

## Bethany House Care Home

# Bethany House Care Home

### Inspection report

30 Eastbridge Road  
Dymchurch  
Kent  
TN29 0PG

Tel: 01303 875199

Website: [www.bethanylodge.co.uk](http://www.bethanylodge.co.uk)

Date of inspection visit: 15 October 2014

Date of publication: 02/03/2015

### 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

Bethany House Care Home is a purpose built service. It provides accommodation, nursing and personal care for up to 15 people who need care and support with their multiple and complex needs. People had a variety of physical disabilities including: acquired brain injury, congenital disorder and degenerative illnesses. The age range of people varied from young adults to people who were older. There are trained registered nurses working at the service 24 hours a day with a team of care workers.

There was a registered manager working at Bethany House. 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 and associated Regulations about how the service is run.

Each person had a care plan which was personal to them and that they or their representative had been involved in writing. Some of the care plans did not record all the information needed to make sure staff had guidance and information to care and support people in the safest way.

# Summary of findings

Potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving intervention they needed to keep them as safe as possible.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they had considered their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However, staff were not always following the Mental Capacity Act 2005 for people who lacked capacity to make a decision. The provider had not completed mental capacity assessments to identify if people were able to make decisions for themselves or if they needed specialist support to do this. The management had not gained consent from people who may have been restricted. The registered manager and the provider have now sought advice and direction to rectify this shortfall.

Throughout the inspection we observed people and the staff as they engaged in activities and relaxed. Some people communicated using non-verbal methods. Staff were able to understand people through body language, facial expressions and certain sounds and supported people in a discreet, friendly and reassuring manner. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond. Staff were aware of people's preferences and encouraged them to make choices when possible. They told us how they encouraged and enabled people to be as independent as they could be. People were treated with kindness and respect. Everyone told us their privacy was respected and they were able to make choices about their day to day lives.

People had allocated keyworkers who were involved in their assessments and reviews. A key worker was a member of staff who takes a key role in co-ordinating a person's care and support and promotes continuity. People knew who their key worker was and what specific things their key worker did for them. People said that their keyworkers helped them plan and do things that they wanted to. One person said, "I have a key worker as she does the extra bits, like helping me buy my Christmas presents. But if she is not in I can ask anyone else for

help". People had regular involvement with local community health and social care specialists. They told us they saw their doctors and other specialists when they needed to.

Safeguarding procedures were in place to keep people safe from harm. All of the people told us they felt safe in the home; and if they had any concerns, they were confident these would be addressed quickly by their keyworker or by the registered manager.

Staff were appropriately trained and skilled and provided care in a safe environment. A system of recruitment was in place to ensure that the staff employed to support people were fit to do so. Staff received appropriate safety checks prior to working with people to ensure they were suitable. New staff received an induction and had access to range of training events. They received regular supervisions and support where they could discuss their training and development needs. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. People said there was enough staff to take them out locally to the shops and for walks. They said that staff came quickly when they called for them and there was always staff around.

People were offered and received a balanced and healthy diet. Some people had a special way of receiving all the nutrients and fluids that they needed. People could choose what they wanted to eat and when they wanted to eat it. People's rooms were personalised and furnished with their own things. The rooms reflected people's personalities and individual tastes.

People received their medicines safely and when they needed them and they were monitored for any side effects.

The provider asked people for their opinions on the quality of care they received and responded to comments and complaints in a timely and appropriate manner. People's opinions and preferences were respected. People could choose if they wanted a male or female member of staff to help and support them. There were appropriate management arrangements in place and staff and people told us they had no problems talking to managers about any concerns. People were actively

# Summary of findings

involved in developing the service through regular meetings with staff and the provider. Regular health and safety audits were carried out to ensure the safety of the premises.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we 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 not safe. Not all risks were identified and full guidance was not available to make sure all staff knew what action to take to keep people as safe as possible.

People felt safe living at the service. They were confident that any concerns they had would be listened to and dealt with quickly. Staff had been trained to understand how to protect people from harm and abuse.

There were sufficient numbers of staff on duty at all times to make sure people were safe and received the care and support that they needed.

The provider made sure that they carried out safety checks before staff started to work at the service.

People received their medicines when they needed them and in a way that was safe.

**Requires Improvement**



### Is the service effective?

The service was not effective. There were no recognised mental capacity assessments available. The management had not sought the consent and involvement of people when measures were taken to reduce day today risks.

