

Quality Homes (Midlands) Limited

Bethrey House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Bethrey House is a residential care home providing personal and nursing care to up to 19 people. The service supports older people some of whom were living with dementia and mental health issues and younger adults. At the time of our inspection there were 17 people using the service.

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

Systems and processes in place to check the quality of the service people received were not consistently identifying areas for improvement. For example, care records had entries which were not appropriately described by staff, some records of interviews for staff vacancies were not on file and some care plans lacked detail. The registered manager understood their responsibilities for managing the home and ensured they followed duty of candour. The provider worked in partnership with other agencies and involved people, relatives and staff in the service.

People were safeguarded from abuse by staff who understood how to recognise the signs and report any concerns. Risks to people's safety were assessed and plans put in place to reduce them. People were supported by enough staff to meet their needs. People were supported by staff who understood how to protect them from risks related to the spread of infection. Any incidents were investigated, and learning shared to reduce the risk of reoccurrence.

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 supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (4 February 2021)

Why we inspected

We received concerns in relation to the management of the service and people's safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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

The overall rating for the service has changed from requires improvement to good based on the findings of

this inspection. However, we have found evidence that the provider needs to make some improvements. Please see the well-led sections of this full report.

Recommendations

We have made a recommendation about window restrictors.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Bethrey House

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 two inspectors and an 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

Bethrey House 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 and professionals who work with the service. 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 12 people about their experience of care and 2 relatives. We observed people receiving care. We also spoke with 5 staff which included the registered manager, deputy manager and care staff. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including medicine audits, care plan audits and the training matrix were also 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 has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection people's risks had not been assessed and planned for. At this inspection improvements had been made and people had risk assessment and care plans in place to guide staff.
- People had risks to their safety assessed and planned for. Risk assessments and plans were in place and reviewed regularly. For example, risks around meals had been considered for one person and another had skin integrity risks identified. We saw staff ensured these risks were managed in line with people's plans.
- Staff understood risks to people's safety. Staff could describe how they used the information in people's care plans to guide them to keep people safe and we saw staff use risk management strategies throughout the inspection.

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- At the last inspection we found recruitment systems required strengthening. At this inspection the provider had made improvements to the recruitment processes.
- Staff were recruited safely. We saw checks were completed to ensure staff were suitable to work in their role.
- There were enough staff to meet people's needs. One person said, "It is very safe here, just the way staff are is brilliant, only got to press button and they come day and night."
- People had their needs met at the times they needed it. Staff told us they were always able to support people when they needed it and our observations during the inspection supported this.

Using medicines safely

- People had their medicines given to them as prescribed. One person said, "The staff give me my tablets and I take them, I am on antibiotics at the moment for my leg, the staff got the doctor to see me."
- Medicines were stored safely. We saw medicines were stored in locked facilities and refrigerated where needed. Checks were carried out on the storage area for example to ensure the room temperature remained safe.
- Medicines administration records were accurately completed and there was guidance in place for staff. We saw staff used the details in peoples care records to guide how medicines should be administered. Records we checked were accurately completed including the use of body maps to record where topical medicines had been administered.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff had received training in how to recognise abuse and could describe how they would report any concerns they found.
- People felt safe living at the home. One person said, "The staff are always helpful, the place is secure, and when you ask them, they help you."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

People could receive visitors whenever they wanted to the home had spoken to people and relatives about how best to facilitate visiting and keep people safe. The home offered a booking system for visiting following feedback.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Incidents were reviewed to consider what actions were required to prevent this from happening again for example, where falls occurred people had their care plans and risk assessments updated and other professionals advice sought when needed.
- Incidents were reviewed to look for patterns and trends and wider learning. The registered manager had a system in place to review all incidents which occurred and consider any wider learning.



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 remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our last inspection we found quality assurance systems were not identifying concerns with medicines guidance, recruitment practices and guidance in care plans around personal evacuation plans. At this inspection we found some improvements had been made but more were needed and some required embedding further.
- Further improvements were needed to recruitment documentation. We found not all staff had copies of their interview records on file, however checks had been completed and staff were safely recruited.
- Further improvements were needed to the care plans and risk assessments. Some care plans lacked detail and did not match staff knowledge about people. For example, one person requires equipment for pressure care, and this was not clearly documented in their care plan, however we found this was known by staff and used to keep the person safe.
- Improvements were needed to how staff documented information about peoples care needs and delivery. For example, some comments in incident forms used inappropriate language. This had been discussed in a staff meeting earlier in the month, but the registered manager said they would remind staff of requirements, we will check this at our next inspection.
- We could not be assured window locks in place were of a suitable standard. We found checks were carried out regularly on window locks and any repairs required were completed but we could not be assured these met with current guidance. The provider said they would investigate this and make arrangements for any required changes to be made.

We recommend the provider seeks advice from a reputable source about the provision of suitable window restrictors and ensures these are fitted, we will check this at our next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the home was nice and they were happy with how they received their support with anything they needed. One person told us, "The maintenance man is brilliant put up all my photos, always doing something for us."
- People were supported in a way which considered their protected characteristics. People had their preferences considered within their care plans which included their religion, culture and communication

needs.

- People were involved in discussions about how they spent their time. We saw people discuss what activities they wanted to do with staff support that day and make choices about what was on offer. We saw people enjoyed the activities and staff supported them to
- Staff were supported in their role and had opportunities to have supervision and meetings with managers about areas of improvement.
- People were very positive about the home's environment and cleanliness, safety and how the home was run. One person said, "My bedroom is clean, the staff do my laundry, no problems, everywhere is clean, maintenance is done, and everything seems alright".
- The registered manager understood their role and responsibilities. The registered manager could describe how they supported staff and engaged with relatives about the service. One staff member told us, "Staff meetings are held about every 3 months. The home has a friendly atmosphere, management are great, and staff are good."
- Relatives felt involved in peoples care and felt able to raise concerns where required. One relative said, "The registered manager is very approachable, I would ring and speak to [manger's name] if I had any concerns, I am very satisfied with quality of care".

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 was aware of their responsibilities under duty of candour. We saw where incidents occurred relevant people had been informed.

Working in partnership with others

- The registered manager worked in partnership with other agencies to plan peoples care. We saw doctors, nurses and social workers were involved in developing peoples care plans.
- The registered manager used feedback from other agencies to make improvements. For example, we saw local commissioners had worked with the registered manger to make changes to the way supervisions were monitored.