in their rooms and communal areas.
• People were provided with enough healthy and nutritious food. The provider had arrangements for ensuring that there was always enough food and drink in store.
• People told us they felt safe living at the home and when staff supported them.
• People had their medicines at the right times because the provider and registered manager had improved arrangements for managing medicines safely.
• The provider employed enough staff so that they could meet people's needs in a timely way. Staff responded quickly when people used their call alarms.
• The provider and the registered manager were clear about improvements they wanted to make. They were working on a plan to include people, relatives and staff in improving the service.
• The provider had arrangements for monitoring the quality and safety of the service.
• At this inspection, whilst we saw improvements had been made, it was too early to say whether the improvements were embedded. However, the provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Rating at last inspection: At our last inspection on 15 August 2018 (report published 31 October 2018) we rated the service as Inadequate. We placed the service in special measures.

Why we inspected: After our last inspection we issued a warning notice because the provider had failed to make improvements to how they assessed, monitored and sought to improve the quality, health, safety and

welfare of service users. This was a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations, regulation 17 (2a and b) - Governance. We placed the service into special measures.

We inspected the service against two of the five key questions we ask about services; is the service Safe and is the service Well-led? Those the key questions were rated as inadequate at our last inspection. We followed-up on the actions the provider had taken in relation to the warning notice.

Follow up: We will continue to monitor the service and we will carry out a comprehensive inspection of all five key questions as per our re-inspection programme. We will decide then whether to remove the service from 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?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-led findings below.

Bethel/Bethesda Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations under the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this focused inspection we inspected the service against two of the five key questions we rated as inadequate at our last inspection; is the service Safe and is the service Well-led? We checked whether the provider had made the required improvements following our warning notice from our comprehensive inspection on 15 August 2018.

Inspection team:
The inspection was carried out by an inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
The service had a manager registered with the Care Quality Commission. This means that 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:
The first day of our inspection, 18 March 2019, was unannounced. We told the provider we would be returning on 20 March 2019.

What we did:
Before the inspection, we reviewed information we held about the service, which included notifications they

had sent to us. A notification is information about significant events or incidents within the service that the provider is required to send us by law. We contacted the local authority, who are responsible for funding some of the people using the service, to obtain their views about the care provided at the service. We reviewed an action plan the provider had sent us after our last inspection which set out how they would make improvements. We used all this information to plan our inspection.

During the inspection, we spoke with 10 people who used the service and seven relatives of other people who used the service. We spoke with the registered manager, the provider and six staff. We reviewed two people's care records. We reviewed records relating to the day to day management of the service, including staffing, medicines, fire safety and quality assurance.

Requires Improvement

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we rated Safe as inadequate because the provider failed to ensure that people were safe in the event of a fire and protected from avoidable injury or harm. This was a breach of regulation 12 (2a and b) - Safe care and treatment of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The provider had failed to ensure that there were enough staff deployed to meet people's needs and ensure their safety. There were not enough staff to meet people's needs. This was a breach of regulation 18 (1) - Staffing of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection, whilst we saw improvements had been made, but not all improvements had embedded. It was too early to say whether the improvements were embedded. However, The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Systems and processes to safeguard people from the risk of abuse
• Staff were instructed to lock doors to the laundry, a storage area where cleaning, materials were kept and the kitchens to prevent people from gaining access to materials that could harm them. However, we twice found the doors to the laundry and storage area to be unlocked when those rooms were unmanned by staff. There was a risk that people who walked around the home could enter those rooms and harm themselves.
• A passageway between the two buildings was used by relatives to access the home. The entrance door to the passage was not locked. It was accessible from a courtyard and could be used by unauthorised visitors.
•The registered manager told us that staff would be reminded about locking the doors. They told us they would check every hour or every time they passed by those areas that they were locked when unoccupied by staff.
• The provider had worked closely with a fire and rescue service to ensure that people were safe in the event of a fire. They had implemented all the requirements and recommendations the fire service had made.
• People had personal emergency evacuation plans to be used in the event of an emergency such as a fire. Staff were aware of fire evacuation procedures.
• The provider had a system for checking that equipment such as hoists, wheelchairs and sensor mats was regularly checked, maintained and safe to use.
• Window restrictors were fitted to all windows to prevent people climbing out of windows and placing themselves at risk of harm.
• The provider had arrangements for checking heating systems to ensure people had water at the safe temperatures and to keep them warm in cold weather.
• The provider carried out checks of all the equipment in the home to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the

event of a fire.
• The home was tidy and free of clutter which reduced the risk of people having falls.

