

Franklin Homes Limited

Bethany House

Inspection report

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Bethany House is a residential care home providing personal and nursing care to 6 people at the time of the inspection. The service can support up to 8 people.

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

Right Support

More work was needed around identifying and supporting people to achieve their aspirations and goals. The provider had recognised this and was working towards this as part of the ongoing work with the care records.

The service had not been regularly maintained and updated over the years. As a result of this, as well as a recent fire in the service, a large amount of renovation and repair was required. This work was all taking place at once. The level of building work undertaken impacted people living at the service and this hadn't been taken into consideration or effectively communication to people or staff.

Staff enabled people to access specialist health and social care support both in the community and in the service.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Staff supported people to play an active role in maintaining their own health and wellbeing wherever possible.

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.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care, treatment and support plans reflected their range of needs, however, more work was needed around promoting their wellbeing and enjoyment of life.

Right Culture

Staff knew and understood people well and were responsive, supporting their right to live life of their choosing.

Staff recruitment was on-going, but most contract staff had worked at the service a long time which supported people to receive consistent care from staff who knew them well.

There was evidence of people being involved in their care plans and feedback sought around any issues. However, more work was needed to evaluate the quality of support provided to people, involving the person, their families and other professionals as appropriate. More work was needed to enable people and those important to them to work with staff to develop the service.

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 25 August 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements had been made but we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 28 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, the environment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

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 House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, the environment and governance at this inspection.

We have made a recommendation around how the provider involves and consults with people using the service. We have also made a recommendation around reviewing people's capacity and access to advocacy services.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 effective?

The service was not always effective.

Details are in our effective 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 ●

Bethany 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

The inspection was carried out by one inspector and an Expert by Experience who made calls to people using the service and their relatives. 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 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. Bethany House is a care home without nursing care. 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 not a registered manager in post. A new manager had been appointed but was not yet working at the service at the time of our inspection.

Notice of inspection

This inspection was unannounced on both days.

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 5 people who use the service and 3 relatives about their experience of the care they received. We spoke to 8 staff members including the head of service, a registered manager supporting Bethany house from a sister service, senior support workers and support workers. We reviewed 3 care records, 3 medication administration records, policies and quality checks the providers carried out and meeting minutes.



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. 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.

Assessing risk, safety monitoring and management;

At the last inspection we found the premises and equipment were not clean, or properly maintained. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) 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 15.

- The safety of the living environment and equipment in it were not well managed by way of checks and action to minimise risk.
- A safety certificate was not in place for one piece of equipment used for lifting people. The provider reported that this equipment wasn't in use. No signage or documentation was in place to identify that this should not be used.
- The environment had not been well maintained. Renovation and repair works had started at the time of the inspection following a recent fire in the service. The works being carried out had not taken into consideration the disruption or impact to the people living at the service.
- One relative told us, "It's not very clean, over the years the standard has been going down. Lack of care of the building. The en-suite was broken and therefore their personal washing was not easy to do".

We found no evidence that people had been harmed, however the premises and equipment were not clean or properly maintained. This placed people at risk of harm. This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people required monitoring equipment to alert staff to risk this was not always in place and available. Staff were not always aware this was not in place and this was not reflected in care plans or risk assessments.
- Actions identified in a fire risk assessment carried out in April 2022 had not been actioned in a timely manner.
- Care plans and risk assessments did not always include the necessary safety information for some people. For example, one person was at increased risk of pressure sores, there was no mention of the air mattress in place in care plans or risk assessments.
- Risk assessments around the changes to the environment were not always in place or thorough enough. This included the personal emergency evacuation plan for one person who had moved bedrooms. The door

to the bedroom did not meet fire safety standards.

We found no evidence that people were harmed as a result of this. However, the provider failed to do all that was reasonably practicable to mitigate the risk. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action to mitigate the risks and review and update relevant documents when this was raised during the inspection.

Preventing and controlling infection

At the last inspection the provider failed to assess the risk of, and prevent the control of infection is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 12.

