

Bethel Care Services Ltd

Bethel Care Homes

Inspection report

41 Tennyson Way
Hornchurch
Essex
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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection was unannounced and took place on 8 July 2015. There were breaches to legal requirements in relation to care and welfare and quality assurance at our previous inspection on 30 September 2014. During this inspection we found that improvements had been made, however there were new breaches to legal requirements.

Bethel Care Home provides accommodation and support with personal care for up to three people with a learning disability. On the day of our visit there were two people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care

Quality Commission 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.

People told us they trusted staff and felt like a family. Medicines were stored, ordered and managed safely. Staff were aware of the procedure to follow in order to report any allegations of abuse. There were risk assessments in place in order to safeguard people from harm.

Summary of findings

There were enough staff to meet people's needs. Recruitment procedures were followed with the exception of ensuring staff had two verifiable references.

We observed that people were treated with dignity and respect. Staff addressed people by their preferred names. People's diversity was encouraged and they were supported to eat a diet that met their cultural needs where applicable. People were enabled to attend their preferred places of worship and to maintain relationships with people who were close to them.

There was a complaints procedure displayed at the entrance in a pictorial format that was understood by people who used the service.

People's records were not always accurate and did not always reflect people's current needs. People were not always lawfully deprived of their liberty. Staff awareness and training of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards was limited and out of date.

We found shortfalls to the leadership and quality assurance systems in place as they had failed to pick up inadequate training, appraisal and maintenance of the service. Policies were not always up to date.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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 unsafe in aspects relating to cleanliness and safety of equipment. There were procedures in place to manage medicines and protect people from abuse.

People told us there were enough staff to support them. Risk assessments were completed in order to minimise the risk of preventable harm.

Requires improvement



Is the service effective?

The service was not effective. Staff had not received safeguarding training or annual appraisals. We found shortfalls in the knowledge and training of staff in relation to applying the Mental Capacity Act (2005) in a care home setting. Staff were not aware of the procedures in place to lawfully deprive people of their liberty when it was in their best interests.

People were supported to access health services when required and were encouraged to eat a balanced diet.

Requires improvement



Is the service caring?

The service was caring. People told us that staff treated them with dignity and respect. We observed that people were addressed by their preferred name.

Care was not always delivered in a timely manner.

People had access to information about activities, how to make a complaint, meals and holidays.

Good



Is the service responsive?

The service was responsive. There was a complaints procedure in place which was known by staff and accessible for people and their relatives.

Care plans were individualised but lacked intricate details of how people's support was to be delivered.

Requires improvement



Is the service well-led?

The service was not always well led. There were ineffective systems in place to ensure that training, appraisals, cleanliness of the premises and updating of relevant policies were maintained in order to ensure that people received quality care.

People told us that they could approach the manager at any time without the fear that it may impact on care delivered. There was an open culture that enabled people, their relatives and staff.

Requires improvement



Bethel Care Homes

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.

The unannounced inspection was completed by two inspectors and took place on 8 July 2015.

Before the inspection we gathered information from safeguarding notifications, and previous inspections. We also contacted the local authority and the Havering Healthwatch to find out information about the service.

We spoke to one person who used the service and one relative. We observed people during lunch and throughout our inspection. We spoke to one staff member, the registered manager and the proprietor. We observed care interactions in the main lounge, the bedrooms, and the kitchen. We reviewed three staff files, two care plans, and the daily log books.

We also reviewed records relating to food temperature checks, daily cleaning schedules, analysis of incidents and certificates and risk assessments related to the health and safety of the environment. We also spoke to health care professionals involved with the service, which included social workers.

Is the service safe?

Our findings

Although we observed care being delivered safely, we found aspects of the service were unsafe. Premises and equipment used by the service was not always clean and suitable. The main bathroom had cobwebs, a dirty net curtain and a visibly dirty ceiling. People's bedrooms had dust on the window ledges and on furniture. One person's room had a visibly stained carpet and a broken metal bed frame which was in use, this posed as a potential safety hazard. When we asked the registered manager and the proprietor we were told that this person recurrently broke their bed and that they would order another bed frame. However, we saw no risk assessment in place to show how this risk was managed. When the registered manager identified shortfalls in the safety of equipment and premises they did not always act on them effectively.

