

Bethany Homestead

Bethany Homestead

Inspection report

Kingsley Road
Northampton
Northamptonshire
NN2 7BP

Tel: 01604713171

Date of inspection visit:
05 November 2018

Date of publication:
17 December 2018

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

We carried out an unannounced comprehensive inspection of this service in May 2018. After that inspection we received concerns in relation to staffing levels, the safe moving and handling of people, lack of training for new staff and people receiving injuries from incorrect moving and handling manoeuvres. As a result, we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bethany Homestead on our website at www.cqc.org.uk

This responsive focussed inspection took place on 5 November 2018 and was unannounced. This inspection focussed on the safe and well led domains to establish whether people were receiving safe care. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them.

This was the third inspection carried out at Bethany Homestead since December 2016.

Bethany Homestead is registered to provide the regulated activities of accommodation for persons who require nursing or personal care and also personal care to people living in accommodation within the grounds of Bethany Homestead. This focussed inspection only looked at the regulated activity of accommodation for persons who require nursing or personal care.

At our last comprehensive inspection in May 2018 we rated the service as Requires Improvement in safe, caring and well led domains. The provider was in breach of one regulation relating to sufficient numbers of staff deployed to meet the needs of people using the service. The provider was required to submit action plans demonstrating how they were to achieve compliance with the regulations. At this inspection we were satisfied improvements had been made and sufficient numbers of staff were deployed to safely meet people's needs.

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 at risk of not receiving safe care because not all staff followed safe moving and handling procedures when supporting people to change position.

The provider did not follow best practice infection control prevention procedures. This placed people at risk of cross infection.

Policies and procedures were in place to safeguard people from harm and abuse and staff were aware of them. However, not all staff understood the care practices they were undertaking put people at risk of harm.

The systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.

Risk management plans were in place to safeguard people's personal safety and manage known environmental risks.

People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

The provider and registered manager had made some changes within the service which had a positive impact on the morale of staff working at the service.

Events such as safeguarding matters, accidents and incidents had been reported to the Care Quality Commission (CQC) and other relevant agencies as required.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

The provider and registered manager failed to ensure that staff followed safe moving and handling procedures.

Infection control policies and procedures were not followed by staff and people were at risk of cross infection.

There was enough staff deployed to meet people's needs and staff had been safely recruited.

People received their prescribed medicines safely.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.

Concerns raised by staff were investigated and appropriate action had been taken.

Requires Improvement ●

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 checked 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 responsive focussed inspection took place on 5 November 2018 and was undertaken by one inspector and one assistant inspector. This inspection was brought forward due to concerns raised to the commission in relation to staffing levels, the safe moving and handling of people, lack of training for new staff and people receiving injuries from incorrect moving and handling manoeuvres. We found no evidence that the concerns that had been raised with the commission had been brought to the provider or registered manager's attention. We reviewed staffing levels in the home, spoke with newly recruited staff about the training they had received, spoke with staff and reviewed care planning documents in relation to moving and handling and with looked and accident and incident records including body charts to review any injuries to people.

This was the third inspection since February 2016, the last comprehensive inspection was on 20 and 21 May 2018.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with six people using the service and two relatives. We spoke with the registered manager and seven staff.

We looked at the care records for seven people who used the service including their daily records and medicines charts. We also looked at other records relating to the management and running of the service. These included staff recruitment files, staff rotas, incidents and accident reports and quality monitoring information.

Is the service safe?

Our findings

At the last inspection in May 2018, we identified one breach of regulations relating to staffing. At this inspection we found that some improvements had been made and there was no longer a breach of this regulation. However, there were still some improvements to be made which needed to be sustained and embedded in to the service.

At the previous inspection there was not enough staff deployed to meet people's needs safely and in a timely manner. At this inspection we found that the provider had contracted with four recruitment agencies who supplied regular, trained staff to the service to support people while the process of recruiting new permanent staff was taking place. This had proved to be effective and there was an increase in the amount of staff working on every shift. The provider had also recruited new care staff and these staff were completing their induction processes. There were still improvements to be made to ensure that new staff were retained and that the withdrawal of the recruitment agencies was completed only when the service could sustain their own staffing requirements.