When people were unwell or needed extra support, the staff promptly contacted healthcare professionals from outside the service and made sure that appropriate support and treatment was made available.

Staff received training to support people's individual needs and the management of their conditions.

People were supported to have a healthy, balanced diet.

**Requires Improvement**



### Is the service caring?

The service was caring. Staff got on well with people. Staff took the time needed to sit and talk with people. Staff spoke and communicated with people in a caring and compassionate way.

People were treated with dignity and respected.

People and their relatives/ representatives knew who their keyworker was and told us they were able discuss any concerns regarding their care and support.

Visitors were made welcome and relatives told us they felt that communication with them was good.

**Good**



### Is the service responsive?

The service was not responsive. People's individual care plans were not always updated when their needs changed.

**Requires Improvement**



# Summary of findings

People's nursing care and support needs were identified during the assessment process. However, this information was not always transferred into their individual care plans. People's individual care plans were not always updated when their needs changed.

People's preferences, likes and dislikes were respected.

People took part in daily activities that they had chosen. People had opportunities to be part go to the local shops and restaurants.

## Is the service well-led?

The service was not well led. People and their relatives told us that the registered manager was open and approachable. The staff were aware of the services ethos for caring for people as individuals, and the vision for on-going improvements.

The provider and manager had auditing systems in place to identify any shortfalls and action was taken to deal with these. The registered manager had audited care plans and risk assessments but the shortfalls had not been identified and action had not been taken to improve the systems.

Accidents and incidents to make sure the care provided was safe and effective.

The registered manager and provider led by example and gave guidance and support to staff. They regularly talked with people and family members to find out if they were happy with the service.

**Requires Improvement**



# Bethany House Care Home

## 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 checked 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.

This inspection took place on 15 October 2014, was unannounced and was carried out by two inspectors. The inspectors had knowledge of nursing care. We last inspected the service on 18 October 2013 where no concerns were identified.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information we held about the service.

We looked at previous inspection reports and notifications received by the Care Quality Commission. Notifications are information we receive from the service when a significant events happened at the service, like a death or a serious injury.

We met all of the 15 people using the service and had conversations with three of them. We spoke with three members of care staff, the registered manager and the provider. We also spoke with three relatives, or friends and a specialist nurse who were visiting people.

Not everyone was able to verbally share with us their experiences of life at this service. This was because of their complex needs. We therefore spent time observing how staff spoke and engaged with people and the visiting specialist nurse. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed seven care plans. We looked at a range of other records, including safety checks, records kept for people's medicines and records about how the quality of the service was managed.

As part of the inspection we also spoke with two health professionals who regularly visit the service and asked them what they thought about Bethany House and the care and support that people received.

# Is the service safe?

## Our findings

People said they felt safe living at the service and felt comfortable and relaxed in the company of the staff. They told us, “I have never seen anyone being treated unkindly here; I have nothing but praise”. “I feel very safe here; there is always someone around to help me”. A relative said, “She’s safe here; the staff look after her best interests. It’s young staff looking after young guests and they know what to do”.

Before people came to live at the service they had an assessment which identified what care and support they needed and any risks there might be when providing the care and support. One person’s initial assessment had identified that they had epilepsy but this information had not been incorporated into their care plan and risk assessment. There was the risk that staff would not be aware of this diagnosis and would not know what action to take should the person have a seizure. Some people were identified at being at risk from choking. There was information and guidance available for each person to tell staff how to prevent this from happening but there was no instruction to say what to do for each individual if they did start to choke. People’s needs were diverse. Some people were in wheelchairs, some people were in bed, so staff would have to respond very differently to each individual. People were not protected against the risk of receiving care or treatment that was inappropriate or unsafe. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Seven of the 15 people had more personal and in depth care plans. These plans contained more information about the level of care and treatment people needed. One of the plans gave exact individual instructions about how to move a person safely using specialist equipment. In other plans the detail in how to move people safely did not contain the same depth of information and instruction. Therefore people may be at risk of being moved unsafely. Staff told us how they moved individual people safely and what equipment they used to do this. There had been no incidents to indicate that people had not been moved safely in the way that suited them best.

The provider had policies and procedures for ensuring that any concerns about people’s safety were reported. Staff could explain how they would recognise and report abuse. Staff had received training in the protection of adults who

might be at risk. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside the service if they felt they were not being dealt with properly.

