

J A Rodrigues

# Bethany 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?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 17 and 18 February 2015 and was an unannounced inspection. We last inspected the service on 15 November 2013. At the last inspection the provider was meeting all regulations inspected.

Bethany house provides accommodation for up to 30 people. There were 28 people living there on the day of our visit. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe with the staff that supported them. The care and support provided sometimes restricted people's ability to get up and walk around when they wanted because they were at risk of falling. Safeguards were not in place that enabled people to take some risks that would improve their quality of life.

# Summary of findings

People told us they were supported to take their medicines as prescribed but there were occasions when medicines were not available and the records did not show why they were not available.

There were sufficient numbers of staff available to support people. Staff had received training in how to support people so they could support people with their care needs. However staff did not understand how people's rights could be restricted inappropriately by the way they supported them.

Recruitment procedures did not ensure that all the required checks had been carried out to check staffs conduct in previous employments.

People were consulted about the care they received. People's choices and preferences were known by staff so that people received care on an individualised basis.

People were supported to access health care services and timely referrals were made to health care professionals when needed to ensure people remained healthy.

People were supported to take part in organised group activities or individual activities of their choice in the home and also maintain links with the people who were important to them.

People were able to raise concerns and felt that they would be listened too and actions taken to address their concerns.

Systems were in place to monitor and check the quality of care provided but the monitoring checks were not always effective and did not identify the actions needed to improve the service.

# 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 not always safe

Risks associated with people's care had been identified and management plans were in place so staff had the information to support people. But people were not always supported to take reasonable risk.

All the required employment checks were not always followed in relation to ensuring people's conduct in their previous employment was reviewed.

Medication management did not always ensure that medicines were available to people so that they received their medicines as prescribed.

Requires improvement



### Is the service effective?

The service was not always effective

People's human rights were not fully protected.

Staff received the necessary training but did not fully understand how their practices could restrict people's liberty.

People spoken with said they were confident that staff had the skills to meet their needs.

People received food and drink to meet their needs and were supported with their health care needs as required.

Requires improvement



### Is the service caring?

The service was caring

People said they were treated well by staff and their privacy, dignity and independence was promoted.

People said they made decisions about their care and were able to maintain contact with relatives and friends as they wished.

Good



### Is the service responsive?

The service was responsive

People told us their needs were being met in a personalised way. We saw that people had an assessment of their needs and these involved them and their relatives.

People were supported to decide whether to take part in organised group activities or whether to do on individual activity.

People and their relatives were confident that their concerns would be listened to and acted upon.

Good



# Summary of findings

## Is the service well-led?

The service was not always well lead

People and staff told us that managers were accessible and open and they were able to put forward ideas about improvements to the home.

Systems in place to monitor the quality of the service and identify areas for improvement were not always robust and effective.

**Requires improvement**



# Bethany House

## 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 took place on 17 and 18 February 2015 and was unannounced on the first day of our visit but the manager knew we were going to visit on 18 February 2015 to complete our inspection. The first day of our visit was undertaken by two inspectors and on the second day one inspector. In planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths,

accidents/incidents and safeguarding alerts which they are required to send us by law. A notification is information about important events which the provider is required to send us by law.

We contacted the local authority who purchased the care on behalf of people so they could give us their views about the service provided to people.

During our inspection we spoke with eight people that lived at the home, four relatives, the registered manager, five care staff, and the provider's consultant. We observed how people were being cared for using a short observational framework for inspectors. [SOFI]. SOFI is a way of observing people's care to help us understand the experience of people who live there.

We looked at the care records of two people to check if they had received care according to their planned needs. We looked at the personnel records of three staff to ensure the recruitment process was robust and looked at other records associated with the management of the service.

# Is the service safe?

## Our findings

People spoken with told us they received a safe service and they felt safe with the staff that supported them. One person told us, “This is my home I feel very safe here.” Another person said, “The staff look after us, they treat us very well, I feel I am in safe hands, I have no concerns at all.” All staff spoken with told us they had received training in how to keep people safe from harm, for example, recognising the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse.

People were not always supported to take reasonable risks. One person told us that they were not allowed to go into the lift on their own in case they fell. A staff member told us that the person could if they wanted to, but staff preferred to support them. However the person told us that the reasons why they could not go into the lift was not explained to them or discussed with them so they could take that risk if they wanted to. Staff spoken with told us that assessments were completed to identify risks when supporting people with their care. Staff were able to describe how to meet the risks that had been identified. For example one person was at risk of developing pressure sores (this is damaged skin). The person’s care plans identified that staff were to ensure that the person’s position was changed regularly to reduce the risk of skin damage. Staff confirmed that this was regularly done and records seen confirmed this. However, for one person a risk assessment was in place but it had not been updated so that it was specific to their current care needs.