People were not always protected by the risk assessments in place because staff did not always follow the measures in place to reduce risks to people's safety. We received concerns before the inspection about unsafe moving and handling practices. We spoke to seven staff about the moving and handling practices in the home. The majority of staff offered reassurances that they would not undertake any unsafe moving and handling tasks. For example, by not using the correct equipment or undertaking a task that has been risk assessed as requiring two staff on their own. However, one member of staff told us that they regularly supported a person with the use of a hoist on their own when they had been risk assessed for two staff. The member of staff recognised this was an unsafe practice but continued to put the person at risk. We immediately reported our concerns to the registered manager who gave an explanation of how they would respond to this concern.

People were not always protected from the infection control practices that staff were undertaking. The provider had policies and procedures in place for preventing, detecting and controlling the spread of infection; however, care staff did not follow these procedures which put people at risk. On the first floor of the home, we identified that there was only one 'full body' hoist sling in operation. We asked the staff if this same hoist sling had been used to support all six people on the morning of the inspection. The staff confirmed that was the only full hoist sling that had been used that day. We raised our concerns with the care staff in relation to infection control and we were informed that more slings had been ordered but had not yet arrived. When we spoke to the registered manager about our concerns, they were able to evidence that there was a minimum of five full hoist slings in the building but staff had failed to locate their whereabouts and therefore only used one sling.

People and their relatives told us that they felt safe living at the home. One person told us, "I have my favourite staff who I like to help me but all of the girls [staff] are really good; I feel safe with them." One relative told us, "[person] is quite poorly and is cared for in bed. The staff are fantastic with them, so gentle and kind. I know [person] is safe with all the staff here and I am kept fully up to date with any changes."

The provider followed safe recruitment procedures. Records confirmed that Disclosure and Barring Service Checks (DBS) were completed and references obtained from previous employers. DBS are checks to make sure that potential employees are suitable to work in care. The provider had taken appropriate action to ensure staff at the service were suitable to provide care.

People's medicines were appropriately managed to ensure they were administered to people safely. The medicines administration records (MAR) showed that people had their medicines at the right time and staff kept appropriate records. People who requested medicines for pain relief on an as required basis were given them when needed. Medicines were stored according to the manufacturer's recommendations and when no longer required were disposed of safely under contractual arrangements. The staff confirmed they kept their knowledge and skills on the safe handling and administration of medicines updated and their medicines administration competencies were regularly assessed. We observed people receiving their medicines and found that they were administered in line with best practice guidelines.

Regular checks to the safety of the environment took place, these included the fire system, firefighting equipment, water, gas and electrical system checks. People had up to date personal emergency evacuation plans (PEEP's) in place in the event of a major emergency requiring evacuation of the premises.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made.

Is the service well-led?

Our findings

The provider had systems in place to assess, monitor and improve the quality and safety of the services provided; however, these were not effective. The provider did not follow best practice infection control prevention procedures; they did not have processes in place to ensure hoist slings were cleaned between use as these were shared between six people. People were at risk of acquiring infections from cross-contamination of hoist slings.

The risk assessments that were in place to reduce the risk of harm to people when using hoists, were not followed by staff and therefore the hoists were not used in a safe way which placed people at risk of harm. This issue had not been identified by the provider's systems to monitor the safety and quality of the service prior to our visit.

Effective systems and processes were not in place to ensure the safety of people using the services. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The provider and registered manager had taken immediate action in response to the previous inspection in May 2018. The provider had contracted with four staffing agencies who supplied appropriately trained staff to the service. This had ensured that there was enough staff deployed to safely meet the needs of people using the service.

The registered manager told us about some changes they had made to the service and how this had a positive impact on the morale of staff. The staff we spoke with confirmed this. One staff member said, "It feels very different than it was six months ago, we have some new staff as well who are really positive. I think it is fair to say we went through a difficult patch but I think we are getting there." Another member of staff told us, "Things have definitely changed, we seem to be working better as a team."

One of the concerns that had been raised with the commission before the inspection was the lack of action taken by the registered manager and provider when they have been informed of concerns. We looked at concerns that had been raised by staff and we saw that appropriate investigations had taken place and action had been taken as a result of the investigations.

The feedback from people and their relatives was positive. People's views about the quality of care were sought and the results of quality surveys indicated that people were pleased with the service they received. Comments included, 'I am happy with everything' and 'I feel relaxed living at Bethany Homestead.'

The service worked in partnership with other agencies in an open, honest and transparent way. Safeguarding alerts had been raised with the local authority when required and the service had provided information as requested to support investigations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where

a rating had been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating at the service and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.