- Staff were not wearing face masks on the second day of inspection, in line with current government guidance and the providers own policy and procedures.
- People were not always being supported to maintain a safe, tidy and clean bedroom. Records reflected that people hadn't been supported to tidy and clean their bedrooms.
- All relevant staff had completed food hygiene training, however, staff were not always following correct procedures for storing food. For example, raw meat was not being safely defrosted.
- The poor maintenance of the building impacted the ability to ensure the effective cleanliness of the service.

We found no evidence people had been harmed as a result of this. However, a failure to assess the risk of, and prevent the control of infection is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they were in the process of recruiting a new cleaner and the renovation and repair works had started to improve standards. Risk assessments around COVID-19 had been put in place since the last inspection.

Learning lessons when things go wrong

- The service did not manage incidents affecting people's safety well. Staff recognised incidents and reported them appropriately, but these were not investigated, and lessons learned were not identified or shared.
- Processes were in place for managers to review, identify and action recommendations from incidents but these were not being followed.
- Where serious incidents had occurred, the service did not always review them to learn and improve the safety of the service. For examples, lessons were not learnt from a recent fire evacuation to mitigate future risk.

The shortfalls around incident management and systems and processes have been addressed in the well-led domain.

Using medicines safely

At the last inspection medicines were not always managed safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider was no longer in breach of this part of regulation 12 due to improvements made around medicines management.

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People could take their medicines in private when appropriate and safe.
- People received support from staff to make their own decisions about medicines wherever possible and knew their goals around medication management. One person was now self-medicating which was an identified goal on admission. Another person told me about the on-going plans to reduce their medicines and the progress around this.

Staffing and recruitment

- Safe recruitment processes were in place and new staff told us they received a good induction.
- The experience and skill mix of staff supporting people was not always appropriate. At times we observed new staff and agency staff unsure of how to support a person when they became distressed.
- People told us that there was a high number of agency staff and this impacted on the quality of care they received. The provider told us they were trying to recruit more permanent staff.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People told us they felt safe with the staff they knew and could raise concerns to them.

Visiting in care homes

- The provider was supportive of people having visits in the care home and accessing the community independently and to meet family and friends.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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)

- Nobody at the service was subject to a DoLS authorisation. We asked the provider to formally review one person's capacity around their care and treatment based on our observations and concerns around their capacity.
- People had signed and consented to care and support plans, however formal capacity assessments were needed for one person where there were concerns around their ability to provide consent.
- Generic information about advocacy was included in all the care plans we reviewed. However, where people had no family or other relevant person to support them this wasn't always utilised. People told us they would be interested using an advocacy service, one person was utilising advocacy services. We recommend the provider reviews their processes around reviewing people's capacity and access to advocacy services in line with best practice.

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

- Issues with the environment had been raised at the previous inspection. At the time of the inspection a significant amount of repair and renovation work had started across the service. Staff felt there had been a lack of consultation and consideration given to people's sensory and mental health needs during the works.
- One staff member told us, "Workmen are coming to do a job, but they are not aware of the needs of people. It's very intrusive especially when people have autism".
- People had personal items in their bedrooms, however rooms needed new furniture and redecorating to make them safer and to meet people's needs.

Staff support: induction, training, skills and experience

- Staff didn't always feel supported by the temporary management support in place. However, staff told us their peers and seniors support workers were approachable and supportive.

- People were supported by staff who had received relevant training.
- One staff member told us how they had received a thorough induction and had time to get to know the people they would be supporting.
- Staff told us they received appropriate training and welcomed the re-introduction of face to face training.

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

- Staff had a good understanding of people's nutritional needs, preferences and dietary needs.
- People were encouraged to be independent where possible with food preparation. We observed people preparing their own meals and staff preparing and assisting other people with meals.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. People had the option to store snacks and drinks in their bedrooms.

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

- People had health passports in place which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. For example, people had input from epilepsy specialist and the community mental health team where needed.
- Some people played an active role in maintaining their own health and wellbeing and their independence with this was supported where possible. One person proudly told us how they arranged and attended their GP appointments independently.