There were systems in place to review any accidents and incidents that happened at the service. These were analysed and improvements were made if any trends or patterns were identified. This helped reduce the risk of further accidents. If a person experienced poor health including seizures these were closely monitored, recorded and analysed over a period of time by staff. This then allowed them to seek additional medical intervention and support for the person to reduce the amount of seizures.

People and their relatives said that there was enough staff working at the service to support them. One person commented, “Oh crumbs, there is always staff around. If I ring my bell the staff know it’s important and they come and see me quickly.” A relative said, “There is always enough staff to look after her if she is ill and they always ask if I know how to use the call bell if she is unwell”. The duty rota indicated that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. When there was not enough staff available the registered manager used agency staff. The provider was in the process of recruiting new staff. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people’s individual needs.

The provider had recruitment procedures in place. Appropriate checks had been completed to make sure two written references; a full employment history and Disclosure and Barring System (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Interviews were carried out and there was a form available to keep a record of the interview so that notes could be made about the questions and replies potential new staff gave when they were interviewed.

## Is the service safe?

The provider arranged for an external health and safety inspection of the service to take place twice a year. This looked at things like the environment and the safety checks on equipment. The registered manager completed regular audits such as the management of medication and infection control. Fire checks were completed at the required intervals. Gas, electrics and water temperature were checked regularly, to help make sure that they were working efficiently and were safe. Potential risks were managed and the quality of service provided continued to improve.

People received their medicines safely. Medicines were handled appropriately and stored safely and securely. When medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to. People received their medicines when they

needed them. Staff talked to people before giving them their medicines and explained what they were doing. They asked if they were happy to take their medicines. Staff waited for people to respond and agree before they gave them their medicines. Each person had an individual medicine record chart showing their personal details. When homely remedies were used, like cough medicines the staff had consulted the person's doctor and these were signed by the doctor with written instructions. All medicines disposed of or returned were recorded and a copy of these returns was sent with the company for cross referencing if required. When people needed medicines on a 'when required' basis, there was clear individual instructions on the dose and when and how the medicines were to be given. The effects of the medicine were then monitored to make sure they were working.



# Is the service effective?

## Our findings

People had a wide range of multiple and complex needs. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. Relatives told us: “We are lucky to be here at this home as the staff know exactly what to do for her”. “If she is poorly we get contacted and told, but that’s once in a blue moon she gets ill”.

The registered manager had considered people’s mental capacity to make day to day decisions but there was limited information about this in their care plans. There were no mental capacity assessments in place to determine whether people had capacity or not to make decisions and give consent. Some people had lap belts attached to their wheel chairs and bedrails on their beds to make sure they were kept as safe as possible from falling from their chairs or beds. However, there was no information to say how and why these decisions had been made and how. There was no evidence that people had consented or been involved to having these restrictions in place. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had some knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager and nursing staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions the service involved relatives, health professionals, advocates and social services representatives to make sure decisions were made in the person’s best interest. People had received advocacy support when needed to make more complex decisions, such as future health care interventions. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests.

The provider employed a dedicated physiotherapist staff member who supported people with various exercises to improve and sustain their mobility. People were using the hydrotherapy pool and were supported by the

physiotherapist and a staff member. They were enjoying the freedom of moving independently in the water. Another person was using the sensory area and appeared very relaxed and happy.

There was a stable staff team who knew people well and knew how they liked to receive their care and support. The staff had knowledge of people’s medical, physical and social needs. Staff were able to tell us about how they cared for each individual to ensure they received effective individual care and support. When staff first started working at the service they completed an induction programme and a three month probationary period when they were continually supervised by a senior member of staff. They got to know people well and how they preferred to be cared for and supported.

Staff told us they were happy with the opportunities for on-going training and the registered manager worked alongside staff to make sure staff had the skills to support people. A number of staff had completed National Vocational Qualifications (NVQs) or a Diploma in care. There was a training programme in place to make sure that staff knowledge and skills were kept up to date. Staff training was developed depending on the individual needs of people using the service. All staff had received training on how to safely care and support people who had percutaneous endoscopic gastrostomy (PEG). PEG feeding was used when people could not maintain adequate nutrition with oral intake and a tube was inserted directly into their stomach.

Staff had regular one to one meetings with the registered manager where they were able to discuss the care and support that people received, and the support that they needed to do their jobs more effectively. They also received feedback on their performance. Staff had an annual appraisal which identified their development and training needs and set personal objectives.

