

Bethany Homestead

Bethany Homestead

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Bethany Homestead is a residential care home providing personal care for up to 38 people. The service provides support to older people and young adults, people with dementia, physical disability and people with sensory impairments. At the time of our inspection there were 35 people using the service.

Bethany Homestead provide accommodation across two floors with a lift to the second floor. People with higher dependency needs are accommodated on the ground floor. Rooms have en-suite facilities and there is a communal lounge and dining room.

Bethany Homestead also provides a domiciliary service for the regulated activity of personal care to people living in their own homes within the grounds of Bethany Homestead. At the time of our inspection no one who used the domiciliary service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability. We considered this guidance as there were people using the service who have a learning disability.

The provider had not ensured effective oversight of the service to ensure enforcement action was complied with in the required time frame and risks to people were mitigated.

The providers and registered managers systems and processes had not always ensured effective oversight of the safety and quality of the service. Readmission processes required improvement to ensure any changes in people's health and care needs could be met.

Improvements required in clarity of information for staff in people's risk assessments and care plans to mitigate risk. Accidents and incidents were recorded and monitored for trends and patterns and measures put in place to mitigate future risk.

Medicines were administered stored and disposed of safely. People received their medicines when they needed them. There were some improvements required to the consistency of how staff recorded when they had given as and when required medicines (PRN).

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 mostly

supported this practice. There was further work underway to ensure all people had decision specific mental capacity assessments.

The home was clean and well maintained. People were protected from the risk of infection and from risk in the environment such as fire and scalding. Staff had access to personal protective equipment.

Systems and processes were in place to protect people from the risk of abuse. Staff were trained and had a good understanding of how to keep people safe and how and to report concerns. Safe recruitment practices were in place and there were enough staff to meet people's needs.

The provider and registered manager promoted a positive culture that supported choice and independence as much as possible. People's social, cultural and religious needs were met.

The provider and management team worked in partnership with other professionals to ensure good outcomes for people.

People, relatives and staff were invited to give feedback on care which was reviewed by the provider and registered manager and monitored for themes.

Staff received regular supervision and appraisal and felt well supported by the management team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 July 2021). At this inspection we found the provider remained in breach of regulations and the service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

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

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.

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 remained requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the managerial oversight of the safety and quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 well-led.

Details are in our well-led findings below.

Inadequate ●

Bethany Homestead

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

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bethany Homestead 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. Bethany Homestead is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats within the grounds of the care home when required.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 six people who used the service and seven relatives of people using the service, about their experience of the care provided. We spoke with seven members of staff including the registered manager, a care administrator, a trustee and four care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two 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.



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 requires improvement. At this inspection the rating for this key question has remained 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.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Individualised risk assessments were in place. However, for some people we found risks were not clearly recorded in care plans for staff guidance to mitigate risks. For example, where one person's risk assessment found them at risk of falls and included strategies to mitigate risk this was not clearly detailed in the associated care plan. Another person's risk assessments and care plans required further clarity on risk mitigation following discharge from hospital. We found no evidence of harm as staff knew people well and supported them to stay safe.
- Risks around malnutrition and dehydration were well monitored and managed, referrals were made for professional support promptly.
- At our last inspection we found people were not receiving appropriate pressure area care and were at an increased risk of developing pressure sores. At this inspection people were well supported with repositioning and appropriate pressure relieving equipment was in place and checked regularly.
- The building was well maintained and regular safety checks took place such as fire and water safety checks to prevent the risks from fire, scalding and legionella.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Work on individualised mental capacity assessments required some completion and embedding into practice.

Using medicines safely

- Records relating to as and when required medicines (PRN) were not consistently recorded. Some staff were not recording the specific reasons for giving PRN medicines. We discussed this with the registered manager who understood how this could affect the monitoring of people's pain and agreed to discuss this with staff and embed consistency in practice going forward.
- At our last inspection we found multiple errors in medication records which meant we were not reassured people had received their medicines as prescribed. At this inspection we found that medicines were managed safely. A newly implemented electronic system was in place to ensure people received their medicines when they needed them and individualised medication care plans and protocols were in place for staff guidance.
- Fridge and room temperatures were checked frequently to support safe storage of medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us they felt safe in the service and staff were kind and caring and would attend quickly to the call bell if the person felt unsafe in any way. One relative told us that security in the service was good, visitors were screened on arrival and the security system increased confidence in safety.
- Staff were trained in safeguarding people and understood the signs of abuse and how to raise concerns if they needed to inside and outside of the organisation. Staff had access to a whistle-blower policy to support them with raising concerns.

