

Bethel Care Services Ltd

Bethel Care Homes

Inspection report

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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 

Summary of findings

Overall summary

About the service:

Bethel Care Home is a residential care service providing personal care and accommodation for up to three people living with a learning disability. At the time of our inspection two people were using the service.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service:

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons.

The service was not always clean and the systems in place did not ensure the premises was safe for people living there. We identified a breach of regulation in relation to safe care and treatment. Staff understood how to manage people's risks and keep people safe from harm. The service worked well as a team to ensure people received safe and responsive care and support in a timely manner and the service demonstrated a culture of continuous learning and improvement to ensure the best quality support was provided.

Staff were provided with adequate training, supervision and appraisal to provide effective, care and support. People were encouraged to keep healthy and well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. The service had not been adapted in all places to meet the needs of people living there; a recommendation was made to review this and ensure people felt safe and comfortable moving around the home.

People were treated with dignity and respect and were supported to be as independent as possible.

The service provided a wide range of activities for people living at the service. We found that not all information about the home was made accessible to people living there; we recommended the service review best practice guidelines and ensure information could be understood by all. Staff had not received end of life training and people were not supported to discuss this.

The quality assurance systems in place did not identify the shortfalls we found during our inspection. We identified a breach of regulation in relation to good governance. People, staff and other professionals spoke positively about the registered manager and the service.

Rating at last inspection:

At the last inspection the service was rated Good (published 28 November 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

We identified two breaches of regulation in relation to safe care and treatment and good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive 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 ●

Bethel Care Homes

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Bethel Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 provides personal care and accommodation for three people living with a learning disability.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We spoke with the local authority commissioners and other health and social care providers.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. This is known as a Provider Information Return (PIR). The provider had completed a PIR.

During the inspection we spoke with one person who used the service and two staff members, including the registered manager. It was not always possible to speak to everyone and ask direct questions about the service they received because of people's learning disabilities. However, people could express how they felt about where they were, the care they received and the staff who supported them through non-verbal communication. We observed interactions between staff and all the people using the service as we wanted to see if the service communicated and supported people in a way that had a positive effect on their wellbeing.

We reviewed two people's personal care records, two staff records, staff rotas, medicine administration records and other records relating to the management of the service such as health and safety records and training records.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:

- Only one person living at the service had a Personal Emergency Evacuation Plan (PEEP) in place. This meant in the event of an emergency staff might not know how to best support all people living at the service. We spoke to the registered manager about the importance of both people having a PEEP in place and to ensure these were available within care plans and for emergency services to access. Following the inspection we received assurances that a PEEP was in place for place for all people living at the service.
- We found that the service had not resolved the action plan issued by the London Fire Brigade on the 10 July 2018. A recommendation was made for the service to be working in line with best practice guidelines to ensure the premises was safe for people living there. Following the inspection we received assurances that the provider had responded to all recommendations to ensure the service was safe for people living there.
- Health and safety audits were completed for the home including the electric, gas and laundry facilities to ensure the premises was safe. Water temperatures for personal care and fridge and food temperatures for cooking were recorded. Individual risk assessments were in place and were reviewed monthly or as and when a person's need changed. For example, one person's communication risk assessment said, '[Person] is at high risk of frustrations because [person] has no speech to express wishes and choices.' Staff were guided to support this person by ensuring they were always supervised, 'By staff who know [person] well and can interpret body language and vocalisations.' Another person's risk assessment for going outside said, '[Person] can access the community without supervision but may sometimes feel out of place in unfamiliar places.' Staff supported this person by giving them a choice of whether or not they wanted support to go out. This meant people were being supported to manage risk and stay safe.

Preventing and controlling infection:

- We saw records of a cleaning schedule and saw that staff inspected the service daily for cleanliness; however, the service was not always clean. Throughout the property we found that most of the furnishings and decorating appeared old and unkempt; there was dirt in the tiles in the bathrooms, the lounge furniture had holes in it and the kitchen table had layers of dirt that had gathered underneath the glass top. Following the inspection we were advised the kitchen table has been removed and a deep clean of the service has been done.
- In the kitchen we found that not all food that had been opened had been labelled; it was therefore not known how old the food was or when it should be disposed of. This meant staff could not always be sure they were serving food that was in date and safe to eat.
- This showed there were not always sufficient systems in place to assess and prevent the spread of infections to keep people safe. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Safe Care and Treatment.'
- Staff told us they were provided with equipment to keep the service clean and reduce the risk of infection.

