

Quality Homes (Midlands) Limited

Bethrey House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bethrey House is a residential care home providing personal care to 12 people at the time of the inspection, some of whom were living with dementia. The service can support up to 19 people.

People's experience of using this service and what we found

People's risk assessments did not always contain clear guidance for staff to support them to meet their needs. Despite this, people were supported by trained staff who knew them well.

Whilst people received their medicines as prescribed, improvements were required in relation to people's medicines records to ensure staff had clear guidance around their 'as required' medicines and creams.

People were supported by sufficient staff in a flexible way in line with their preferences. However, staff recruitment records did not always contain comprehensive information about their employment history.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain a balanced diet in line with their preferences. People were encouraged to give feedback about their care and be involved in their care planning. There were regular activities at the service which people told us they enjoyed.

People and their relatives felt able to speak with the management team should they have any concerns. People had access to healthcare professionals as they required these.

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

Rating at last inspection

The last rating for this service was requires improvement (published 21 March 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating and concerns around how the service was managing infection prevention and control and governance. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. We undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. As there were no concerns identified in relation to the key question of

caring.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bethrey House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Bethrey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

We gave a short period notice of the inspection because the service is small and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior care workers and care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who is in regular contact with the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risk assessments did not always reflect their needs and give clear guidance for staff on how to meet these. For example, one person had experienced some distressed behaviours however had no behaviour risk assessment in place which gave staff clear guidance on how to reduce their distress. The management team acted immediately during the inspection to ensure all risk assessments were completed to reflect people's needs.
- Despite this, people were supported by trained staff who knew them well. For example, during the inspection we observed when people experienced anxiety staff responded immediately to reassure people and help them to relax.

Staffing and recruitment

- Staff were recruited safely but systems in place required strengthening to ensure people's recruitment files contained all the necessary information. For example, two staff member's recruitment files did not contain their full employment history. The registered manager acted immediately during the inspection to ensure staff recruitment files were complete.
- People were supported by sufficient staff, in a flexible way in line with their preferences. For example, we saw people were supported with their personal care at a time they wished.

Using medicines safely

- Staff did not consistently have clear guidance to follow where people were prescribed medicines 'as required'. We informed the management team during our visit, who ensured guidance was in place by the end of the inspection.
- Where people were prescribed creams, staff did not have guidance in place to inform them where these should be applied. We informed the management team who ensured guidance was in place by the end of the inspection.
- People told us and we observed they received their medicines as prescribed by trained staff.
- People had access to medical professionals to review their medicines where this was required.

Learning lessons when things go wrong

- Whilst accidents and incidents were reviewed by the registered manager, not all incidents had been included in the monthly audit to enable improvements to be implemented where required. The registered manager advised they would review their audit process to ensure all accidents and incidents were captured in the future. We will check this at our next inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and people looked comfortable in the home. One person told us, "I feel safe. I could speak to staff if I wasn't happy about anything."
- Staff knew the different types of abuse and how to recognise the signs of these as well as how to report and record their concerns. The management team confirmed they would report any concerns to the local safeguarding team as they were required to.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection we raised concerns around staff's understanding of the MCA and related documentation not consistently being in place. At this inspection we found improvements had been made.
- Staff received training and understood the principles of the MCA and how this impacted on the people they support. One staff member told us, "We assume that all [people] have capacity. You can't assume [people] don't have capacity. You have to ask the [person] what they want, they have the right to make decisions themselves."
- The registered manager understood their responsibilities in relation to the MCA and DoLS and knew when and how to assess people's capacity, complete best interests decisions and to submit the relevant applications to the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs were assessed prior to the start of and during their care.
- People, those important to them and professionals were involved in the assessment and planning of people's care.
- People had oral health care plans which gave staff clear guidance around how to support people to maintain their oral health care needs

Staff support: induction, training, skills and experience

- Staff received an induction which allowed them to work towards a health and social care qualification.
- New staff shadowed more experienced staff to help them get to know the people they would be supporting and to feel more confident in their role

- Staff received training and told us the training was 'good'. The registered manager monitored training records to ensure training was kept up to date.

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

- People told us they enjoyed the food. One person told us, "The food is absolutely wonderful here."
- People were supported to maintain a balanced diet by staff. People could make choices around their diet. For example, we observed people being offered further food following their meal should they still be hungry.

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

- The provider was making improvements to the home at the time of our inspection, however some of these had been delayed due to COVID-19. We will check these at our next inspection.
- The home was clean and tidy. There was a garden which was accessible and a lift for people unable to use the stairs.
- People were able to personalise their bedrooms if they wished to.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to professional support to maintain their health and wellbeing where they required this.
- Staff had a handover to support them to keep up to date with changes in people's needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we raised concerns around there being a lack of activities available for people. At this inspection we saw improvements had been made. For example, we saw multiple photographs of people engaging in activities in the communal area. During the site visit staff were offering people support with nail care. We observed people really enjoyed spending time with the staff engaging in this activity.
- People were supported to maintain relationships which were important to them. For example, people had video and telephone calls with people who were important to them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans which explored their preferences. For example, one person's care plan detailed their preferences around how they wished to be supported to settle at night.
- People, and where appropriate their relatives were involved in the planning of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and people could access documents in various formats to support their understanding where this was required.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint. One person told us, "I could speak to [the management team] about concerns."
- There had been no complaints since the last inspection. However, there was a complaints policy in place which the management team understood should the service receive a complaint.

End of life care and support

- People had end of life care plans in place which explored their preferences. For example, people's care plans contained their preferences for after death including wishes for funeral preparations.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection we identified improvements were required in relation to the monitoring of people's equipment. At this inspection we found whilst improvements had been made to this area, further improvements were required in relation to the monitoring of people's records, accidents and incidents, recruitment and medicines.
- Quality assurance tools in relation to medicines had not identified some of the concerns we found during the inspection. For example, audits had not identified where people did not have protocols in place for as required medicines.
- Quality assurance tools had not identified where people's care records did not consistently contain detailed guidance for staff to follow. For example, people's personal evacuation plans did not always detail the level of support they required in the event of an emergency.
- Checks on staff's recruitment records had failed to identify where these did not always contain comprehensive information about their employment records.
- The management team worked with us during the inspection to make immediate improvements to the areas we had highlighted of concern. We will check improvements have been embedded into practice at the next inspection.
- The provider displayed their previous rating clearly on entrance to the service and notified us of incidents at the service as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People, relatives, staff and professionals gave positive feedback about the management team. One relative told us, "[The registered manager] has always been honest with me. I really think they look after [my relative] well. They've always been pretty good and friendly."
- The management team acknowledged there had been improvements made at the service since the last inspection, but that further improvements were required. The management team were working with external professionals to support them to continue to improve. One professional told us, "[The management team] are so open and honest. They work exceptionally well and compliment each other. They have taken on board advice and learned lessons where needed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The manager understood their responsibilities under the duty of candour and was meeting these.

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

- The management team sought regular feedback from people through monthly resident meetings. We saw where people had shared feedback, action had been taken to make changes where possible. For example, where people had requested changes to the menu, these had been made.
- People were involved in reviews of their care plans and encouraged to give feedback about their care.