

Gospel Standard Bethesda Fund

Harpenden Bethesda Home

Inspection report

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Harpenden
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Date of inspection visit:
18 April 2023

Date of publication:
12 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Harpenden Bethesda Home is a residential care home providing personal care to up to 25 people. The service provides support to older people, some of whom are living with dementia, in a purpose-built building. At the time of our inspection there were 11 people using the service.

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

There were monitoring processes in place to help ensure a good standard of service. Quality assurance systems were used to identify any areas that needed further development and to help ensure remedial actions were implemented. However, the overview and use of these systems needed to be more robust and carried out in accordance with the quality assurance policy so that gaps in records or themes and trends were identified.

People felt they were safe and well supported by the service. Individual risks were assessed, although these needed to be reflected throughout some care plans, but staff were aware of these and supported people safely. Reviews of events and accidents were carried out and any actions needed were carried out. Medicines practice, audits and checks needed to be more robust as we identified an error. Staff had received training and competency checks. Staff knew how to report any concerns about a person's safety or welfare. People told us there was enough staff to meet their needs. Infection control systems were in place.

Staff received training for their role, although some updates were due, and people felt they had good knowledge and skills. Staff felt supported by the provider and management team. People told us staff their preferences and choices.

People and relatives told us staff were kind and caring, and they were happy living at Harpenden Bethesda Home. Interactions observed were very positive, staff responded to people in a way that anticipated their needs and demonstrated they knew people well. All observations found staff to be attentive and caring about the people they supported.

Staff enjoyed working at the home and wanted to ensure people were happy and well cared for. Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly. However, work was needed to ensure that key information was carried across all areas of the plans.

The registered manager was well known in the home, people, their relatives and staff spoke positively about them and the management team. They worked closely with the nominated individual to help ensure a good service for people.

People, their relatives and staff felt their views about the service were sought and listened to. People and staff told us that the registered manager was often around the home and the service was well run.

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

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

Rating at last inspection

The last rating for the service under the previous provider was good (published 14 May 2019).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of risks and governance, staff training and records. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harpenden Bethesda Home on our website at www.cqc.org.uk.

Recommendations

We recommend that the management team ensure records accurately reflect people's risks and ensure governance systems are consistently followed to identify any shortfalls and allow themselves to implement actions that may be needed. Also, that action plans have a clear completion date to help ensure work is completed.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Harpenden Bethesda Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Harpenden Bethesda Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harpenden Bethesda Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 April 2023 and ended on 27 April 2023. We visited the service on 18 April 2023

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 5 relatives and friends about their experience of the care provided to their family members. We spoke with or had feedback from 11 members of staff including the registered manager, deputy manager, nominated individual, care and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. This was with a previous provider. The rating for this key question has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People told us they felt staff supported them safely. A person told us, "They come when I press my bell, day or night, I feel safe." We saw staff working safely. A relative said, "[Person] cannot praise the team highly enough for the care and support. [Person] has always felt safe and protected."
- Where individual risks assessed had been assessed, these were not always through the whole plan. For example, where a person had experienced falls, this was not in the 'at a glance' care plan and where a person was losing weight, this was not reflected in skin integrity assessments. However, staff were aware of people's risks and how to support them safely.
- The team had been working with the district nursing team to help ensure any wounds were correctly dressed. There had been a past issue of concern of staff dressing skin tears etc, instead of raising with district nurses. We found that a person had sore toes which staff had dressed, this needed to be reported to the manager to ensure the correct referral was made to nurses.

People had not experienced harm from this, but we recommend that the team ensure records accurately reflect people's risks.

- There was no one in the home who required repositioning at the time of the inspection, but pressure care equipment was in plan to help prevent pressure ulcers. The management team advised there were no pressure ulcers in the home.

Using medicines safely

- People received their medicines in accordance with the prescribers' instructions. We reviewed a sample of medicines and found 1 person's records and quantities to be inaccurate. We raised this with the registered manager who took action to address the issue.
- Where an error was made, the appropriate action was taken to seek medical advice and help ensure it did not happen again.
- Staff had received training and competency assessments. There were further assessments in progress.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we asked the management team to ensure that all equipment, such as PPE and continence products, were stored away from communal toilet facilities and that this was reviewed during

walk rounds and audits.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visitors to the home. People had visitors on the day of inspection and some people were also going out with family for lunch.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I feel safe here, all the staff are lovely, I would tell them if I was worried about something."
- Staff knew how to recognise and report any signs of abuse. They had received training and information was displayed around the home.
- The management team had reported any concerns appropriately to the local authority safeguarding team and the Care Quality Commission.