One staff member said they knew to use protective equipment when doing, "We know to wash your hands, when serving food, when managing personal care, support [people] to wash and dry their hands."

- We saw that hazardous substances were safe to use and locked away.

Systems and processes to safeguard people from the risk of abuse:

- The service had not raised any safeguarding alerts since our last inspection; however, staff knew how to report abuse and to keep people safe from potential harm. One staff member said, "Safeguarding is about protecting vulnerable people. You tell the manager immediately and document it."
- Records confirmed all staff were up to date with safeguarding training. This demonstrated that people were kept safe from potential harm or abuse.

Staffing and recruitment

- The staff rota, and observations confirmed there were two staff on each shift; this ensured people who required 1-1 support and other people all had staff available to support them.
- Safe and effective recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) criminal record checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. This meant that the service could be assured that staff employed were suitable to provide safe care.

Using medicines safely:

- Records confirmed that all staff had received medicines training and staff told us that they were confident with supporting people to take their medicines. One staff member told us, "[Person] can access all rooms within the house but needs help with medicines so we lock them away for [person's] own safety."
- Medicine Administration Records (MAR) included details on how to administer medicines, the person's medical diagnosis and allergies and showed that medicines were given as prescribed. MAR were audited monthly.
- In individual care plans there were 'easy read' descriptions in place explaining what individual medicines are for, what the side effects could be and how to take the medicines; these were in an accessible format and written for people receiving medicines to allow them to have more of an understanding and feel more independent. This demonstrated that people received their medicines in a safe way.

Learning lessons when things go wrong:

- The service had accidents and incident forms which detailed incidents and the action that had been taken to resolve this. The registered manager told us that they always looked at what had occurred to ensure lessons were learnt and to minimise the risk of re-occurrence.
- Records confirmed that the registered manager liaised with staff in the daily handover notes to ensure they were aware of specific incidents that had occurred. This demonstrated a culture of continuous improvement to ensure people received high quality and safe care and support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Adapting service, design, decoration to meet people's needs:

- People's bedrooms were clean and personalised with photographs and items of people's choice. We saw photographs of activities and days out in the communal areas. The registered manager told us, "[Person] knows the internet, [person] surfs the internet." We spoke with this person who told us, "I am happy in this house, the internet is good."
- One person had picture guides in their room to guide them with daily living skills; for example, a picture of a person brushing their teeth and having a shower. However, some of these pictures were not relevant to the person, for example they related to parenting and personal care for different genders. We made a recommendation that the service seek advice in line with best practice guidance to ensure care planning is person-centred.
- Throughout the property we saw areas were not clearly marked, and was not decorated or designed in a way that supported people with learning disabilities to easily orientate their way around. We saw that in the entrance hall there were certificates of achievement for staff members but not for people living there. This meant some people may have felt confused or unstimulated in their home. A recommendation was made to review best practice guidance around supporting people living with learning disabilities and other sensory support needs to ensure the home was suitable. Following the inspection we saw that people's certificates had been put up in the communal areas. This shows that people's achievements are celebrated and people will feel proud of what they have done.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Pre-admission assessments were in place; these provided details about people's health and support needs, their life history and personal preferences about the care and support they would like to receive. This ensured the service could provide person-centred care to people and that people felt supported when they arrived at the service.

Staff support: induction, training, skills and experience:

At our last inspection on 20 and 24 October 2016 we made a recommendation for all staff to be up to date with specialist training including learning disabilities and the Mental Capacity Act 2005 (MCA). At this inspection, we found this had been addressed.

- Records confirmed the service provided ongoing training for staff. All staff were up to date in essential training including person centred care and supporting people with cognitive impairments. One staff member said, "We get a lot of training, we last did medication and health and safety online."
- Staff told us, and records confirmed they received an induction into the service. Inductions include shadowing members of staff to know how to best support people and reading policies and procedures.

