

Anchor Trust

# Bethune Court

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

Bethune Court is registered to provide residential care and support for up to 45 older people. People required a range of help and support for people who wish to maintain their independence whilst receiving support for personal care, health needs and the early stages of dementia.

The home is a purpose built care environment over four floors. All areas of the home were accessible by wide corridors with hand rails and two lifts. This was an unannounced inspection which took place on 5 June 2017.

Bethune Court had a registered manager. 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.

The registered manager was in day to day charge of the home supported by the provider.

Bethune Court was inspected in June 2016 although there was no breach of regulation we rated the service as Requires Improvement in Safe and Well-led as some changes were needed to ensure documentation was completed accurately and consistently and auditing identified shortfalls and covered all relevant areas.

At this inspection we found that improvements had been made. However, we have made recommendations about the management of reportable incidents and we have made a recommendation about records and documentation. We will follow up on these recommendations at the next inspection.

Staff demonstrated an understanding of how to protect people from abuse. We found inconsistencies in how incidents were reported to external professionals. Documentation relating to wounds when a person returned to Bethune Court from hospital were not sufficient to give a detailed report of the wound. The registered manager arranged further training for themselves and senior staff to ensure all falls, accidents and incidents were reported to external organisations correctly and documented correctly.

Quality assurance systems were in place. This included medicines, care documentation and environmental audits. Although actions had taken place in response to audit findings this information was not consistently updated on audits to show this. Environmental and individual risk assessments had been completed. The home had a designated maintenance employee who was available at the home. Systems were in place to ensure emergency procedures were in place. And equipment and services were well maintained and checked regularly.

Staff had an understanding of MCA and DoLS. People were involved in day to day decisions about their care and how they spent their time. Staff understood dementia and how to support people with patience and kindness. People were treated with dignity and respect and their independence was supported and

encouraged. Staff took the time to sit and chat with people. Documentation was personalised and included specific information about people's backgrounds, choices and preferences.

Medicines systems were in place and people received their medicines safely and consistently. This system was being further enhanced to provide staff with more detail regarding people's preferences for how they like to take their medicines.

Care plans had been written for people's identified care needs. Care plans and risk assessments were regularly reviewed and updated. People and relatives felt involved in this process. An activity schedule was in place. People told us they enjoyed the activities and spent their time how they chose.

Staff were aware of people's preferences, for example, how they liked to dress and spend their time. People's independence was encouraged and equality and diversity was supported.

People's nutritional needs were monitored and reviewed. Kitchen staff were kept up to date with people's nutritional needs. There was a choice of meals and alternatives available for people. People who needed assistance at meal times had this provided.

A complaints process was in place. When issues had been raised the actions taken had been documented. People had been consulted and felt involved in the changes made in response to their complaint.

People and staff spoke highly of the registered manager and told us that they felt supported by them and knew that there was always someone available to support them when needed. Staff felt they received appropriate training, supervision and support to enable them to provide good care. Staffing levels were reviewed and people's dependency needs assessed to help the registered manager assess appropriate staffing levels. Recruitment systems were followed to ensure staff were suitable to work within the care sector. Staffing levels were reviewed to ensure people's needs could be met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff demonstrated an understanding of how to protect people from abuse.

People's care needs were assessed and reviewed regularly.

Environmental and individual risk assessments had been completed.

Medicines systems were in place and people received their medicines safely and consistently.

Recruitment systems were in place to ensure staff were suitable to work within the care sector staffing levels were reviewed to ensure people's needs could be met.

### Is the service effective?

Good ●

The service was effective.

People's nutritional needs were monitored and reviewed. There was a choice of meals and alternatives available for people. People who needed assistance at meal times had this provided.

Staff had a good knowledge and understanding of MCA and DoLS. People were involved in day to day decisions about their care and how they spent their time.

Staff felt they received appropriate training, supervision and support to enable them to provide effective care.

### Is the service caring?

Good ●

The service was caring.

People's independence was supported and encouraged.

Staff understood dementia and how to support people with patience and kindness.

People were treated with dignity and respect. Staff took the time to sit and chat with people.

### Is the service responsive?

**Good** ●

The service was responsive.

Documentation was personalised and included specific information about people's backgrounds, choices and preferences.

Care plans had been written for people's identified care needs. Care plans and risk assessments were regularly reviewed and updated.

An activity schedule was in place. People told us they enjoyed the activities and spent their time how they chose.

