

Bethany Lodge Kent Limited

Bethany Lodge

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Bethany Lodge is a residential care home that provides nursing and personal care to up to 24 people with physical and learning disabilities. At the time of our inspection, there were 22 people living at Bethany Lodge.

As this was a targeted inspection, we did not look at all aspects of Right Support, Right Care, Right Culture. However, we would expect the service to be able to demonstrate how they were meeting the underpinning principles of the guidance. This was because they would be able to show the model of care and setting maximises people's choice, control and independence, the care is person-centred and promotes people's dignity, privacy and human rights and the ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. At this inspection we observed that people's were supported in a person-centred way that encouraged people's independence. The leadership and culture of the service promoted people having maximum choice and control in their lives.

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

People were supported by enough staff who were suitable for their roles. People's medicines were administered by trained and competent staff in the way they preferred. Staff understood the need for infection control measures, had received training and used PPE appropriately. The service had been divided into two sections to minimise the risk of infection.

The provider had a vision for high quality care which was shared by staff. Staffing levels had been increased to give staff more time to spend with people. Audits of the quality of the service provided were completed regularly and used to drive improvement. Relatives and staff told us the management team were approachable and open to new ideas.

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

Rating at last inspection:

The last rating for this service was good (published 08 August 2017)

Why we inspected

We undertook this targeted inspection to check on specific concerns we had about staffing, medicines and the oversight of the service. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Bethany Lodge

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we had about staffing, medicines and oversight of the service.

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 one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information shared with us by other agencies and members of the public.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff including the operations manager and a nurse. We observed people receiving support from staff.

We reviewed a range of records. This included multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed a range of records shared with us by the provider. We spoke with two relatives and two members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about staffing and medicines management. We will assess all the key question at the next comprehensive inspection of the service.

Staffing and recruitment

- People were supported by staff who were recruited safely and suitable for their roles. Recruitment procedures included checks of staffs' character through references from previous employers and a police check.
- There were enough staff to keep people safe and meet their needs. Staffing levels had recently been increased by the provider to above the people's funded care hours to ensure people received the care they needed. Additional staff had been recruited to make this possible.

Using medicines safely

- People's medicines were administered as prescribed by trained and competent staff.
- Staff spoke to other professionals such as pharmacist and GPs if there were any discrepancies with people's medicines.
- Records relating to medicines were accurate and complete. When people had medicines which were used 'as and when required' (PRN), there were protocols in place which told staff what the medicine was used for, when it should be offered, how often and the dosage needed.
- Staff had taken action following a recent medicines error when a person was given a medicine through an incorrect route. Information had been added to people's medicines administration records (MARs) and front sheets to remind staff of the correct route. Staff had also spoken to the pharmacist about adding this information to people's typed MARs going forward.

Preventing and controlling infection

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

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about the oversight and culture of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Staff and relatives told us the provider was open and transparent and listened to their views. One relative said, "I speak to them regularly especially as I cannot visit due to COVID. They keep me up to date and any niggles are resolved straight away."
- There was a shared vision for the service which placed people at the centre and aimed to provide high-quality person-centred care. Staff told us everyone worked towards this.
- Staff told us they all worked closely together as a team and that involved the people they support. One staff member said, "We want to make everyone feel included."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager in place. Whilst the provider was recruiting a new manager, the operations manager and quality manager had oversight and provided support to staff.
- Regular audits were completed to monitor and improve the quality of the care people received. The provider employed a quality manager and a clinical lead who completed regular visits and offered support to the service.
- When audits had been completed these formed the basis of an action plan, to address any shortfalls found. The action plan detailed the task, who was responsible and a date by which it should be completed. Actions were reviewed at subsequent audits.
- Audits had identified some areas for improvement which resulted in a plan to implement positive behaviour support (PBS) training for staff. The provider employed a specialist who was tailoring the training to the service to improve staff understanding and people's support when they were distressed. PBS is a person-centred framework for supporting adults with learning disabilities and/or autism, who have, or may be at the risk of developing challenging behaviours.