The service did not always keep all equipment and the premises safe and fit for purpose. Although there was a cleaning schedule in place we found shortfalls as some staff were pre-dating and signing cleaning schedules. This practice did not assure us that anyone actually checked and cleaned areas as per the schedule. Storage protocols for substances hazardous to health were not adhered to. We found bleach stored in both bathrooms instead of a locked cupboard as recommended by the Health and Safety Executive (HSE) guidance. This made potentially hazardous substances available to people who used the service and increased the risk of harm from inappropriate use.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of how to report any signs of abuse. There was a flow chart displayed in the manager's office and in

the folder where the policies were located. However, neither the policy or the flow chart had contact details of the local authority which would make it difficult for staff to report in the absence of the registered manager. We saw evidence that the Care Quality Commission (CQC) had been notified in the past of any safeguarding concerns.

We found completed risk assessments and actions to take in order to prevent risks for people within the service and in public places. Adequate fire risk assessments were completed as well as health and safety checks. There was an incident and accident reporting structure that staff knew and followed in order to minimise the risk of recurrence.

People told us they were happy with the staff that cared for them. Recruitment procedures were followed with the exception of ensuring staff had two verifiable references. We found that one staff member did not have a professional reference on file. We reviewed staff rotas and noted that there was enough staff to meet people's needs. All the staff who worked at the home had a level 2 vocational qualification in health and social care and demonstrated knowledge of the needs of people who used the service. Staff absence was covered by regular staff who understood people's needs. Staff turnover was low which meant people received consistent care from staff they were familiar with.

People received their medicines safely. The service demonstrated safe practice around storing, administering and disposing of medicines. We looked at Medicine Administration Records and found no inconsistencies. Staff were familiar with how to order medicines and knew why people were on prescribed the medicine. We saw that people were reviewed by their GP where needed and prescribed pain relief as required.

Is the service effective?

Our findings

There was a lack of consistency in the effectiveness of the care and support people received. Staff did not always receive appropriate training and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Supervisions and qualifications in care to level two were evident in staff files. However, only one staff out of the three staff had received an appraisal in the last two years. One staff member had not received any training other than completing an induction since joining the service. The other two staff members had last completed training in 2013 and 2011 with no evidence of refresher training being attended especially in relation to core areas such as manual handling, food safety, medicines and Mental Capacity Act (2005) training. Despite the policy stating staff were entitled to five paid training days a year and annual appraisals, there was minimal evidence of this in the staff files we reviewed. Management knew that staff required training, but did not keep this up to date or make sure it covered the appropriate areas to meet people's needs.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Deprivation of Liberty Safeguards (DoLs) and the key requirements of the Mental Capacity Act (2005) were not fully understood. Staff had not attended any recent training and were unaware of instances when they needed to seek authorisation to lawfully deprive people of their liberty. People were at times deprived of their liberty for the purpose of receiving care or treatment without lawful authority. We found that one person was not allowed to leave the premises without supervision. Although this was in their best interests appropriate procedures had not been followed in order to lawfully restrict this persons movement.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service monitored people's health and care needs and acted on issues identified. We saw that people were supported to attend annual health checks and had access to the GP and the dentist when required. We saw people had been taken to the emergency department when they required urgent medical attention. The service did not always effectively put into place or document why they could not implement advice given. For example one person had been advised to avoid fatty and sugary foods, we found this person had a store of fizzy drinks and they told us that they wanted them and could not do without them. However the care plan was not adjusted accordingly.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to eat regular meals. Food temperature checks were completed prior to serving meals and menus were planned together with people with the exception of one person who was independent in cooking their meals. Weights were monitored regularly with the consent of people who used the service. However we noted people were reluctant to eat fruit and vegetables. We saw documented evidence that this had been discussed at staff meetings and some effort had been made to try and get people to eat fruit and vegetables. Although we noted on the day of inspection that one person did not get offered drinks or snacks between break fast and lunch, we saw evidence in the daily logs that people had drinks or snacks in between meals if they chose.

