

Bethany House Limited

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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 

Overall summary

This unannounced inspection took place on 13 July 2015. We last inspected Bethany House on 12 September 2013 and found the service was not meeting all the regulations that we assessed. This was because the home required some upgrading to the building and a quality assurance system was needed to monitor the running of the service.

We told the registered provider to take action to address these issues. The registered provider wrote to us and gave us an action plan saying how and by what date they would make the improvement.

At this inspection July 2015 we found that the registered provider had made the improvements they said they would and were no longer in breach of the regulations.

Bethany House is an older property, adapted and extended for its current purpose and is situated in the conservation area of Whitehaven. It is near to all the amenities of the town. Accommodation is in single rooms with ensuite toilet facilities. The home provides care for mainly older people with dementia or other mental health needs.

Summary of findings

The service had a registered manager in post. The current registered manager had been in post since May 2014.

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 and associated Regulations about how the service is run.

At the time of the inspection there were 18 people living in the home. Those we spoke with told us that they felt safe living there, that staff were "kind", and there were enough staff available when they needed them.

Throughout our visit we observed caring, supportive relationships between people living at Bethany House, the manager and the care staff.

People were treated in a way that demonstrated that a positive, caring and inclusive culture existed in the home.

We saw that staff were knowledgeable about people's backgrounds and the care they required. This led to people being treated in a dignified and respectful manner.

The home was being well maintained and the facilities had been improved for people. We found that all areas were clean and free from lingering odours.

We found that there was sufficient staff on duty to provide support to people to meet individual's personal care needs. The home had effective systems when new staff were recruited and all staff had appropriate security checks before starting work.

Staff had received training relevant to their roles and were supported and supervised by the registered manager and the care manager. The staff knew how to identify abuse and protect people from it.

People enjoyed the food provided and were supported to take a good diet that was based on an assessment of their nutritional needs.

People were able to see their friends and families as they wanted and go out into the community with support. There were no restrictions on when people could visit the home. All the visitors we spoke with told us that the manager was "approachable" and that staff were "friendly" and "available" when they wanted to speak with them.

Medicines were being administered and recorded appropriately and were being kept safely.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

The service worked well with health care professionals and external agencies such as social services and mental health services to provide appropriate care to meet people's different physical and emotional needs.

Support plans were based on thorough assessments and were written using a person centred approach.

People were promoted to maintain their independence and some people were actively involved in the local community.

There was regular monitoring of quality of the service. The registered manager had good systems in place to monitor the quality and safety of the service and facilities provided at the home.

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.

Staff were aware of how to recognise and report concerns about vulnerable people.

There was sufficient staff to meet people's needs.

Staff were recruited appropriately and relevant checks on their background were carried out.

Prescribed medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance.

Good



Is the service effective?

The service was effective.

Staff had received sufficient training in health and social care to enable them to provide effective care and support to people. Staff were knowledgeable on the support people who were living with dementia required.

Staff received supervision from their manager and appraisals had been completed for all staff. New staff were well supported.

People had their nutritional needs assessed and received appropriate support to eat and drink.

Good



Is the service caring?

The service was caring.

We observed staff interacting with people in a kind and caring manner.

Staff treated people with dignity and respect. People were given choices and time to respond to those choices.

Staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence.

Good



Is the service responsive?

The service was responsive.

Staff knew the needs of people they were supporting. The service had gathered information about people's background and their personal histories.

People had been involved in saying what care and support wishes they wanted in their care plans.

We saw there were activities and community events which people took part in.

People were able to raise issues with the service including formally via a complaints process.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The atmosphere in the home was open and inclusive. The focus of the service was on providing quality, individualised care.

There was a registered manager employed. People knew the registered manager well and said that the home was well-managed.

There was an effective quality assurance system in use. This meant that people were living in a home that provided safe care and that was well maintained.

The registered manager spent time with people who used the service and her staff to ensure that the service provided was of a good standard and that people were happy with it.

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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 inspection took place on 13 July 2015 and was unannounced. It was conducted by an adult social care inspector, an expert-by-experience and a specialist professional advisor in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This included experience of caring for older people and people living with dementia.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with eight staff including the registered manager, and the registered provider. We spoke with ten people who used the service, three relatives and one visiting professional.

We looked around all the communal areas of the home and with people's permission some bedrooms.

We looked at six written records of care and other policies and records that related to the service.

We looked at five staff files. These included information about recruitment, induction, supervision, training and appraisal. We also looked at records related to disciplinary matters.

We saw the quality monitoring documents for the home. We looked at records related to care delivery, fire and food safety and infection control. We also saw records of surveys and meetings with people in the home and other stakeholders.