People’s health was monitored and care provided to meet any changing needs. People were supported to make and attend medical appointments. One person said, “I’m going to Ashford next week so I will get my eyes checked. The optician comes here but I prefer to go to them so the staff take me”. Relatives said, “They call the doctor if required or emergency doctor. They inform us of the doctor’s visit. The information you get is always good”. When people had to

## Is the service effective?

attend health care appointments, they were supported by their keyworker or staff that knew them well and advocated to help health care professionals understand individual communication needs.

When people's physical and/or mental health declined and they required more support the staff responded quickly. People had access to health care professionals to meet their specific needs. People saw diabetic nurses, speech and language therapists and occupational therapists. We received feedback from health care professionals who were involved with the service. They told us that their experience of working with the people and staff at Bethany House was a positive one. They had no concerns about the service. They said people were always treated with respect and got everything that they needed. The staff always followed their instructions and contacted them whenever it was necessary for advice and support.

People and their relatives agreed that the meals were of a good standard and said staff were aware of their likes and dislikes. People told us that they were asked every day by the cook what meals they wanted. They said there were always choices and if you didn't like those the cook would do something else.

People and their relatives told us: "It's lovely, the cook knows what I like and what I hate. She always cooks me jacket potatoes as she knows I like them" and "I ask (my relative) where they want to have dinner and we eat there. It is not a problem".

The atmosphere at lunchtime was pleasant and relaxed. It was a sociable occasion. Staff engaged people they were assisting in conversation. Drinks were available to people throughout the day and staff encouraged people to drink to reduce the risk of dehydration. People who had specific health needs like diabetes were supported by staff to manage their diets to make sure they were as healthy as possible.

People were supported and encouraged to eat a healthy and nutritious diet. Some people had special tubes where they were fed directly into their stomach with a special liquid diet. A relative said, "They have a plan to give fluids throughout the day; I feel (my relative) gets enough". People received the amount of nutrition that they needed and they were monitored to make sure their weights was stable. People were given a choice about what they ate. People said, "If there is something I don't like they ask me if I would like something else" and "The food is excellent and the cook is great". Staff provided people with the support they needed during the lunch time meal. There was a good sized portion of a roast dinner which was well presented.

Support plans for eating and drinking were detailed and clear on the process staff should follow so people had their food safely. People who had blended diets had plates that separated the food, so they were able to still enjoy individual flavours. People who received their food through a tube were included as much as possible at meal times. They were supported to sit at the dining room tables if they wanted to and some were able have to small tasters of food, which they enjoyed.

# Is the service caring?

## Our findings

People and their relatives were complimentary about the attitude of staff who they said were kind and caring. People and their relatives told us, “The staff are always friendly when you come in and ask how you are.” “It’s not them and us, it’s one big happy family” and “The staff are friendly, you get as many cups of tea as you want and they make you feel like you’re in your own home”.

People and their relatives told us they were involved and were always asked about the care and support they wanted. People discussed aspects of their care with their keyworker and other staff. They said they worked together with the staff to make sure they got everything they needed. One relative told us they had been involved when their relative was moved to a different room which suited them better. “When she moved rooms we had input into it and how it should be. It had new furniture and a bed which was replaced recently. We chose to decorate the room so it was nice and bright and put in lots of personal bits and pieces. The toilet is large enough to get a wheelchair into and there is a T.V and radio”.

There was a relaxed and friendly atmosphere at the service. People looked very comfortable with the staff that supported them. People chatted and socialised with each other and with staff and looked at ease. Staff listened to what people said and acted promptly when they asked for something. Some people communicated non-verbally and staff were able to understand what they wanted through facial expressions, noises and body language. When a person wanted the television turned over the staff immediately understood what they were asking for and put on the programme they wanted to watch.

Staff, including the management team, knew people well. Each person at the service had a key worker who made sure people they were allocated to had everything that they needed. All staff spoke about how they respected people’s rights, and supported people to maintain their

independence and make choices. Staff supported one person who communicated non verbally to personalise their bedroom exactly the way they wanted. They made sure people attended family functions if they wanted to. People accessed local facilities, like the beach for a picnic, the pub for lunch and the cinema to see a favourite film. The staff maintained people’s privacy and dignity. Personal care was given in the privacy of people’s own rooms or bathrooms. Staff were discreet and sensitive when dealing with people’s personal needs.