We looked at the food stock and found no concerns with the dry goods. However we found three different open containers of food stuffs that were not dated. Upon investigation we found that one belonged to staff and the other two belonged to a person who was independent with cooking who said they had forgotten to label and date them. These were all removed and staff encouraged the person to remember to label and date their food in order to prevent food poisoning.

Is the service caring?

Our findings

People who used the service and their relatives told us that care delivered was good and met their needs. One person said, “I am more than happy here. I go and come as I please and do my own cooking.” We observed that people could get up when they wanted and saw in care plans they could go to bed when they wished. We observed many positive interactions between staff and a person who was verbally communicative. However we found that although there were positive interactions between staff and another person who was non-verbal. We recommended that a different approach is taken, in order to minimise the risk of non-verbal people being dominated when in the same room as people who could express themselves verbally.

People were supported to maintain meaningful relationships with family and friends. One person had regular contact with their family and had gone home for Christmas. Another person also had contact with their sister and was supported with the visit. We saw evidence that attempts to involve relatives in care planning and in people’s life were made.

People received care and support from staff who knew and understood their history and preferences. Staff were able to explain how people communicated differently and told us what people’s facial expressions and gestures meant. Staff

told us about how they know that they spent time with people, going out for walks and listening to people’s fears and concerns. We saw evidence in people’s files of how they were supported during illness. One person who regularly had pain was given pain relieving medicines when they required and assisted to be comfortable. Staff understood and responded to each person’s cultural, and spiritual needs. Staff supported people to attend day centres. The registered manager told us and we saw in care plans that a person responded well to songs of worship by smiling and dancing.

People were sometimes supported to express their views through feedback using questionnaires and at any time if they wanted to comment on how the home was run. Relatives were also given the opportunity to complete feedback questionnaires annually. People’s feedback had been used to change the way care was planned. People who used the service could be sign posted to access advocacy support when required.

We observed that people were treated with dignity and respect. Staff told us how they supported people with personal hygiene needs when required allowing them time and enabling them to choose what type of wash they wanted. Staff understood and respected people’s confidentiality and kept people’s files and personal information in the manager’s office to maintain this.

Is the service responsive?

Our findings

At our previous inspection on 30 September 2014 we found that people's assessments were not always recorded.

During this inspection we found people's care was assessed before they began to use the service and reassessed in order to ensure that their needs were identified. We saw evidence that care was reviewed annually or as and when people's condition changed. People, their representatives and their social worker were involved in annual care plan review meetings. We also found people had some involvement in planning the annual holiday, food shopping and how and where they could spend special holidays such as Christmas and Easter. One person chose to go to a local college. They told us, "I like to go to college. I have learnt a lot especially in the cooking classes." People's records evidenced that past medical history, likes and dislikes and religious preferences were noted and incorporated in care plans we reviewed. Where possible people were involved in developing their care plans.

We found that people's records were not always accurate. They did not always include the care provided to people or decisions taken in relation to the care provided. Staff were aware of the needs of the people but these were not always documented in the care plans we reviewed. For example one person's health action plan and their communication care plan did not mention in detail how that person, who was non-verbal, communicated with specific hand and facial gestures that were known by staff but not incorporated in the care plans we saw. Similarly other behaviours displayed by another person were not documented in a care plan or risk assessment. This meant that other professionals would not be able to make informed decisions about the progress and further support needs of people who used the service.

Care plans lacked detail of how individual support was given. People's care needs were regularly reviewed but did not always reflect enough detail on people's current needs.

This put people at risk of inconsistent care, not receiving the care and support they need in the event of a hospital admission or a situation where a temporary member of staff had to support people.

Staff were aware of people's needs but did not always respond in good time. For example there was an unexplained delay in replacing a broken bed for one person. We observed little interaction between staff and one person who sat in the lounge watching TV for most of our visit. The only interactions we saw were during lunch, when the TV channel was changed and when the person got up to the toilet. There was more interaction with another person who was could communicate verbally and was more independent. People's needs were not always responded to in a timely manner with a potential risk for isolation.