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

- People had care and support plans that were personalised, holistic, and reflected their needs, including physical and mental health needs. These had recently been developed and reviewed and further work was on-going around people's goals and aspirations.
- Some people had been involved in developing their own care plans.
- Staff completed a comprehensive assessment of each person's physical and mental health on admission.

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. 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 the last inspection the provider failed to ensure systems and processes were in place to assess, monitor and improve the service. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst there had been noted improvements around the audits and safety checks in place there were still issues found at this inspection and the provider continued to be in breach of regulation 17.

- Checks had been implemented around the environment and equipment within the service, however, these had failed to identify and address issues we found on inspection. For example, safety certificates not in place for lifting equipment and issues around fire safety.
- Issues with the environment that had been highlighted both on internal audits/checks and by external professionals had not been addressed in a timely manner. For example, actions raised in April 2022 by a fire officer.
- Accidents and incidents were not reviewed to identify issues or trends to inform future learning and prevent future incidents. For example, we identified incidents relating to seizures which highlighted that the persons care plan was not being followed at that time. This had not been identified and addressed by the provider.
- Monitoring checks required to ensure equipment was in good working condition were not always carried out. We found an airflow mattress to be deflated on day 2 of the inspection. There was no guidance for staff around monitoring of this. Mattress audits in place did not reflect this specialist equipment.
- At the time of the inspection there was not a registered manager in post. This is a condition of the registration for this service. The provider had recruited a manager however they had not started working at the service at the time of our inspection.

The provider failed to ensure systems and processes were in place to assess, monitor and improve the service. This was a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to explain their role in respect of individual people without having to refer to

documentation.

- In the absence of a registered manager, managers from other services and other supporting managers were working with the service to drive improvement. For example, improvements to the care plans and the environment.

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

- The lack of a consistent registered manager had impacted on the culture of the service. One person told us, "We don't have a manager as of yet, I don't feel like there is support from managers, but colleagues are supportive. 2 different managers come in once a week which doesn't build a relationship or trust or make me feel supported. I'm not able to approach them with a problem". Other staff members felt able to raise their concerns with the supporting managers but were more inclined to seek support from senior support workers.

- One person had raised their concerns in writing both formally and informally with the provider and were happy with the action taken. One person told us, "You can tell a carer, but they don't always pass it on".

- People were not always empowered to set and achieve goals or aspirations and there was a lack clear outcomes for people. There was a lack of social stimulation and activities within the service to help people achieve their personal goals. For example, two people had identified wanting more social engagement and interaction but there were no plans around how to help achieve this. The provider was aware that this was an area for improvement and was working on this.

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

- There were no relative meetings held and relatives told us they had not been asked for feedback or been given any updates.

- Staff meetings were held, and staff were able to raise concerns, however, concerns raised had not always been actioned. For example, staff had requested protective equipment on two separate occasions, and this had not been put in place.

- People and staff told us they had not been updated or consulted about the renovation work. One staff member told us, "There has been no involvement in what is happening in the home, workers ask staff questions, but staff don't know what is happening. Staff tell residents what they know, but no clear communication".

We recommend the provider reviews their processes around internal communication and involvement and consultation of people using the service.

- People had been spoken with on an individual basis to get feedback and discuss any concerns they may want to raise. Easy read surveys had also been developed and the feedback was reviewed with actions identified for improvement.

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; Working in partnership with others

- The provider understood the requirements around duty of candour. Where concerns were raised, these were investigated and the relevant persons informed.

- The provider worked well with other partner agencies to get people the relevant support. The provider had specialist behavioural therapist who worked with people to get better understanding of their support needs.

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 provider failed to do all that was reasonably practicable to mitigate the risk. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The Provider failed to assess the risk of, and prevent the control of infection is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises and equipment were not clean or properly maintained. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 provider failed to ensure systems and processes were in place to assess, monitor and improve the service. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

