

Bethshan Nursing Home Limited

Bethshan Nursing Home Limited

Inspection report

Yewbarrow Close
Whitehaven
Cumbria
CA28 8HB
Tel: 01946 590071
Website:

Date of inspection visit: 14 September 2015
Date of publication: 22/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 14 September 2015 and was unannounced. We last inspected this service on 5 February 2014. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Bethshan Nursing Home is located on the outskirts of Whitehaven in a residential area. The service provides support for up to 33 people who may require nursing care

and may also be living with dementia. Accommodation is provided on two floors and there is a passenger lift to help people to access the first floor. The home has a range of equipment suitable to meet the needs of people living there. The home mainly provides support to older people. All bedrooms are ensuite.

Summary of findings

The general nursing unit is on the first floor and the lower ground floor is designated for the care of people with dementia.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

Everyone we spoke with told us people were safe and well cared for in this home. People knew how they could raise a concern about their safety or the quality of the service they received.

The service had carried out risk assessments to ensure that they protected people from harm.

There were enough staff to provide the support that people needed. People received their care from staff who they knew and who knew how they wanted to be supported. Medicines were ordered, stored, administered and disposed of correctly.

Staff had developed caring relationships with people who used the service. People were included in decisions about their care. The staff knew how people communicated and gave people the time they needed to make choices about their lives and to communicate their decisions.

The staff knew how to identify abuse and protect people from it.

The staff spent time with people and understood that this was an essential part of their role. The staff were trained and supported to provide people with the care they required. Support plans were based on thorough assessments and were written using a person centred approach.

People were provided with meals and drinks that they enjoyed. They were supported to take a good diet that was based on an assessment of their nutritional needs. People who required support to eat or drink received this in a patient and kind way.

The manager of the home was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Mental Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager understood their responsibility to ensure people's rights were protected.

The atmosphere in the home was open and inclusive. People who lived there and their visitors were asked for their views and their comments were acted on. There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted.

The service had sufficient staff to meet people's needs.

The registered manager provided good leadership.

The provider had systems in place to ensure the delivery of good quality care.

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 safe.

People were protected against abuse because the staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

There were enough staff to provide the support people needed. Thorough checks were carried out on new staff to ensure they were suitable to work in the home.

Medicines were handled safely and people received their medicines as they had been prescribed as by their doctor.

Good



Is the service effective?

The service was effective.

Staff were trained and supervised to ensure that they had the skills and knowledge to provide the support individuals needed.

People's rights were protected. Their agreement was sought before they were provided with care. The manager was knowledgeable about the Deprivation of Liberty Safeguards and how to protect people's rights.

People received appropriate nutritional support. Where people needed support to eat or to drink this was provided.

Good



Is the service caring?

The service was caring.

People received the support they needed from staff who they knew and who treated them with kindness and respect.

The staff spent time with people and understood that this was an essential part of caring for people.

People were included in decisions about their care and their lives. The staff supported people to maintain their independence and protected their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Care plans were based on comprehensive assessments. The service had gathered information about people's background and their personal histories.

There were no restrictions on when people could receive their visitors. People could see their families and friends when they wanted to and could maintain relationships that were important to them.

The registered provider had a procedure to receive and respond to complaints. People knew how they could complain about the service if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The atmosphere in the home was open and inclusive. People were asked for their views of the home and their comments were acted on.

The registered manager spent time with people who used the service and with the staff to ensure that the service provided was of a satisfactory standard.

There was a quality assurance system in place. The manager and registered provider were open to feedback about the service and took prompt action to address areas which required improvement.

Good



Bethshan Nursing Home Limited

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 the 14 September 2015 and was unannounced. This was carried out by an adult social care inspector, an expert-by-experience and a specialist professional advisor in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This included experience of caring for older people and people living with dementia.

We spoke with ten staff including the registered manager and the home's owners, 17 people who used the service and one visiting professional. We looked around all the communal areas of the home and with people's permission some bedrooms.

We looked at six written records of care and other policies and records that related to the service including quality monitoring documents. We checked five staff files in detail relating to recruitment, supervision and training.

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.

We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local authority and local health care providers to obtain their views of the home. We planned the inspection using this information.

Is the service safe?

Our findings

People who used the service told us they felt safe, one person stated, “I feel well cared for and never have any worries about my safety. I used to fall at home but now the staff keep an eye on me.” Another said, “The staff are marvellous. I could speak to every single one of them if I had any worries or concerns. I have full confidence in the home and the manager.”

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. We spoke with three members of staff individually. They were able to explain how to identify and report different kinds of abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

We saw that people who used the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. For example it had been identified that some people who used the service were at risk of developing pressure ulcers, also known as bed sores. Support plans had been put in place to ensure that people’s skin condition was regularly monitored to ensure they received the correct treatment in a timely manner.

We looked at accident records and found that these were managed correctly. We noted that any accidents or incidents with individuals in the home were analysed and suitable risk management plans put in place.