When people needed support staff stepped in to make it as easy and as comfortable as possible. Staff asked people what they would like to do during the day and supported them to do what they wanted. One person told us they would normally go downstairs but were waiting for a telephone call and liked to take this in their room. They explained how they could make their own decisions about what they do at the service. They said, “I got up at 09:30 today and will go back to bed at 13:30 for a while, so I can do whatever I want.” Another person told us about how their privacy and dignity was respected. They said, “I like to have a friend to visit me in my room, sometimes they stay late. The staff don’t mind at all. They don’t come barging in or checking up on me like they did at the last place. They leave me in peace to do what I want. They come if I call them”.

The staff said they were happy in their jobs and said they enjoyed coming to work. One member of staff said, “I really like it here; I have been here a long time. Staff are always happy and always trying to come up with different ideas to benefit the people we are supporting”. Staff spent time with people chatting or supporting them to do activities that they enjoyed. They were patient and compassionate. Staff held peoples hand and spoke to them quietly and reassuringly when they were upset. They asked if they wanted to leave the lounge area and have a chat. People and staff got on well together. They laughed and joked and appeared happy in each other’s company.

# Is the service responsive?

## Our findings

People told us how they were involved in their assessment or care planning processes. They said that they had choices about how they lived their lives. There was information about their choices and preferences and how they liked to be cared for. One person said, “I do have a care plan and I can change things when I talk to my keyworker”.

When people first came to live at the service they had an assessment which identified their nursing, care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. However, not all the information in people’s initial assessments was transferred into their care plans.

The care plans did not contain all the information needed to make sure that people were receiving everything that they needed. A person who had been identified as having epilepsy in the assessment had no information about this condition and how it was best managed in their care plan. The staff that supported this person may not have been aware of all their medical needs. In another person’s care plan it said to observe a person’s ‘seizure activity’ and report any episodes. An episode had occurred but it had not been reported to the registered manager and they were unaware of this event. In another person’s daily records it was identified that they had an open wound. This information had not been transferred to the care plan to explain the intervention the person needed to treat this condition. There was no further information available to say that the wound had been treated and the outcome. Staff told us that the wound had completely healed.

Staff said that they were aware of these conditions and were able to tell us what they would do and what they had done to make sure people were getting the care and treatment that they needed. They said that information about people’s changing needs was discussed in the staff handover at the change of every shift. Staff were responding to people’s needs in practice but they were not always recording the care they gave to people. This would put people at risk of inappropriate or unsafe care. The lack of up to date and accurate records is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During the inspection a visiting professional was reviewing the care and treatment that six people were receiving. They gave us permission to write in the report what they had found. They said, “People are very well cared for at Bethany House. The registered manager and staff know all the people very well and all the care and support that they need, however some of the care planning is lacking in areas. They are not recording all the support and care that people may need. People were getting the care and treatment that they needed but it had not been recorded in their care plans”.

In one person’s bedroom room there was a mini care plan available so it could be reviewed by the person and their family. It included a life history in picture and written form. A relative said, “We have a diary for our relative which is filled in each day. The diary is really good as it tells us what they have been up to each day. We get involved in decision making for things to get done or when there are any changes to the care”. Other people did not have this type of plan. People and relatives told us that they attended care review meetings and were kept up to date about their family member’s care needs.

There was a range of activities that were made available in response to people’s needs and wishes. One relative said, “My relative has craft twice a week. They have a tremendous rapport with the craft lady. My relative loves making things. There is always a birthday card made for each relative”. People told us that they enjoyed going out and about. The service had its own transport and staff responded to people’s requests and took people to places they wanted to go. People had been on recent trips to the zoo, cinema and bowling. They also went to the local village on a regular basis to get things they wanted from the shops or to the local pub for lunch. People were happy with what they were doing. One person said, “They take me out a lot. Some of us went to the beach last week.” “Everyone is so good.”

People were being supported to have the equipment they needed to remain as independent as possible. People had wheelchairs that were adapted to their specific medical conditions to make sure they had the correct support to make them as comfortable and as safe as possible.

Staff told us how they knew when people were happy or unhappy. There were guidelines in the care plans to show how people would react by displaying certain behaviours when they needed reassurance or if something was wrong.

## Is the service responsive?

Staff found out what the issues were and addressed them. Staff were responsive to people's needs throughout the inspection. When people asked for anything from staff they responded quickly. People did not have to wait. When a person appeared to be getting upset, the staff member explained to them that dinner was on the way. The person appeared happy knowing this. Another person requested support cutting their dinner up. Staff did this and stopped when the person told them it was fine.