A complaints procedure was in place.

### Is the service well-led?

**Requires Improvement** ●

The service needed to improve to ensure it was consistently well-led.

We have made a recommendation about reporting of accidents and incidents externally. And a recommendation in relation to documentation.

A system was in place to assess and monitor the service.

People had opportunity to give feedback and suggestions were listened to and actioned.

Staff felt supported by the registered manager and regular staff meetings took place.

The registered manager was keen to work with other agencies and organisations to ensure that improvements and learning was used to further improve.

# Bethune Court

## 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 which took place on 5 June 2017 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports, information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that had been shared with us by the local authority and quality monitoring team.

We spoke with fourteen people who lived at Bethune Court who told us about their experiences of living in the home and three relatives. We met eight staff including care staff, senior carers, kitchen, activity, administrative staff and the registered and deputy manager.

Not everyone was able to tell us about their experiences of living at Bethune Court. Therefore we carried out observations in communal areas and throughout the home to see how people were supported throughout the day and during their meals. We looked at four care folders. This is when we look at care documentation for people to get a picture of their care needs and how these are met. We also use this to follow up on specific health conditions and areas of care for people, including risk assessments.

Medicine Administration Records (MAR) charts and medicine storage and administration were checked and we read daily records and other information completed by staff. We reviewed three staff files and other records relating to the management of the home, such as complaints and accident / incident recording, quality assurance and audit documentation.

# Is the service safe?

## Our findings

People living at Bethune Court told us, "I feel safe, the simple reason is that I'm not in the best of health and there is always someone here to see to me." "Whenever you need it there is always someone around." "I feel absolutely safe." "They look after you very well". Relatives told us they felt that people were safe but still able to have access around the building if they wished to walk around.

Most people living at Bethune Court had a diagnosed dementia or memory loss. People's needs were assessed and reviewed regularly to ensure that staff could provide safe and effective care. Some people were independently mobile and required minimal support with personal care whilst others needed full assistance from staff for all care and mobility needs. Those with reduced mobility had assistance provided by one or two staff as required, for example when using a hoist to assist people to move from the bed to chair. Appropriate equipment was available and this had been regularly maintained to ensure it was safe to use. People were able to walk around the home and access communal areas as they chose. One person told us they like to walk around and chat to people, staff escorted them up and down in the lift throughout the inspection to whichever floor they wanted to go to.

Systems were in place to help protect people from the risk of harm or abuse. Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Staff told us they felt kept informed of changes and anything relevant would be discussed during staff meetings. Staff received safeguarding training and were able to tell us what action they would take if they had any concerns. One told us, "I would be happy to raise concerns I have done it before at my previous job, I am confident enough to raise things, I am aware of safeguarding and my responsibilities." Staff told us they would report any concerns to the team leader and this would be raised with the registered or deputy manager.

Following an incident or accident there was a system in place for staff to record what they had seen and what had happened. Incidents were recorded within the persons daily care notes and on incident forms. This included any outcome of follow up actions and the implementation of a post falls observation tool if appropriate. We looked at these and saw that they recorded 15 or 30 minute checks and observations. Staff told us about the forms and had a clear understanding of why they needed to be completed accurately. We saw that when people had become unwell care staff had responded by calling paramedics, GP or the community nurses as required. Information was then passed to the registered manager to ensure that the fall or incident was logged and recorded within the registered managers overall analysis for the home.

People told us they were given their medicines at the right time and staff knew what the medicines are for. One person told us, "I have my medicines regularly, I did query what one was and it was explained to me." Another said, "I get my medicines regularly, I know what they are if I didn't I would look them up". Policies and procedures were in place to support the administration and management of medicines and staff had completed training to ensure medicines were given safely. Medicine protocols included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be administered. Staff documented every time a PRN medicine was

given, this included the dose and reason why the PRN was required with any follow up actions needed. There was a clear process to identify when people needed PRN medicines and how, when and why these were given.