People told us that there was always staff around to help if needed. One person told us, “They [staff] are never far away.” Another person told us, “They [staff] check on us.” Relatives spoken with confirmed that there was always staff

around to help when needed. Staffing levels were determined according to the needs of people who lived there. The manager told us and staff confirmed that if required additional staff would be brought in if a people’s needs meant more time was needed to meet their care needs. We saw staff responding quickly to people’s needs and requests so they did not have to wait for supported when needed.

Staff spoken with told us checks such as references and police checks had been undertaken before they started work. Records we looked at showed that character references were in place but not from previous employers. No explanation was on their files as to why these had not been taken up. This meant that the conduct of staff in their previous employment had not been checked to ensure they were suitable to work in the home. The provider told us that in future the reason for not having references from previous employers would be recorded in the file. This would show the efforts made to get these references or reasons for not obtaining them from their previous employment. Following our inspection we received information from the provider to inform us that this had been addressed.

All the people we spoke with told us that they were supported to take their medication. We saw that all allergies were written on the medication administration records (MAR) charts so when new medication was given a cross reference was undertaken ensuring the medicines were safe for people to take. Staff told us and MAR charts showed that regular checks were completed to monitor that people had received their medication as prescribed by their doctor. However, we saw that one person’s medication had run out and had not been requested early enough to ensure that medicines were available to people at all times.

# Is the service effective?

## Our findings

People told us that staff looked after them well. All the people spoken with told us that they were happy with the care provided by staff. One person told us, “They [staff] know what they are doing. A relative told us, “[name of person] tells me the care is fine and is happy. [name of person] was not well, had lost a lot of weight while in hospital but staff got her well and [name of person] has put on weight, really happy with the care.” Staff were aware of their roles and responsibilities to provide care that met people’s needs in the way people wanted. Staff told us they received regular training, supervision and support from senior members of staff so they were able to support people to meet their care needs and records confirmed this.

Staff told us they had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff spoken with did not understand the implications of this legislation. For example we saw that one individual became distressed whilst being assisted to move because they had not been told what staff were about to do and did not get agreement from the person. A senior member of staff told us that the individual did not understand and was unable to communicate their needs because of their dementia. This showed a lack of understanding about how to meet people’s needs appropriately and how to support people living with dementia to make decisions about their care. The manager told us that no mental capacity or best interest assessments had been undertaken for anyone living in the home to establish what decisions people were able to make for themselves and how staff were to support them to make decisions. There was no information and staff did not understand what decisions they were able to make on behalf of people in their best interest. This showed the provider had not taken responsibility to ensure suitable arrangements were in place for obtaining the consent of people in relation to their care.

Staff spoken with told us that no-one’s liberty was restricted. However we saw that once people were seated Zimmer frames were removed from them so if they wanted to get up they would have to ask staff to fetch them. A staff member told us, “This is because people walk around and they might fall, so they can ask us and we will walk with them.” Staff spoken with were unaware that taking a person’s walking aid away or not allowing a person to use a lift on their own was a form of restriction. There was also a locked door policy so that people were not able to leave the home without assistance from staff to open the door. DoLS applications had commenced regarding the locked front door. This meant Deprivation of Liberty Safeguards had not been met and people’s rights were not protected. This is a breach of Regulation 13(7)(b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they enjoyed their meals and they had choices at mealtimes. One person told us you can ask for extra if you want.” We saw that staff supported people who needed this at a pace suitable to each person’s needs. We saw that people had choice of different drinks with their meals. One relative told us that they could come and have a meal with their relative at any time. We saw that special diets were catered for. For example, one person would only eat one form of meat and this was provided. Another person had been prescribed supplements as an additional supplement. Records showed that where required people were referred to a dietician when needed to ensure that they were supported to maintain a healthy weight.

People who used the service told us they were supported to see their GP, attend hospital appointments, or other healthcare professionals such as the dentist or chiropodist. A relative told us that staff always let them know if they had any concerns about [the person name] and felt that the staff were very prompt in making referrals if needed. A visiting professional told us, “Staff always follow instructions and contact us if they have any concerns.”

# Is the service caring?

## Our findings

All the people we spoke with said they had a good relationship with the staff that supported them. One person said, "The staff are all very kind and thoughtful." Another person said, "They are really kind." During our discussion with staff they talked about the people they supported in a kind and compassionate way. Staff said they were passionate and enthusiastic about their work. We saw that when staff addressed people this was done in a caring way. People told us, that staff asked them what support they needed. One person told us, "The care staff are very good they do want I want them to do." Relatives told us that staff were always approachable and kind to people that lived there. One relative told us, "I have never seen anything that I would be concerned about staff are really helpful and very kind." Another relative described the staff as very caring and told us, "They always inform me how [Name person] is doing I have no worries about their care. [Named person] is very much involved in how the support is given."