People said that they felt listened to and their views were taken seriously. A relative told us, "They had a big meeting here recently with clients and relatives. We talked about the care, staffing, outings, everything that people wanted to mention and any other concerns." "I felt the management listened and will act on what was said". At the meeting some people stated they wanted to go out more in the evenings. The registered manager arranged for this to happen and made sure there was enough staff available to support people to do this. People, their relatives and friends wanted more family get togethers and more barbeques at the service. This was arranged and everyone was able to meet up more for events organised by the staff.

If people or their relatives raised any issues they said these were dealt with quickly. People's key workers spent time

with them finding out if they had everything, if they were alright and if they wanted anything. There were regular meetings for people, their relatives and staff. The minutes showed these were an opportunity to share ideas, keep up to date with good practice and plan improvements. Staff said there were always opportunities to discuss issues or to ask advice. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions.

People said, "I've not had to make a complaint but if I have anything I would speak with the manager and she would deal with it." Another person said, "There is a notice up on how to make a complaint. Everyone is very approachable and will help. The manager is very good and will action whatever needs to be done." A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. There had been no complaints made to the service in the last 12 months. There was a complaints procedure available to people and to relatives and anyone else who visited the service. The complaints procedure was written in a way that made it understandable for people.



# Is the service well-led?

## Our findings

People and their relatives thought the service was well led. They knew who the provider was and said they had the opportunity to speak to them whenever they wanted. One person told us, “The owner came and had a chat with me yesterday. I had a problem with the pump on my bed. He got me a new one in 24 hours. He sorted it all out”. People told us the registered manager was available and was always stopping for a ‘chat’ to make sure everything was alright. Staff told us that the registered manager and provider were very approachable and were part of the team. They checked that the staff were happy with everything on a regular basis. Staff said they offered good leadership and direction.

The registered manager completed monthly quality checks on areas of the service. The registered manager had audited care plans and risk assessments but the shortfalls found at the inspection had not been identified and action had not been taken to improve the systems used to make sure people were receiving safe, effective and responsive care.

The registered manager had recently identified that cleaning schedules used were not adequate and that some things were being missed. They improved this by implementing a different system and making sure staff had designated responsibilities to make sure all the equipment was clean and maintained.

The service had a registered manager in place who was supported by a deputy manager, nurses and care staff. The owner of the service spent a lot of time at Bethany House and was available whenever they were needed. People and staff told us that the registered manager was open and approachable. The registered manager had a good knowledge of the people who used the service. The main office was centrally located within the service, which meant the registered manager was available to people and visitors. Throughout the day the registered manager and the provider spoke to people, staff and relatives.

Our observations and discussions with people, staff, visiting professionals and relatives, showed there was an open and positive culture between people, staff and management. The organisation’s visions and values were to support people to be as independent as possible while keeping them safe. They wanted to make sure people reached their full potential and they wanted to provide them with the opportunities to do this. They aimed to provide them with choice and care, which was personalised to their needs. The registered manager had organised a singer to come and spend time with a person who due to their medical condition had difficulty speaking. The person’s speech improved greatly with this intervention and they were singing.

The provider asked people for feedback. They had set up a web-site so that anyone involved with the service could make comments or complaints. These could be done anonymously if it was the person’s choice. The registered manager sent out satisfaction surveys to people their relatives and other agencies who were involved with the service. Where people had made comments or suggestions these had been responded to and action taken. The feedback was positive. Comments were, ‘I have always felt the staff to be friendly and helpful. I feel confident that my relative is being cared for by a skilled and competent team who care for them in a kind and respectful manner’. ‘Excellent care given to my relative and support for our family during a very difficult time’.

Maintenance work and the up-keep of the building was on-going. When someone wanted their bedroom decorated this was done.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager of the service was aware that they had to inform CQC of significant events in a timely way. We had not received any notifications from the service in the last 12 months. This was because no important events that affected people had occurred at the service.

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 did not take formal enforcement action at this stage. 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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person had not made sure that there were suitable arrangements in place to gain consent of people in relation to the care and treatment provided for them.</p> <p>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The provider had not taken proper steps to ensure the appropriate delivery of care, support and treatment to meet people's individual needs and ensure their welfare and safety.</p> <p>Regulation 9 (1)(b)(i)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The provider had not taken the necessary steps to protect people against the risks of unsafe or inappropriate care by means of keeping an accurate record in respect of each person to reflect the care, support and treatment they needed.</p> <p>Regulation (20)(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>

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.