We saw records that showed that the equipment in the home was serviced and maintained regularly to ensure that it was safe to use. The training given to staff and the regular maintenance of equipment ensured that people who lived in the home were protected against the unsafe use of moving and handling equipment.

We spoke with the registered manager and asked how she ensured that there were sufficient staff to meet people’s

needs. The registered manager explained that the number of staff was based on the identified needs of the people who used the service. During our inspection we observed that staff met people’s needs in a timely, efficient manner. We noted that call bells were answered promptly and we did not see anyone have to wait for staff attention. We also noted that communal areas always had a staff member present to ensure that people were safe.

We reviewed recruitment procedures in the service. The registered manager explained that they advertised in the press when there were job vacancies in the service. All potential candidates were interviewed with the registered manager present. If they were successful criminal records checks were carried out and references would be sought. The registered manager showed us evidence that all of the current staff in the service had up to date employment checks including whether they had a criminal record. All this information helped to ensure only suitable people were employed to care for vulnerable people.

The registered provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow including in the event of a fire or of the lift breaking down while a person was using it. The staff we spoke with told us that they had regular training in the actions they needed to take if there was a fire. This meant the staff knew how to protect people if there was an emergency in the home.

During our inspection we found that the home was clean and free from odours. This helped to ensure people’s dignity. We found that the home had effective systems in place to ensure that the home maintained good hygienic levels and that the risk of infection was minimised.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

Is the service effective?

Our findings

We asked people if they thought staff were experienced and were meeting their needs. One person said, “Yes they’re all good and I know they are always doing training.”

We asked relatives the same question. All the relatives we spoke to were very happy with the care and treatment received by their relatives. They told us, “We were involved in all the care planning.”

“They ring us if there is anything amiss”, “Very good, no worries, my (relative) gets admitted to hospital from time to time and they arranged all the transport and everything, and kept us informed. They tell us what is going on.” “They ring us if anything is wrong, they keep us informed of anything.”

We looked at training records for the staff and saw that they had received training in various aspects of health and social care including moving and handling, medication and the management of diabetes. We saw that all the staff had vocational qualifications in health and social care. We saw that the nursing staff were supported to keep up their professional qualifications and skills through advanced training in catheter care, pain management and skin pressure care.

We spoke to a senior carer who told us, “Training here is brilliant, I’m doing a management course and it has opened my eyes about the work the managers actually do. It’s so interesting seeing it from that side”.

We spoke with the registered manager and asked about the supervision and appraisal of staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. The registered manager told us that all staff had received supervision six times per year. This included the registered manager spending time observing the staff while they worked. Staff we spoke with confirmed this. We looked at appraisal records for the service and saw that they were up to date.

The registered manager told us that she frequently checked and researched national good practice. She said this had been particularly effective in finding a new method of pressure ulcer care. She told us, “It just didn’t seem to be getting much better despite our best efforts and trying

several prescribed treatments. But working with the tissue viability nurse, we decided to try the Negative Pressure Bandage Method and it worked a treat”. I’m so proud of my nurses as it is almost better now”.

We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people’s best interests. We saw that the service worked closely with professionals from the local authority to ensure that people’s rights were upheld.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people’s best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as being deprived of their liberty.

We asked people what they thought about the food provided in the home, one person said, and “The food is lovely, its all home cooked and I’m always offered seconds if I want it.”

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. In addition to the service’s assessment professional advice from dieticians and speech and language therapists had also been obtained. People’s weight was monitored on a regular basis. This helped staff to ensure that they were not at risk of malnutrition. We observed the lunchtime meal and saw that people received individual support in a discreet and patient manner, with equipment available to be able people to eat as independently as possible.

People commented on the high quality of the meals and we saw that fresh vegetables, salad and fruit was readily available. We spoke to the cook who was very knowledgeable on the dietary needs of older people. She discussed the ways in which to make a variety of meals for specific needs, such as high calorific and high protein foods that were both nutritious and appetising.

Is the service effective?

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care. This included GPs and other associated healthcare professionals. This supported people to maintain good health.

We looked at the environment and saw that areas of the home had been developed to enhance people's life at Bethshan Nursing Home. We saw that the home was

adapted to be dementia friendly with clear signage and recognisable doors. One room had been adapted to suit a specialist health need with wider doors, larger bed and specialist moving and handling and shower facilities. One member of staff said, "The equipment is really easy to use, it does everything for us, so no lifting to do at all and it's so much nicer for the person we care for."

Is the service caring?

Our findings

We asked people if they felt well cared for at Bethshan Nursing home. People told us that the staff were caring and looked after them. One person said, “It’s lovely here, I get asked about stuff, it’s so nice I wouldn’t say so otherwise.” Another said, “The staff are so nice to me, it’s lovely here” and “I really love living here, it’s my home”. And another said, “The staff are really kind and are always happy and smiling, they will do anything for you”. We spoke with one person resting in their room who said “The girls are very nice to me. The girls (staff) brought that for me” indicating a lovely large artificial flower arrangement “for my golden wedding, wasn’t that nice.”