Systems and processes to safeguard people from the risk of abuse
• People and their relatives felt people were safe and comfortable at Bethel / Bethesda. Comments included, "I feel safe", "My room is quite warm, better than before" and "There is nothing to worry about here."
• The provider had systems in place to protect people from abuse and avoidable harm. Staff knew how to recognise and report abuse using the provider's incident reporting system. Staff told us they were confident that if they raised any concerns the manager would take them seriously.
• Staff were present in communal areas and they made regular half-hourly checks on people who stayed in their rooms to ensure they were safe and comfortable. A person told us, "There are always people around all the time" and another person said, "I feel safe in my room."

Staffing and recruitment
• At this inspection we found that there were enough staff.
• Staff were busy but they were not rushing around and they met everyone's needs. A person told us, "Staff take time. They don't rush, they have time to do things the way I like." Staff answered call alarms quickly. A person told us. "When I press my buzzer, they do not take long to come."
• Staff had time to sit and have conversations with people. A relative told us, "It warms my heart to see how staff sit amongst people and do things together, it's lovely, it's something that was missing."
• The manager followed a recruitment policy so that they were as sure as possible that new staff were suitable to work at this service. New staff only started working after all the necessary pre-employment checks, such as a Disclosure and Barring Service check and references, were satisfactory.

Using medicines safely
• Only senior care workers who were trained in medicines management supported people with their medicines. They gave medicines as prescribed and told people what their medicines were for.
• The registered manager carried out weekly audits of medicines to ensure people had the right medicines at the right times. They ensured that medicines were safely stored and that sufficient amounts of medicines were available.

Preventing and controlling infection
• The provider had systems in place to make sure that staff followed infection control procedures. They ensured that staff had the right disposable equipment such as gloves and aprons to wear when they supported people with personal care. Staff and people washed their hands before handling food. All these measures reduced the risk of cross infection. A person told us, "They wear aprons when they serve food and wash our hands."
• Staff had the right cleaning equipment and materials they used to keep the home clean, fresh and tidy. A person light heartedly said, "They clean my room too much."

Learning lessons when things go wrong
• The provider had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
• The provider and registered manager used earlier CQC inspection reports as a basis for learning from past errors and making improvements. They worked with a local authority staff to implement improvements, for example using a local authority dependency assessment tool to calculate safe staffing levels.

Requires Improvement

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

RI:□Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection we rated Well-led as inadequate because there were insufficient processes in place to assess, monitor and improve the quality, health, safety and welfare of service users. This was a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations, regulation 17 (2a and b) - Governance.

At this inspection we followed up the warning notice and checked whether the provider had made improvements. We saw improvements had been made, but it was too early to say whether the improvements were embedded. However, the provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

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

- New arrangements were in place to improve the safety of the premises and equipment. New means of purchasing essential supplies such as food and cleaning equipment had been introduced.
- The provider and registered manager recognised that improvements were required to make the service effective and well run. They had begun working on a plan on how to improve the service in the short, medium and longer term and this would involve consultation with people, relatives and staff.
- The provider had worked with a local authority quality improvement team to implement improvements such as a dependency assessment tool to calculate safe staffing levels.
- The provider had begun a review of their library of policies to update and add to it, for example adding a policy about the quality assurance systems to formalise what checks and monitoring were taking place.
- The manager understood the legal duties of a registered manager and sent notifications to CQC as required.

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

- The ratings from our previous inspection were displayed and discussed with people and relatives. The provider was open and honest about the scale of the challenge they faced.
- People's care plans were person-centred. The registered manager reviewed people's care plans and sought their and their relative's feedback to monitor the quality of care and support they experienced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider sought and acted upon the views of people, relatives, staff and the local authority quality improvement team as part of their drive to improve the service.
● Staff had begun to have regular supervision meetings at which they could express their views.
● The registered manager kept relatives informed about their family members when people wanted this. A relative told us, "We are kept informed all the time. When we ask for the information when we visit it's always given."
● Staff meetings took place each month, though there were separate meetings for seniors and care staff. The provider told us they would have meetings of all the staff. They said they wanted to involve all staff in the development of the service. They had acted on staff suggestions to create a courtyard people could use for rest and recreation.

Continuous learning and improving care
● The provider and registered manager had learnt from previous inspections. They had decided to 'go back to basics' and to begin a journey towards establishing a service that provided consistently good care and support.
● The provider carried out more checks and monitoring to ensure that people received good care, though these needed to be included in a quality assurance policy to ensure that the checks were carried out as required.
● Relatives told us they had detected that improvements were being made. A relative said, "They have made a big effort. They are improving."
● The provider demonstrated their commitment to improve the service by working closely with the local authority quality improvement team.

Working in partnership with others
● The registered manager worked in partnership with other professionals and agencies, such as the GPs, nurses and social workers to deliver joined-up care.
● The provider cooperated with the local authority to make improvements at the service.