Staffing and recruitment

- People told us there were enough staff to meet their needs. A person said, "Even when there is an outbreak, they always find staff."
- Staff told us there was enough staff. A staff member said, "There is enough staff to assist care always and is never late or missed." Another staff member said, "Usually there is enough staff, but when there are residents who need more care due to illness, we could definitely do with an extra pair of hands. Care will therefore be a bit later, but not be missed."
- Our observations showed that people's needs were met as needed and in a timely way. Most of the time, staff were visible in the communal areas.
- There was a robust recruitment process to help ensure that staff were suitable to work in a care setting. This included proof of identity, employment history, references and a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The management team shared findings at staff meetings from audits, complaints and events with staff to help ensure there was learning from them.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. This was with a previous provider. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The oversight of quality assurance needed to be more robust. While there was a governance system in place, this was not used consistently.
- We found that care plans did not always share information through them and there was no record of which staff had attended a fire drill even though staff had attended drills.
- There were audits in place for all areas of the home. These included care plans, medicines and health and safety. However, these were not carried out monthly.
- We also found that the action plan produced by the local authority from a visit in January 2023 had several actions which mirrored our findings.
- We discussed the inconsistent audits and checks, and the lack of progress with the local authority actions with the registered manager. They said, "I have developed a planner, so I know what needs to be done. My administrator also has entries on their calendar to give reminders." They went on to say that some audits, such as infection control, health and safety and kitchen audit, were in progress since our visit to the home.

While we found that there had been no harm to people as a result of these issues, we recommend that the management team ensure governance systems are consistently followed to identify any shortfalls and allow themselves to implement actions that may be needed. Also, that action plans have a clear completion date to help ensure work is completed.

- The management team were working on an improvement action plan to give an overview of performance and any areas that needed addressing. This included areas such as staff training, as some was identified as overdue, environmental refurbishment and record updates. The registered manager was supported by the nominated individual to work through this.
- Safety checks for areas such as water tests, electricals and fire equipment were completed. There was a system in place to ensure this happened as required.
- There was an analysis of events, accidents and complaints to ensure all remedial action had been taken.
- The registered manager understood their responsibilities in relation to the duty of candour. They reported events appropriately and was in contact with relatives, keeping them informed, as needed.
- The registered manager carried out regular walk rounds to help ensure staff were working in accordance

with standards and regulations. They provided guidance and support for staff. A person told us, "[Registered manager] is around checks on you." A relative also told us, "[Registered manager] clearly leads and manages the team well. [Nominated individual] supports the home and regularly visits the home and residents. The team are well trained, skilled and knowledgeable." A staff member told us, "The manager and deputy manager are very involved in the day-to-day running of the home, and observant of the ways procedures are conducted."

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

- People, relatives and staff felt their views about the service were sought. One person told us, "[Registered manager] comes and asks me how everything is." People and staff told us that the registered manager was often around the home and meetings were held. A local care providers association had completed an impartial survey in 2022 on behalf of the provider.
- Staff feedback was sought through meetings and supervisions. One staff member said, "Opinions are invited at staff meetings."
- Staff were positive about the service and the management team. A staff member told us, "[Registered manager and deputy manager] are very approachable and listen to concerns and ideas." Another staff member said, "Overall, the service runs well; because of its nature, a care home, situations change continually, so there we all have to be very flexible. Management does carry out spot checks. They ask for our opinion on staff meetings and in between, if needed."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives said the management team was approachable, friendly and accommodating. One person said, "I'm really happy, staff are lovely." A relative said, "The team are lovely, they are welcoming, friendly, professional and most important of all, make my [relative] feel valued as an individual." Another relative said, "I noticed, with pleasure, that the staff insist on patient led care and that their wishes are paramount. The care workers are always courteous in their care and there is much love felt in the Home."
- Feedback about the culture and approach of the service was very positive. A relative said, "Care is given lovingly, it's all about the people they support." Another visitor told us, "I would highly recommend the home, it is the best decision [Person] could have made. They have been so happy there and has a far better life than if they had remained in their own home alone. [Registered manager] and [Nominated individual] are excellent. Nothing is too much trouble for them or anyone in the team." Our observations supported this feedback.
- Staff told us the service had a person-centred approach and they enjoyed working there. A staff member told us, "There is a very great commitment amongst the staff to the best interests of the residents, leading to frequent sharing of ideas on how to improve their experiences. Teamwork amongst staff is good. I have learned a huge amount from colleagues in the relatively short time I have worked here and have found it a privilege to work with such a committed and caring group of people." Another staff member said, "What is particularly good about the service is the high standard of care, good relationship amongst staff."

Continuous learning and improving care.

- The management team reviewed events and shared any learning with the staff team. A relative told us, "[Registered manager and Deputy manager] are really committed and provide exceptional, strong management and they are well liked by the team of carers and other staff employed. The staff are very well trained, and I feel confident that they are knowledgeable."
- The management team were looking for ways to further improve the service. They were providing opportunities for further training for staff to help build their knowledge and skills.

The registered manager was open to feedback and wanted to make any changes needed to address any shortfalls.

Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. This included district nurses, speech and language therapists and physiotherapists. They were also being supported by the local authority to help drive improvement.