We contacted local social work and health teams and to staff from the local health commissioning team for their views of the home.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider and was used as part of the inspection process.

Is the service safe?

Our findings

People who used the service told us they felt safe, one person stated, “I feel very safe, I really like living here. The staff are very good to me”.

A visitor we spoke with told us they had no concerns about safety at the home. One person told us “My relative is extremely well looked after, I have no concerns, the staff are all lovely.”

We looked at the number of staff on duty and checked four weeks staff rosters to see if it corresponded with the number on duty. We saw there was sufficient staff on each shift with the skills, experience and qualifications to provide a good level of care and support.

People told us that they would speak to a member of staff if they had any concerns about their safety or about how the staff treated them. Some people were not able to tell us their views. We saw that they looked comfortable and relaxed in the home and with the staff who were supporting them.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. We spoke with two members of staff individually. Both members of staff were able to explain how to identify and report different kinds of abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues with the practice of others if necessary.

We checked one recent safeguarding concern that had been sent into social services. We judged that it had been handled in a sensitive and professional manner. The paperwork and the understanding of the procedure was of a high standard, and all time scales had been met. The outcome for the person was positive and plans were put in place to reduce the risk of the incident reoccurring.

We saw that people who used the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. For example it had been identified that some people who used the service were at risk of

developing pressure ulcers, also known as bed sores. Support plans had been put in place to ensure that people’s skin condition was regularly monitored to ensure they received the correct treatment in a timely manner.

All care staff we spoke with demonstrated good knowledge when questioned about specific care given to people at high risk of developing pressure sores. One carer said, “I know the signs to watch out for when I apply the cream and if I see any redness, I let the manager know straight away”. And, “I know how important it is to stick to the regular turns.”

We reviewed recruitment procedures in the service. The registered manager explained that they advertised in the press when there were job vacancies in the service. All potential candidates were interviewed with the registered manager present. If they were successful criminal records checks were carried out and references would be sought. The registered manager showed us evidence that all of the current staff in the service had up to date employment checks including whether they had a criminal record.

We looked at records of the accidents and incidents that had occurred. We found that appropriate action had been taken to deal with the incidents that had affected the safety and wellbeing of people who lived there.

We spoke with the registered manager about the on-going maintenance and refurbishment of the home as some areas were in need of redecorating and updating at our last inspection. We saw that this plan was in good detail and all areas of the home we checked were well maintained and safe for the people living there. We saw records showing that regular health and safety checks were carried out.

At our last comprehensive inspection of Bethany House we found that people who lived in the home were not safe because they were not protected against the risk of infection.

We found problems with the cleanliness and hygiene practices in the home. On this inspection, July 2015, we found the provider was no longer in breach as systems were now in place to effectively manage infection control and cleaning of the home.

The home was now clean, tidy and free from malodours. However, we did note and discuss with the registered manager about some areas of the home that required more attention such as the lounge carpet and towels and

Is the service safe?

bedding that were stored openly in bathrooms and toilets. The registered manager discussed plans to address these areas. For example, we saw that a store cupboard had been adapted where linen, bedding and towels could be kept.

The provider had an infection control policy in place that was available to all care workers. We saw that staff followed hand washing regimes and used protective gloves and aprons when assisting people with personal care.

We looked at medicines records, supplies and care plans relating to the use of medicines. We observed staff handling medicines and spoke with the registered manager about medicines procedures and practices.

We saw that people were given time and the appropriate support needed to take their medicines. We looked at how medicines were stored and found that they were stored safely and records were kept of medicines received and disposed of. Medicines storage was clean, neat and tidy which made it easy to find people's medicines.

Is the service effective?

Our findings

We asked people if they thought staff were well trained and experienced enough to meet their needs. One person said, “Yes as far as I can see they know what they are doing.”

We also asked people who lived in the home about how effective they judged the service to be. People we spoke to made many positive comments about the support they received from the staff in the home. One person told us, “Most of the time you don’t have to ask the staff know what you need. If you do ask, they help you straight away.”

All the people we spoke with were very complimentary about the food and meals provided in the home. One person said, “The food is good, very good, I have something different every day” another resident said, “The food is lovely”

We looked at training records for the staff and saw that they had received training in various aspects of health and social care including moving and handling, medication and the management of diabetes. We saw the majority of staff were had a vocational qualification in health and social care. Out of the 18 care staff 14 had level 2 in the national vocational care award and 4 were currently working towards either level 2 or level 3.

All members of staff we spoke with said that they were encouraged and supported by the registered manager and the provider to access further training and that they felt the training they had already been given was very good and had helped them provide better care.