There was a complaints system, in place which was displayed at the entrance in a format that could easily be understood by people using the service. Staff said they would refer any complaint to the manager. There were no recent complaints in the complaints folder. However we saw a folder where complaints could be logged, and acknowledged. We also noted that the policy could be more specific by naming the manager and outlining exact timeframes for responding to complaints.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a planned timetable of activities but this was not dated and was not always followed as people's choices rightly overrode the schedule. Staff told us, and people we spoke with and records confirmed, that people went out to the cinema and for meals regularly. Culturally specific meals were prepared for one person who preferred them. People were supported to attend a local place of worship every Sunday. People were enabled to maintain their interests, cultural and religious beliefs.

Is the service well-led?

Our findings

People told us that the registered manager was approachable, for example one person said, “I can speak with Aunty Pat at any time.” Staff told us they could call the registered manager at any time and also got a chance to discuss any issues during handover and during staff meetings.

At our previous inspection on 30 September 2014 we found that people were not always asked for feedback or involved in the way the service was run. We also found that fire alarm testing was out of date. On this visit we found that improvements had been made. However, the service did not have effective systems in place to monitor the quality of care delivered. The current quality checks in place had failed to identify that appraisals were not being completed annually and that staff were not getting up to date training in areas such as the Mental Capacity Act 2005, basic life support, medicines management and safeguarding. Although there were tools in place such as checklists, they were not robust enough to capture and address some inconsistencies we found on the day on inspection. For example temperature checks and cleaning records were not documented accurately and were not credible as we saw that on the day of inspection they had been post-dated by a member of staff. Satisfaction surveys were not available in a format that people could easily understand. These had been completed by staff on behalf of people without any indication on the forms to declare that the views were gathered on behalf of people.

Furthermore we noted that the safeguarding and the complaints policies needed to be updated with relevant contact details added, in order to enable both policies to properly signpost people and staff to relevant internal and external named contacts. Also, the statement of purpose and vision and values did not reflect a person centred approach.

We found that there was a clear leadership structure. The registered manager was available from 0900-1700 Monday to Friday and contactable via telephone at weekends. However not all staff understood their roles and responsibilities as we found that some staff despite being told to keep hazardous substances in a locked cupboard, found these in an unlocked cupboard. The current leadership was more reactive than proactive which had resulted in current systems and processes in place to monitor quality of care delivered ineffective. This left people at risk of being cared for in an unhygienic environment by staff who had out of date training thereby not delivering care according to current best practice guidance.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had been in post for two years and had appropriately notified the Care Quality Commission of any issues and concerns with the exception of the outcome of applications to lawfully deprive people of their liberty. We identified this as a knowledge gap and were shown a training brochure to indicate that they had applied to attend the training on offer. Although the registered manager and staff could not pinpoint the exact wording of the values and vision of the home they described it as a “family” and “friendly” environment. People were cared for in a calm environment and supported by a manager who was available on site Monday to Friday.

Staff told us their views were sought during handovers, staff meetings and supervisions. They told us they felt supported by the registered manager and thought there was an open and honest culture where staff could approach the registered manager about anything. We reviewed records that indicated that team meetings occurred regularly and included discussions about how to improve the care delivered. These included menu changes, the rota and progress of people using the service.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Service users were at times deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (5)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Premises and equipment used by the service provider was not always clean and suitable for the purpose for which they are being used.

Both service user bedrooms were dusty, one service user's room had a visibly stained carpet and a broken metal bed frame which was a potential safety hazard.

The registered person did not, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.

Regulation 15 (1) (a) (c) (2).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems were not effectively operated and had not picked up that appraisals were not being completed annually and that staff were not getting up to date training in areas such as the Mental Capacity Act, basic life support and safeguarding.

Processes were not robust enough to capture and address some inconsistencies. For example records of temperature checks and cleaning records were had been

Action we have told the provider to take

post-dated by one member of staff. Therefore making them false. Satisfaction surveys had been completed by staff on behalf of people without any documented evidence that people had not completed these.

Records were not always accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Regulation 17.(1)(2) (a) (c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity did not always receive appropriate, training, and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Despite the policy stating staff were entitled to five paid training days a year and annual appraisals. There was no evidence of this in the staff files we reviewed.

Regulation 18 (2) (a)