- Staff told us, and records confirmed they received regular supervisions and an appraisal. One staff member told us they found supervisions were, "Very supportive, I can definitely say that." This meant staff performance was regularly reviewed to ensure they were providing effective care and support of a high standard.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff knew what people liked to eat. One staff member told us, "[Person] loves takeaways. [Another person] loves home cooked meals." Records confirmed people were given a choice of meals.
- One staff member told us, "We try to give [person] fruit and vegetables to keep healthy and fill [person] up." We saw there was fresh fruit available in the communal areas.
- Staff told us about one person who enjoys eating food but were currently under review by a dietician to manage weight loss. This person had a best interest menu in place that had been done with staff, health and social care professionals and the person to ensure it was healthy and balanced. This person had managed to lose weight because of this support.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support:

- Records confirmed that people were being supported to receive care from other health and social care professionals, including GP visits, dieticians, opticians and dentists. We saw that people were having annual health checks and reviews from the learning disability team to ensure they were well and receiving the most appropriate care and support.
- Staff told us they had positive relationships with other professionals. One staff member told us, "We contact the GP to make an appointment." This showed that the service worked well with other organisations to enable people to stay healthy.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had applied for, and kept clear records of DoLS authorisations.
- Records showed that people, where appropriate, had consented to the care and support provided. Where people were not able to consent, we saw these consent forms had been signed by health and social care professionals.
- Records also confirmed that formal assessments of capacity were in place for each person and best interest meetings had been held.
- Staff demonstrated an understanding of consent. One staff member said, "With consent I communicate and talk to [person], I don't do anything without permission. Although [person] doesn't talk [person] will sign if it's a no. You will know what [person] wants."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us staff were kind and caring. One person said, "The staff are nice." One staff member told us, "If [people] are happy, I am happy."
- We saw people received emotional support and staff approached them in a compassionate way. One person was unsteady on their feet; we observed a member of staff gently reassure them and guide them up the stairs by holding their hand out behind the person and talking to them in a calm manner. This person appeared calm.
- The service had an equality and diversity policy in place that said they aimed to, "Create a culture where people of all backgrounds and experience feel appreciated and valued." We found that this policy referred to the wrong guidance. We spoke to the registered manager about this who told us they would update this following our inspection to make sure they were personalised.
- Staff demonstrated an understanding of the importance of equality and diversity. They told us people should not be discriminated against and all people should be treated equally. This showed that the service worked in a caring manner to ensure people's needs were met in a non-discriminatory way.

Supporting people to express their views and be involved in making decisions about their care:

- The registered manager told us one person, "Has a [relative], they speak on the phone." Although this relative was not able to review the person's care plan they ensured the person receiving care and support was happy.
- Records confirmed people and health and social care professionals were involved in care planning and reviews. These reviews asked if there were any areas of concern and if all relevant people were happy with the care provided. One staff member said, when discussing care plan reviews, "We don't do anything without [person]. This showed that people and other relevant professionals were supported to be involved in making decisions about the care people received.

Respecting and promoting people's privacy, dignity and independence:

- The service supported people to be as independent as possible. One person had a communication profile plan in place that guides staff how to support them to become more independent. For example, it said 'Ask [person] to go into the kitchen and get [own] drink or snack at mealtimes. Do not go with [person] into the kitchen. Observe [person's] responses but only intervene if person] needs support. Continue to do this until embedded.'
- The registered manager gave us an example of where one person is supported to remain as independent as possible and have choice; "Staff will show [person] clothes and [person] chooses the ones [person] likes." Another staff member told us, "When doing personal care, [person] is learning to put [own] dirty laundry in the right place, prompt [person] and [person] does it. [Person] is very good at it."

- The service supported people to maintain their privacy and dignity; one staff member told us, "Sometimes [person] doesn't use shower gel, we encourage [person] if they are going out." Confidential documents were securely locked away. This showed that the service knew how to support people to be as independent as possible and respect their privacy and dignity and improve their wellbeing.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns:

We found that the service was not working in line the Accessible Information Standards (AIS). Organisations that provide NHS or adult social care must follow the AIS by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint as well as explain their care and support.