We saw that staff had training in supporting people living with dementia and we could see how this was put into practice in a skilled way by staff. We saw staff redirecting people, calming people and reassuring them.

Staff told us, and we saw from training records, that they had received suitable training on how to manage behaviour that could challenge the service or other the people who used the service. One care worker said, “I feel totally comfortable and confident with any of the resident’s behaviours now because I have been on the dementia training and know just what needs to be done, but every one of our residents are different but as I know them really well, I understand what works best.”

We observed that new care staff were being mentored by other care staff and were additional to the staffing numbers. The new staff said that they felt supported and were completing an induction and training programme before being fully part of the staff team.

The care workers we spoke with said they felt they were supported by the registered manager and communication was good. They said they had formal supervision meetings where their practice was discussed and that they could raise any concerns if they had any. This included the registered manager spending time observing the staff while they worked. Staff we spoke with confirmed this. We looked at appraisal records for the service and saw that they were up to date.

We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people’s best interests. We saw that the service worked closely with professionals from the local authority to ensure that people’s rights were upheld.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people’s best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards and these had been put in place.

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment, and this had been carried out on arrival into the home and was on-going. In addition to the services assessment professional advice from dietitians and speech and language therapists had also been obtained. People’s weight was monitored on a regular basis, this helped staff to ensure they were not at risk of malnutrition.

People were seen to be assisted and encouraged to eat by care staff in a kind and dignified manner allowing as much

Is the service effective?

time as each person needed to enjoy and finish their meal. People were also seen to have their meal in their own rooms and in areas other than the dining room, as was their choice.

We saw from the written records that when necessary the service regularly involved other health and social care

professionals in people's care. This included GPs and other associated healthcare professionals, such as the mental health team. This supported people to maintain good health.

Is the service caring?

Our findings

People who we spoke with told us they were very happy with the care and support they received. Some of the comments included, "The staff are really good." Another person told us, "The staff work very hard and nothing is too much trouble." People told us the staff who supported them knew them well and what they preferred in regard to the care they needed. One person told us, "It is a lovely place to be and I really am very pleased with everything here. It's my home now."

People told us that the staff encouraged them to maintain their independence and to carry out tasks for themselves. We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence and self esteem.

Relatives told us, "My mum is happy here, she always likes to look nice, her hair and clothes are important to her. The carers always have her dressed lovely and they tell her how lovely she looks and it means such a lot to her. The younger carers give her cuddles and she really loves that."

Another relative said, "The staff really care here and there is one resident who likes to be busy and they give her an apron and let her help them give out the cold drinks and biscuits, she absolutely loves it."

All the people living in the home and the relatives we spoke with made positive comments about the care and support provided in the home. All of the people living there that we spoke with told us they decided what they wanted in their daily lives and told us that they felt able to tell staff how they wanted to be supported and spend their time.

People told us that they were able to see their friends and families as they wanted and go out into the community with support. There were no restrictions on when people could visit the home, apart from the home having a

"protected mealtime" policy. This is to ensure that people can be given focussed attention to eat their meals. This follows national good practice guidelines for the nutritional care for older people.

The atmosphere in the home was calm and relaxed. We saw that staff treated people with kindness and were respectful. We saw that the staff treated people with respect and understood their individual needs. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion. We saw that staff were also good and using touch to convey warmth and to soothe people when they became upset. We saw staff members getting down to eye level to speak to residents. There was appropriate touching, hugs and kisses. One care staff who had long hair in a bun, took her hair down to let one person stroke her hair, saying, "She likes that it keeps her calm."

The registered manager spoke with us about the importance of providing good care at the end of a person's life and how they had worked with the district nurses and GPs and families to provide this. Where people had expressed a wish to stay at the home should their condition deteriorate, the home tried their best to comply. The home used the model of the 'six steps' end of life care pathway plans. These plans enable people to be actively involved in planning for end of life care.

Both people who used the service and their relatives were able to attend 'resident and relative' meetings if they wished to express their views in a slightly more formal manner.

We saw that people were able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this.

Is the service responsive?

Our findings

We asked people if they felt the service was responsive to their needs. People told us the staff knew the support they needed and provided this at the time they required it. One person told us, “The staff know me very well, what I like and how I like things to be done for me. They look after me very well.” Another person said, “I was asked when I came here what I like and the manager wrote it all down. But the girls (care staff) always ask anyway. They always ask me if I’m ok and do I need anything.”

A relative we spoke with said, “I am always called to let me know about any changes or reviews and I am given the choice of going with my mum whenever any appointments are made, I am really happy with my mum’s care here, it’s lovely.”

Another said, “We, as a family have a great relationship with the home. We trust them, they always call out a doctor if it’s needed and will try their best to let us know if there’s a problem.”