Medicines were labelled and stored tidily within the trolley but had not all been dated on opening, the deputy manager had already identified this and had requested labels from the pharmacy for staff to use in future. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of following safe disposal procedures. Temperatures were monitored to ensure they remained within safe levels. Medicines had recently been audited by the deputy manager and areas for improvement found were in the process of being actioned. This included adding information about how each person liked to receive their medicines, for example, in their rooms, given with water or squash. Staff were spoken to if any discrepancies or gaps were found in Medication Administration Records (MAR) charts to ensure that these were addressed and medicine procedures maintained to a safe standard. We observed medicines being administered and saw that this was done following best practice procedures. We asked if people were able to look after their own medicines and they told us, "I used to do my own injections but now the carers do it, I have been diabetic a long time and used to manage on my own but everybody else has the carers do it so I let them do it". We asked staff about this, and they explained that this person had asked staff to give them their medicines as they had become forgetful and anxious about looking after their medicines themselves. Staff were aware that people should have risk assessments in place if they wished to look after their own medicines and any decisions made would need to be reviewed regularly. This meant that medicines were given following safe procedures and people's needs and medicine processes were regularly reviewed.

People's risks were managed safely. They had full assessments completed to identify any risk. These included individual and environmental risks. Where risk was found, care plans were drawn up to reduce this, for example, if a person was identified as a high risk of falls a falls risk assessment was completed. This was supported by a falls prevention plan which included clear actions for staff to follow and any equipment in use as part of the falls prevention strategy including sensor mats and call bells. Some of the other risk assessments seen included nutrition, skin integrity, medicines, anxiety and access to hot drinks. People at risk of pressure areas breaking down had pressure relieving cushions and mattresses if appropriate. Pressure relieving air mattresses should be set according to a person's weight. Mattresses were checked each day by care staff to ensure they were set appropriately; this was recorded on a form in people's rooms.

A fire risk assessment was in place. Staff attended fire training and evacuation procedures were displayed with equipment located around the building to aid evacuation. Personal Emergency Evacuation Procedures (PEEPS) had been completed. PEEPS included individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff required to assist them.

Systems were in place to ensure equipment and services were maintained and checked, this included water and electrical checks, legionella and fire safety. The home had a maintenance employee who was available at the home to respond to day to day issues. The building was nicely decorated with a colour scheme on each floor to help orientate people to their surroundings. Further plans were in place to add a new seaside display in one of the corridors.

The organisation had a safe recruitment system. Staff files included all relevant checks for example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. These had been completed before staff began work. Application forms included information



on past employment and relevant references and information was in place. Interview records included details of conversations, questions and literacy and numeracy assessments completed by prospective staff.

Staffing levels were managed and reviewed. Staffing levels were sufficient to meet people's needs. We observed staff throughout the inspection providing care and support for people. Staff were available on each floor of the home. The registered manager showed us a dependency tool tracker used to determine safe and appropriate staffing levels. Staffing numbers were calculated for each floor dependant on people's level of care and support needs. Staff told us that staffing levels were usually ok, although at times they were busy when staff called in sick at the last minute. Agency staff were used when permanent staff were unable to cover shifts. Staff told us, "They ring you sometimes when you are off to see if you can work a shift if someone is sick, but it's fine, you do it if you want to and if you say no its fine, people cover if they can." People living at Bethune Court said that staff were able to spend time with them. One told us "Staff support me with my hospital visits and I am able to talk to them about my worries." Another said, "Staff stop to talk to you, even the cleaner chats to you whilst they are cleaning." One person did comment that they wished staff had more time to stay and chat to them; however they were aware that staff needed to provide care to other people. People told us that call bells were usually answered quite quickly, but it depended how busy the staff were. Call bell answering times were not routinely reviewed. However, the registered manager told us that call bells could be analysed if an issue was raised.

# Is the service effective?

## Our findings

People said staff provided effective care that met their needs and they were supported to have access to healthcare services and maintain good health. We saw that people were supported to attend appointments and GP visits were requested when people became unwell. People felt that staff knew them well and responded to any changes. "I was feeling not well, the staff insisted I had a doctor and then I was rushed to hospital." And "Staff know what they are doing" "I know they go on training courses."

Staff had the training and support to enable them to meet people's needs. New staff completed a period of induction and training before they worked unsupervised. This included shadowing a member of permanent staff. We spoke to one staff member who had worked at Bethune Court for a few months. They told us they had worked in care before and were experienced so had not required extensive supervision. However for staff who were new to care, support was in place. Staff who were new to care completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

A training schedule identified when training was due and when it was completed. The schedule was reviewed by the organisation and gave an overall percentage of training completed. It also highlighted when training was due to ensure the registered manager was aware. Staff felt they received the training they needed to support them in providing care for people. Telling us, "The training is very thorough, as well as the e-learning stuff we have venues in London where all Anchor staff attend. I feel we are trained to respond appropriately to peoples advanced dementia and any anxiety and behaviours that may happen." Staff training included amongst others, nutrition, health and safety, moving and handling, equality and diversity, falls awareness and safe handling of medicines.