Staffing and recruitment

- There were enough staff available to meet people's needs. The provider advertised for staff and there was a contingency plan for staff shortages. Staff told us they worked well as a team to ensure holiday and sickness was covered with regular staff to ensure continuity for people as much as possible.
- Staff were recruited safely. There was a robust recruitment and induction procedure in place to ensure only suitable staff were employed.
- Disclosure and Barring Service (DBS) checks were completed prior to employment. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were mostly assured that the provider was preventing visitors from catching and spreading infections. However, we were not asked to present evidence of a negative COVID-19 test on arrival at the service as per government guidance, other visiting professional were not routinely asked for evidence.
- The home was visibly clean and free from malodour. One relative told us their family member had "A clean room, always nice, fresh, and clean".
- 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.

We have signposted the provider to resources to develop their approach.

Visiting in care homes

- People were well supported with visiting. The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE and were welcome in the service.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored for trends and patterns to review the circumstances and prevent future incidents. For example, where a number of falls were identified referrals had been made to falls teams. Learning from accidents and incidents was shared across the staff team.

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 requires improvement. At this inspection the rating for this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed to ensure systems and processes were established and embedded to monitor, assess and improve the quality of service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not maintained effective oversight of improvements following regulatory enforcement action and had failed to ensure compliance within the required time frame. This meant people had remained at an increased risk of harm from failings identified at the previous inspection.
- The providers systems and processes had not been effective in identifying errors or missing information in peoples risk assessments and care plans. We found some people's risk assessments and care plans needed improvement in the clarity of information for staff to ensure safe care and treatment for people. For example, supporting people with falls prevention or emotional and aggressive behaviours. This placed people at risk of receiving unsafe care.
- The providers system and process following discharge of people from hospital was not always effective in ensuring a prompt re-assessment on readmission. For example, one person had been back in the service for five days before an assessment was carried out. This meant that staff did not have access to changes in the persons needs and there was an increased risk of harm.

Systems and processes had not been consistently effective in identifying errors or missing information in peoples care records. This placed people at an increased risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had invested in electronic systems to improve managerial oversight of the safety and quality of the service. For example, the registered manager was accessing frequent reports for refused medicines and monitoring reasons for refusals and what interventions may be required or seeking GP guidance. Work was also continuing into ensuring all people had decision specific mental capacity assessments.
- The registered manager and provider had worked closely together to define roles and responsibilities. The registered manager felt this had given them a clearer picture of the homes progress and more autonomy in their role. The new systems were still in their infancy and would require embedding into practice to ensure

improvements were continued and sustained.

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

- People were supported to be as independent as possible and were empowered to take positive risks. One person told us they were being supported to learn how to use a mobility aid which meant they would be able to access the community safely with more independence.
- People had built good relationships with the staff and management team and they spoke positively of the support they received. One person explained to us the positive support they had received with their individual circumstances on moving to the home.
- There was a positive culture amongst the staff team, staff spoke positively of their relationships with people. One staff member told us they enjoyed having a laugh and joke with the residents and supporting them on trips outside of the home but also demonstrated good understanding of professional boundaries.

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

- The registered manager had a good understanding of the duty of candour and was open and transparent with people their families and other professionals if something went wrong.

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

- People and their relatives told us they were involved in planning their care and relatives were kept updated with changes. One relative told us they had been included in meetings to improve communication aids for a person using the service.
- People and their relatives were invited to feedback on the service. Findings were reviewed by the registered manager and provider to monitor and drive improvement where needed. For example, feedback was sought around activities in the service and an activity planner devised from people's suggestions. An easy read version was also put in place to ensure inclusivity for people using the service.
- The provider supported positive links with the community. The registered manager had developed a new website to engage better with the public and there were regular newsletters distributed throughout the service to keep people updated and involved.
- A chapel on site was open to the public and used by service users and relatives to engage with the public and support their religious needs. One relative told us, "[Relative] goes to church on Sunday's as they did all their life".
- Staff received regular supervisions and appraisal and were invited to monthly team meetings. Staff told us they felt listened to and able to share ideas for improvement with the management team. Staff spoke positively of their relationship with the registered manager who they felt was supportive and approachable and keen to drive improvement in the home.

Working in partnership with others

- There was evidence of partnership working with other professionals such as GPs, diabetic nurses and falls prevention teams to ensure people's healthcare needs could be met.
- The registered manager had worked in partnership with the local authority to make improvements in the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that systems and processes were effective in monitoring the safety and quality of the service.</p>

The enforcement action we took:

We imposed a condition on the providers registration.