A visiting healthcare professional we spoke with told us, “We find the home makes good decision about when to call us out and we have no issues with them following our instructions.”

We checked the care plans of five people in the home. The standard of care plans was good and they were written in a clear and concise manner. The service had gathered information about people in order to ensure that care plans were person centred. For example, information about people’s likes and dislikes was used to formulate care plans relating to people’s daily routine and their nutrition.

The service had also made the effort to compile people’s personal histories; we saw one record of care that contained details of a person past work history that explained why they like to get up so early. It also detailed the name they preferred to be called by, this was a nickname and it was spelt out phonetically. This was so the care staff could pronounce it correctly. We saw that another person’s plan contained a detailed wartime history, and staff said that this helped them to have a real understanding of what this person had been through and they could now hold more in-depth conversations.

We saw how the activities and social events had been built around people’s interests and wishes. For example, one

person was described in their plan as having “green fingers.” We saw how the staff supported this person to go out into the garden. The garden had easy access and had a range of attractive plants and garden furniture. We saw that people were given the opportunity to go out of the home on a frequent basis, and some people enjoyed regularly going into town.

The registered manager said that the home had focused on good practice models of care for supporting people who were living with dementia. We saw that this was clearly evident in the care plans and in the way care staff worked and related to people. We found that the training and direction staff had received made them very responsive to people’s needs. This meant that people were having their care and social needs met by staff who were skilled and sensitive in their approach.

We saw that people’s changing needs were well managed. We saw a recent decline in a person’s mobility had triggered a full mobility re-assessment by the home. This had resulted in a referral to the occupational therapist with a specialist chair provided and further advice on safely moving the person when they were having personal care. A new care plan was set up that included all these details with particularly emphasis given to the changes in the care plan so that care staff could clearly see these and adhere to them.

We saw another care plan that demonstrated how a person’s diabetes had been managed. This included good daily recording, contacts with the GP and family and an updated nutritional assessment and care plan to meet this person’s changing need.

We looked at how people raised concerns within the home. We saw that people were able to express when they were feeling unhappy to staff. Relatives were able to approach the registered manager or staff informally if they had concerns. One relative said, “We have known the owners for a while, and the manager we can talk to any of them at any time.”

In addition to this the service had a formal complaints policy and procedure which was provided to people who used the service. The procedure outlined what a person should expect if they made a complaint. There were clear

Is the service responsive?

guidelines as to how long it should take the service to respond to and resolve a complaint. There were no outstanding complaints about the service at the time of our inspection.

Is the service well-led?

Our findings

We spoke with people who used the service and asked if they thought the service was well-led. People told us the registered manager was 'hands on' and spent time with people. They also said that the owners were in the home frequently and spoke to them regularly. One relative said, "This is a family run business which is great. It's not too big and everyone's approachable. Even the maintenance men are family. It means there's always that personal touch."

The current registered manager had been in post since May 2014. We spoke with staff and asked them if they thought they were well-led. Staff we spoke with said they got on well with the registered manager and owners and they felt supported to carry out their roles. They said they felt confident to raise any concerns or discuss people's care at any time as well as at formal supervision meetings. One said, "It's a really nice place to work and the manager works with us so knows everything that is going on too."

Staff had opportunities to contribute to the running of the service through staff meetings. We saw the minutes of one of these meetings and saw staff had been involved in discussions about how the service could improve.

During our inspection we saw that the registered manager was accessible and spent a lot of time with the people who lived in the home and engaged in a positive and open way with them. We saw the registered manager and owner directing and organising staff. On the day we inspected we saw that the home was calm, well ordered and people's care and support needs were being well met through this effective leadership.

At the last comprehensive inspection of Bethany House in 12 September 2013 we found the service was not meeting all the regulations that we assessed. This was because the registered provider did not have an effective system in place to identify, assess and manage the risks to the health, safety and welfare of people using the service and others.

On this inspection we found that there was now regular monitoring of quality of the service. The registered manager had put in place effective systems to monitor the quality and safety of the service and facilities provided at the home.

For example, we saw that checks had been carried out to ensure care records were up to date, that medication was managed safely and that any health and safety requirements were completed. This enabled the provider and registered manager to monitor practice and plan on going improvements to the home. We saw an example of this in the monitoring of medicines supplied to the home. The registered manager had identified a risk with the previous provider of medicines to the home and had changed the supplier to one that offered a more consistent and reliable service for people so that they received their medicines in a more timely manner.

We also saw that the registered manager and provider had an on-going plan in place for improvements, redecoration and maintenance to the home.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the registered manager, in conjunction with the provider, devised action plans based on the feedback from the surveys.