Staff received supervision throughout the year. Supervisions were completed by the registered and deputy manager and departmental senior staff. Minutes from supervisions were recorded and the registered manager had oversight of ones they had not completed themselves to ensure that any actions or issues were identified and addressed. Staff told us they were told about a week before and given information to enable them to prepare for their supervision which all staff said was productive and useful. One told us, "I can talk about things at my supervision, but if I needed to speak to the manager at any other time I would just go to the office, it's never a problem."

People's nutritional needs were met. We looked at records around people's nutrition and observed people having meals and drinks. Tables were nicely set with drinks and condiments. Meals were bought out for people to see to enable them to make choices. Menus were displayed on tables, and people were asked for their choices and provided with alternatives if requested. Staff provided support and assistance for people who needed it. People gave positive feedback about the meals and choose whether to eat in the dining room, or remain in their rooms if they wished. Telling us, "The food is lovely the staff are wonderful and I have never regretted moving in." "I don't like fish or fowl but I can have something different if I don't like what's on the menu." And, "The chef came to visit to see if she could get me anything special because I

hadn't been eating as well as I had been." A relative said, "My father now has soft food as he is in danger of choking and has thickened drinks, it is all monitored very carefully."

We spoke to the chef and kitchen staff who were aware of people's specific dietary needs, including those who required diabetic, fortified or a soft diet. A dietary summary was completed by management, a copy of this was given to kitchen staff to ensure they had up to date relevant information about people. This summary was reviewed weekly or more frequently if changes occurred and included all relevant information regarding people's likes, dislikes, special dietary needs and relevant health conditions. Further information was provided about how and where people liked to eat. One person liked small portions, and preferred to snack throughout the day. Whereas another liked 'normal' sized portions and liked breakfast in their room but lunch and dinner in the dining room. One person told us that when they had been 'off their food and had not eaten much' the chef had been aware of this and had come to visit them personally to see if there was something they could offer to encourage them to eat more. The chef told us that one person had repeatedly ordered sandwiches so they had popped in to see them for a chat to find out if there was a hot meal they liked that they could make for them. Kitchen staff were clear that if anyone asked for something different they would always try to provide it.

During the day staff offered people drinks and a choice of cake, biscuits or pastries. There were also choices of biscuit for those who required a low sugar diet due to their health related conditions. One person commented that they were pleased that they were still able to make their own snack choices and felt in control of their own diet. This demonstrated that people's choice and involvement was valued and considered to ensure people were offered food they enjoyed.

Staff understood the principles of the Mental Capacity Act (MCA) and mental capacity assessments had been completed for people living at the home and these were reviewed when any changes occurred. Where people had been deemed to lack capacity for a specific decision of daily living for example, leaving the building unaccompanied, a Deprivation of Liberty Safeguards (DoLS) application had been completed. The registered manager told us that currently one DoLS authorisation was in place and others had been requested. They were clear that if any changes occurred and the authorisation was needed suddenly then an urgent request would be made to ensure people's safety was maintained at all times. Best interest meetings had taken place when decisions were needed. Staff and management were aware who was involved in decision making for people. Information was recorded regarding Lasting Power of Attorney (LPOA) if one was in place for people. We saw people being offered choices and involved in decisions. People's views and preferences were considered and valued.

## Is the service caring?

### Our findings

People living at Bethune Court spoke highly of the staff and the caring way they supported people. Telling us, "I couldn't wish for better care." "They notice if I'm not my usual self and ask if I'm OK" "They are all doing their utmost to keep everybody happy". And, "Can't fault the care".