- Within the entrance hall of the home there were photograph cards available that showed which member of staff was working that day; however, the photographs were old and not immediately visible. Following the inspection we received evidence that this had been amended; however, it was still not clear for people living at the service which staff members were working that day. We saw that there was a complaints policy and a fire evacuation policy, but these were not written in an accessible way. There was no guidance for people to report abuse.
- This meant that people might not know how to raise a complaint or how to keep themselves safe. A recommendation was made to follow best practice guidelines and ensure documents were made available in line with AIS.

End of life care and support:

- The service was not currently providing care and support to people on end of life care.
- The service did not support people to discuss and manage plans for when they reached end of life. Records confirmed that staff had not received end of life training. We spoke with the registered manager and they told us if they supported people at end of life, they would ensure the service was working in line with best practice guidelines to ensure people received appropriate end of life care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff demonstrated a clear understating of how to communicate with people with various support needs and respond to their needs. The registered manager told us, and observations confirmed, "When [person] is sad (touches head), when [person] is happy (touches mouth) and when [person] is enjoying meal (taps fingers)."
- The service supported people to engage in activities of their choice. Staff told us, and records confirmed that one person, "Normally goes to the day centre [twice a week]. [Person] always looking forward to it. [Person] loves to go outside, anywhere makes [person] happy." At other times staff supported this person to the gym and the library. The registered manager said, "[Person] likes the puzzles and watching TV." During our inspection we saw staff playing puzzles with this person in the morning, and in the afternoon, they were watching television together. This person was seen to clap and touch their mouth to show they were happy.
- Individual care plans recorded people's preferences and guided staff to meet their needs. One staff

member said, "Care plans are good." This showed that people were supported provided with person-centred care and support to enhance their wellbeing.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- We spoke to the registered manager who told us they felt supported by their manager, the provider; "We speak on the phone, if staff can't come to work, we make arrangements to cover the shift, we discuss the upkeep of the home." However, we saw no records of provider visits taking place or any evidence of their involvement in the running of the service.
- The registered manager told us they observed staff provide care and support and oversee the running of the service to ensure it was safe and of high quality; although these were not recorded.
- We found that the health and safety audits of the premises did not identify the concerns we found during our inspection regarding adhering to the London Fire Brigades recommendations and ensuring the home was clean, well maintained and suitable for people living at the service. Following the inspection we received evidence that the provider had responded to the London Fire Brigades recommendations and the service had been cleaned. The service had not responded to previous recommendations about implementing AIS and end of life care was not discussed with people.
- The registered manager and provider did not have a robust system in place to oversee the running of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Good Governance.'

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People interacted well with the registered manager; people appeared happy when communicating with the registered manager and wanted to be by their side during the day.
- Staff told us they worked well with the registered manager. One staff member said, "Happiness comes from the management, they make me happy. I like it here." This showed there was a clear sense of a positive management team that ensured people and staff felt supported and able to provide person-centred, high-quality care and support.

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

- Records confirmed the service sought feedback through surveys from people and staff.
- The surveys for people asked questions such as, 'Do you visit the local community; do staff help you to contact friends and relatives and do staff help you to do things you like?' People had answered, 'Yes' to all and one person had said, 'Very happy.'
- Staff surveys provided positive feedback. Furthermore, staff told us, and records confirmed they attended

monthly team meetings. One staff member said, "Team meetings are good. We get on well, we communicate well." This showed that the service involved all people receiving care and those delivering care to ensure high quality care is provided.

Continuous learning and improving care. Working in partnership with others:

- We received feedback from health and social care professionals prior to our inspection who told us they had no concerns about the running of the service.
- Records confirmed that the registered manager kept up to date with their professional development by completing relevant training. This showed that the service worked well with other organisations to ensure the service was well-led and people received support that was informed by best practice and up to date guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service had failed to assess and prevent the risk of infection to ensure the premises was safe for people living there.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service had failed to ensure sufficient quality assurance and governance systems were in place to identify and improve the service.</p> |