Staff spoken with were able to explain people's different care needs and what they needed to do to meet these needs. Staff spoken with told us that people's independence was promoted when they assisted with personal care and gave us examples how they did this. For example, staff told us if people were able to wash

themselves or get dressed themselves this was encouraged. People told us their privacy and dignity was respected. We saw that staff addressed people by their preferred names and responded when people asked questions giving them explanations and waiting for their response. We saw when staff supported people they ensured that their clothes were straight before assisting them to and from other areas of the home so their dignity was maintained. Staff told us all personal care was carried out in private, for example when visiting healthcare professionals visited, people were supported to go to their bedrooms so they could receive treatment in private. We saw that staff were discreet when speaking with people about their care. One person said, "They [staff] are very good." Another person said, "I would not say a bad word about them." [staff]

There were no restrictions on when family members or friends could visit. Relatives confirmed they could visit at any time. Staff told us if someone is ill then arrangements would be made so relatives could stay as long as they wanted and have their meals with their relative so the person using the service would feel supported. One relative told us, "I sometimes have a meal with [the named person] which I find very good as it is difficult for the [named person] to come out so I appreciate I can still do this."



# Is the service responsive?

## Our findings

People spoken with told us that the staff discussed their care with them and they were involved in how they wanted this done. We saw that staff continually asked people about their care and the support they wanted. One person told us, "They [staff] make sure I am okay with what they are doing and I have no problems with what they do for me." Relatives told us that reviews took place about their relative's care and records seen showed that information was updated when people's care needs changed. People who were able to contribute to the care they received were involved in the reviews but for people unable to contribute family members were involved so that support could be given in the way they would have liked. A relative told us, "Staff asks me about [named person's] care. I know them better than anyone else and can give them the little details which were important to them before they moved here."

People were supported to maintain contact with friends and family. Relatives we spoke with said they were able to visit at any time and were always made welcome. Relatives told us they could stay as long as they wanted to and were invited to be involved in any activity that took place such as Christmas events or birthday teas. People told us that they could join in activities that were arranged. Activities included cake decorating, knitting, card making and bingo. The provider told us that activities were reviewed following any suggestions following meetings with people who lived there.

People told us that they would like more outings in the summer. Staff told us in the warmer weather people would sit in the garden and those that wanted to could do some gardening. Some people went out with families. Staff told us and records confirmed that people's interest were recorded in their care plan. One person told us, "I love the bingo, which I always went to before I came here. We have had a tea dance and people come in to entertain us."

People told us they were given information about how to make a complaint. This information was also displayed in the entrance of the building, giving details about who to contact. One person told us, "If I wasn't happy I would tell the manager or staff because they do listen." Another person said, "I don't really have any complaint." We saw that clear processes were in place to investigate and respond to people's concerns and complaints. We saw that meetings took place with the people who lived there. The provider told us that they had weekly surveys to see if there are any concerns. So action could be taken to resolve them. We looked at a sample of concerns that had been raised.

There had been six complaints in the previous twelve months before our visit and these had been investigated by the manager appropriately and responded to. Records showed that action had been taken to prevent reoccurrence and consultation with the people making the complaint.

# Is the service well-led?

## Our findings

People we spoke with told us the manager was approachable and there was an open and inclusive atmosphere in the service. Relatives told us they would not hesitate to discuss any issues they had and felt that they would be addressed quickly. One person told us, “He [manager] is always available for a chat.” Staff told us they could speak with manager at any time and the door was always open and that they felt supported by the manager.

The manager told us that the service was regularly monitored and we saw that the views of people and their relatives were sought. This was through meetings, questionnaires and general observation so that changes could be made if needed. We sampled some of the questionnaires that had been returned and found that positive comments had been made about the service and the care people received. However the manager had not given feedback when people made suggestions that could not be accommodated so that they were confident that they were listened to.

Staff told us that they were able voice their views about the service and where improvement could be made. One staff member told us. “The manager does listen and tries to make sure the people who live here are well looked after, he [the manager] is passionate about how we look after them so they are happy and cared for.

The manager told us that the service was regularly monitored and we saw that the views of people and their relatives were sought. This was through meetings, questionnaires and general observation so that changes could be made if needed. We sampled some of the questionnaires that had been returned and found that positive comments had been made about the service and the care people received. We saw that an analysis of the service provided to people was completed in the form of an annual report so changes could be made where needed. However the report had not identified the shortfalls we identified during our inspection. For example, we found that recruitment procedures were not robust and the appropriate documentation completed; There were no protocols in place for PRN medication (medication as required), for example Paracetamol, so staff were consistent in the procedure for making this medication available to people at all times. DoLs authorisation had not been applied for when needed to ensure people's liberty was not restricted.

The registered manager was not fully compliant with their legal obligation to inform us about events that occurred in the home in a timely manner. Notifications were sent but they were not sent at the earliest opportunity. We were told by the registered manager the delay occurred because they waited for the outcome of incidents and accidents before notifying us.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>The provider must ensure appropriate referrals are made to ensure peoples liberty is not restricted without the proper authorisation.</b></p>