People received care which ensured their dignity was maintained and supported at all times. Staff had a good knowledge of how to provide care taking into consideration people's personal preferences. The provider placed particular emphasis on dementia care. The home had a dementia friends noticeboard and Bethune Court was supported by a dementia advisor who visited the home regularly to provide support and workshops for staff. During the inspection we saw examples of staff taking the time to stop and chat with people, making sure they were comfortable and had everything they needed. In the dining room a number of people were sat at a large table doing crafts. One person had chosen to sit away from the group on their own. They were watching the activity but chose not to be involved. A member of care staff came into the room and saw this person sat alone. They immediately went over and knelt down and spoke to them. It was clear from the person's reaction and smile that they felt comfortable and happy with the staff member. They chatted for a few minutes and they held hands whilst talking. This was a very positive interaction for this person and they engaged readily with the staff member. Afterwards we spoke to the staff member who told us they always made sure that they spent time with people who often chose to be on their own. They told us they had experience of working with people with dementia and used this knowledge and experience to provide people with the best care possible.

We saw further examples of staff interactions and all conversations were respectful and calm. All staff whatever their role within the home took the time to stop and chat to people. Staff spoke to people using their chosen name involving them in choice and decisions. For example "It's lunch time would you like to go to the dining room in the chair or would you like to walk". The person chose to walk and staff followed behind keeping them safe.

People's independence was encouraged and equality and diversity supported. The provider had information displayed throughout the home regarding their LGBT group. This was for employees and people using the services. The provider described this as a network between themselves and other organisations to share best practice.

People confirmed that staff respected their privacy and they were always treated with dignity. People's rooms were called flats. Each 'flat' had its own front door, with a letter box. People's bedrooms were personalised with their own belongings including furniture, photographs and ornaments. People told us, "I even have my newspaper delivered through my own letterbox; it's just like at home." Each floor of the building had a colour theme in the main corridors, this helped people with recognition and finding their way around. People confirmed that staff respected their privacy, telling us, "Carers always knock." And, "Always knock and ask permission to come in." Two people told us they still liked to wash their own underwear and hang it to dry in their bathroom. People felt that staff were aware of the importance in supporting them to remain as independent as possible but were there to support them if and when it was needed. They felt staff

knew them well and were supportive of their daily routines. However, when people were unwell or needed some support this was provided. "I am very independent but this morning the staff realised I hadn't arrived at breakfast so they brought breakfast to me and came in and chatted. Another said "I have my own kettle so I make my own drinks this helps keep my independence."

People were dressed appropriately for the weather and staff supported them to wear the clothes they liked. One person told us "I am particular about my clothes I like to be colour co-ordinated". When one person's trousers got wet at lunchtime, staff assisted them to return to their room to change. When people had memory loss or dementia, relatives told us that staff treated them with patience. Telling us, "The staff are all patient, kind and caring."

## Is the service responsive?

### Our findings

People and relatives told us that the home was responsive to their needs and had made a positive improvement to their health and well-being. One person had recently moved to Bethune Court. They told us, "They are all very nice." "I feel quite depressed about sitting here for the rest of my life but if you are a bit down they come in for a chat." Staff were aware that when a person moved into Bethune Court it took time for them to settle in. They spent time with the person helping to orientate them to the home and engaging with them to ensure they felt comfortable and secure. One person said, "I was invited to have a meal here to see the establishment and talk to the other residents. After that I decided to come in for some respite. After respite I decided I wanted to stay."

There was a system in place to assess, document and review care needs. Care files included personalised care planning and risk assessments. Information had been sought about people's lives before they moved to Bethune Court and significant life events. Care documentation and risk assessments were reviewed by senior care staff to ensure information was relevant and up to date. Any changes to people's health or care needs were updated and information shared with staff at handover.

People felt involved in how their care was provided and any changes that were made were discussed with them or their NoK as appropriate. People said, "I know about my care plan and it's regularly reviewed." And, "It's reviewed regularly especially at the moment since I broke my arm. I've got a new bed and would like to keep it but not sure if I will be able to when I am better" and lastly, "It's regularly reviewed by the team leader". A relative confirmed, "The care plan is reviewed every six months." And, "The team leader always goes through the care plan with us." "Staff are very professional."

People's choices and preferences were sought and responded to. People only had their names on their 'flat' doors if they agreed that they were happy for this. Some people had pictures and art work they had completed on their doors to identify whose room it was. People chose when they got up and when they went to bed. One person who was independent and went to bed when they were ready was amused by a previous event that had taken place. They told us an agency staff member had come into their room to check on them late one evening while they were still sitting watching television in the armchair and had asked if they were comfortable sleeping there. They told us, "I laughed and said I don't sleep in the chair I've got a bed". We saw that people moved freely around the building. The stairs had key pad locks to keep residents safe but two lifts enabled people to move freely between the floors. People had a choice of bath or shower. Each room had an ensuite shower room and there were bathrooms with electric bath seats on each floor. One person said, "I prefer to have a bath, they are so careful with you, you couldn't wish for better carers".

Relatives were pleased with the level of communication between themselves and the home "They are very quick to tell me what's happening." "They fully supported me when mum had a stroke and I didn't want her moved to hospital. I am more than happy that I made the right decision, the home have played a big part in her recovery".

Bethune Court had designated activity staff. There was a timetable of activities displayed around the building and a copy of this was taken to each person in their room by the activity person. Activity staff used this time to talk to people about what activities were planned for the coming month. There were a number of in house activities including crafts, games, keep fit, quizzes, films and reminiscence. People told us they also enjoyed the monthly church service. Incorporated into the activities were one to one time and walks. Bethune Court also had a shop which was open on Tuesdays and gave people access to everyday items, snacks and toiletries. The chef also had a bar which was open on Saturday evenings which people could go along to and have a drink.

The activity during the inspection was all relating to the Queen. Including colouring and a conversation about her up-coming birthday. Conversation then moved on to discussing the life drawing they had recently done when a gentleman had come in to pose for the residents to draw. Life drawing was planned again for later in the month. A visiting hairdresser worked at the home two days a week. There was a 'salon' room to give people the whole experience of going to the hairdresser. One person liked to use their own hairdresser and said "I've known my hairdresser for 38 years and she still comes into the home to do my hair once a week. She is allowed to use the hairdressing salon"

People told us they enjoyed the activities, some went out regularly with relatives or friends. Others told us they went out on trips and days out organised by the home. People who chose to stay in their rooms most of the time told us, "I do join in when the dogs visit but not with other things. I went to the theatre and Powder Mill Hotel and hope to go to Ashburton Place." Another said, "I get taken out shopping once a fortnight." People were encouraged to continue with things they liked to do at home. One said "I go out into the garden to help with the planting". People were seen knitting, reading or watching television, one person told us they were 'a very keen crafter' and said "I go around the charity shops and buy frames which I fill with my own pictures". One relative told us, "Staff are patient, kind and caring, I think they have a soft spot for my relative" "The staff know him very well, he supports West Ham and a member of staff brought in some old programmes for him, he really loved them".

A complaints policy and procedure was in place and information was displayed to ensure people were aware how to make a complaint if they needed to. People and relatives told us that they would be happy to raise concerns and would speak to staff or management if they needed to. One person told us, "I complained about the mattress and I eventually got a new one, I would first go to my team leader and then the manager". Another said, "If I had any issues, I'd go straight to the manager." We saw that when a person had raised a concern regarding people going into their room. The registered manager had met with them and they had come up with a mutually agreeable plan to ensure the person's privacy was maintained whilst allowing free access into their room when needed. The person confirmed they were very happy with the actions taken.

## Is the service well-led?

### Our findings

Bethune court had a registered manager in post who was responsible for the day to day running of the home. They were supported by a newly employed deputy manager who had only worked at the home a few weeks. People knew who the manager was and had been recently introduced to the new deputy manager who had been round to all the rooms with the manager. Staff told us they felt supported by the management and organisation. "I can't find fault, it's a real team atmosphere, I really enjoy it here." And, "I am supported by the manager and the other staff."

The registered manager was aware that safeguarding concerns needed to be reported to appropriate organisations. Although there were clear organisational procedures in response to falls, accidents and incidents, there were some inconsistencies regarding what was reported to the Local Authority (LA) and The Care Quality Commission (CQC). We discussed this with the registered manager and they immediately arranged some further in house training by the organisations care and dementia team for themselves and other senior staff to ensure this discrepancy was addressed. We asked the registered manager to confirm once this training had been completed. They also confirmed they would seek further clarification from the LA and Quality Monitoring Team (QMT) who were scheduled to visit the home in the near future. This was confirmed after the inspection by QMT.

We recommend that the service seek advice and guidance from the local authority and other reputable sources about the management of reporting and learning from reportable incidents.

Improvements had been introduced to improve the overall monitoring and auditing of the home. However we found one area in relation to a person's discharge from hospital just prior to the inspection which needed to include more detail about a wound. Records had not yet been sufficiently completed in detail, although staff were able to tell us about the wound and the actions taken. To address this registered manager spoke to the staff member who had completed the documentation on the persons discharge from hospital and they were able to tell us more details regarding this. The registered manager immediately arranged further training to ensure staff were reminded of the detail required in assessments and documentation to ensure that information and actions taken were clear. This meant that any risk in relation to this was reduced.

We recommend that the service seek support and training from a reputable source for staff to ensure that all areas of documentation is completed in a timely and consistent manner.

The home had a quality assurance system in place. Some of this was completed in-house by the registered manager. The registered manager had a monthly schedule of audits which were completed. Some of these were for falls, pressure care, health and safety, dependency levels, infection control and other environmental quality assurance. These audits identified a red, amber, green result and who was required to action any areas found and a completion date. The deputy manager had recently completed a robust medicines audit which had identified some improvements to take forward. These improvements were in the process of being actioned including more detail around how people preferred to take their medicines.



The provider also carried out regular audits during support visits by regional managers to Bethune Court these looked at areas within the home and involved talking to people and staff, sampling care plans, staffing, training, finances and covered the CQC five key areas. The registered manager told us actions taken in response to audit findings and we saw evidence of this. Not all actions had been documented on the audit to document what had been done or the date this had been completed. The registered manager informed us they would ensure all actions were updated to give a clear audit trail of responses and timescales.

Staff gave positive feedback regarding the values and ethos of care at Bethune Court. Telling us, "It's so uplifting to come to work, you come in and everyone's happy. It's hard work but everyone pulls together, there's no issues." And, "In the short time I have been here I am really enjoying it, everyone's been really welcoming."

Throughout the inspection staff supported people in a calm, appropriate and safe way. Some people displayed behaviour that may challenge themselves and others. Staff told us they had sufficient information in care plans to tell them about people's care and support needs. Changes to people's needs or any incidents were discussed during handover at the start of each shift. Staff felt that the training they received supported this and they were able to respond to people appropriately to meet their care needs.

People's views were sought and actions taken in response to feedback. Residents meetings had been used to get feedback from people. The minutes of the meeting in March 2017 showed there had been discussion around catering and activities, the spring meeting provided further opportunity for residents' feedback and showed there had been a spring menu taster session to see what foods people wanted to have on future menus. On the ground floor corridor a 'You said- We did' board was displayed. This included what people had asked for and what the home had done to address this. For example, people wanted more fruit available. The registered manager had looked into this and a decision had been made that due to people's nutritional risks in relation to everyone having access to fruit may not be appropriate. Therefore people were informed that if they wished to have fruit this could be kept in their rooms and to let staff know and this would be provided. People were aware that meetings took place and told us, "They have residents meetings but I don't attend but they always feedback." "There are residents meetings, I don't attend but get the minutes." And, "I attend the residents meetings; they should be once a month." People and relatives said they received regular questionnaires about the service and used these to provide further feedback.

There were noticeboards on each floor to share information with people and visitors. A newsletter was published by the provider and this was displayed around the home, contents included photos of activities, information about the home and other services owned by the provider, staffing and any other relevant items to share with people. People were encouraged to give feedback to the organisation and details of contacts were displayed.

For staff there were a number of meetings which took place to ensure information was shared. Regular care staff, team leader, non-care staff and general staff meetings had taken place. Staff were encouraged to achieve best practice with staff rewards presented with a colleague of the month awarded.

The registered manager worked full time at the home and demonstrated a good knowledge and understanding of people, their needs and choices. They promoted an open inclusive culture and said they aimed to ensure the service was open and welcomed comments and suggestions from people and staff to take the service forward and make continued improvements. All staff were clear that Bethune Court was people's home and that they needed to make sure people felt that the home was well led. People told us, "Nobody wants to give up their own home and independence but from my point of view there couldn't be a

better place than here." "It's very good; I certainly wouldn't want to be anywhere else." And, "Overall absolutely no complaints perfectly happy to stay here for the rest of my days" Relatives confirmed they found the home and staff "Very good, kind, thoughtful and considerate". "It's excellent I'm more than happy with the care my father is receiving, the staff go the extra mile to make sure he gets the care he needs." And, "We are perfectly happy with the care. Mum has her independence for her ability."

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. Staff were aware of the organisations policies and that these underpinned safe practice. Policies and changes to procedure were discussed during supervision and at meetings to ensure everyone was aware if changes occurred.

The registered manager was keen to work with other agencies and organisations to ensure that improvements and learning was used to further improve care and documentation at Bethune Court.