We observed staff caring for people in a relaxed, warm and friendly manner. Staff took time to speak with people who used the service. On occasion we saw that non care staff who worked in the home such as kitchen staff and the handyman took time to sit with people and chat. We observed staff sitting talking to people and engaging in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted that staff took every opportunity to engage with as many people as possible. For example by bending down to ask if a person would like more tea, by touching a person’s hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

One staff member told us that one person liked to have their hair brushed and we saw this happening after lunch, this person and the staff member took it in turns to do each other’s hair and they were chatting all the time this was happening. We saw across the inspection how staff used touch as a way of conveying warmth and reassurance.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. We saw that many people who lived in the home were capable of making their own decisions about the way they chose to live. We observed on several occasions people approaching the manager and

staff and expressing their points of view. We were also approached by people who wished to discuss the service and were quite clear in their opinions. This was obviously a normal thing for them to do.

Both people who used the service and their relatives were able to attend ‘resident and relative’ meetings if they wished to express their views in a slightly more formal manner.

We saw that people were able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this.

People’s privacy and dignity was upheld. We observed that staff took care to ensure people’s doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people’s privacy and dignity was important. When we looked at people’s care plans we noted there were references to maintaining people’s privacy and dignity throughout.

The plans were very clear on ensuring that support was given to the right level and did not undermine people’s independence. One person said. “I get super care here, I look after myself a lot, but they come if I call them.” Another person told us she was supported by staff to carry on being an agent for a catalogue. Staff told us that this was very important to this person and we could see how this promoted this person’s self-esteem.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

We saw that staff were trained how to provide appropriate end of life care for people who chose to remain in the home towards the end of their lives. The training included information on how best to support people with nutrition, hydration and medication to ensure their death was as comfortable as possible.

Is the service responsive?

Our findings

We asked people if they felt the service was responsive to their needs. “One person told us, “I’ve been really pleased with my decision to move here. The home is really good at managing my condition, which can change from one day to the next.” Another told us, “It’s great here. I love doing my jigsaws. We’re going to sell them at the next coffee morning the home has. I like to do something for other people and I’m selling them for charity.”

People told us they knew they had a care plan and some said they had been involved in setting it up. A few people said they had left this for their families to do. They also said that they were asked frequently about entertainments and activities. One person said that they often went into town shopping with staff support.

A visiting healthcare professional we spoke with told us, “There are no problems in this home. They are really good at only getting in touch when they need to; we have a really good working relationship. There’s never any issue with the staff following our advice or instructions.”

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people’s needs. For example some assessments indicated that people needed support to mobilise. Plans were in place to ensure that people were supported to mobilise correctly and appropriate equipment had been purchased.

The standard of care plans was good and they were written in a clear and concise manner. The service had gathered information about people in order to ensure that care plans were person centred. For example information about people’s likes and dislikes were used to formulate care plans relating to people’s daily routine and their nutrition. The service had also made the effort to compile people’s personal histories.

We looked at how information was handed over from shift to shift within the service. We saw that ‘handovers’ were thorough and contained relevant information to ensure that people were cared for consistently throughout the day and night.

People told us that they received the care they needed at the time they needed it. People told us they were given the choice on how to spend their time within the home. They said the staff knew their preferences about how they wanted to be supported. One person told us, “I have to rest in bed for part of each day, I like to watch my television and do my puzzles. The staff make sure I have the TV remote and that my books are where I can reach them. They are always popping in for a chat to keep me company.”

People were able to maintain the relationships that were important to them. Everyone we spoke with said they could see their families and friends at any time they wanted to. Visitors we spoke with told us that there were no restrictions on when they could visit their relatives in the home. One person told us, “We can come when we like, more or less, but they don’t like you in the dining room when people are eating, which is fair enough, but we go to our (relatives) room, that’s no problem. They often offer us drinks and cakes. We are very pleased with everything.”

No one that we spoke with raised any concerns about the support they or their relatives received. People told us they knew how they could make a complaint but said they had never needed to do so. One person told us, “I don’t have any complaints about the staff or the home”. Another person said, “The owners are in and out a lot so we know them really well and I know I can have a word with them whenever I want.” People told us that if they had any concerns they would speak to the manager, the nurse on duty or to the owners.

The registered provider had a procedure to receive and respond to complaints. We saw that a copy of the complaints procedure was displayed in the entrance to the home. People could speak to the manager of the home or refer a complaint to the owners. This meant that people could raise concerns with a senior person in the organisation who was not directly responsible for managing the home.

Is the service well-led?

Our findings

We spoke with people who used the service and asked if they thought the service was well led. People told us the registered manager was 'hands on' and spent time with people. One person had recently seen her planting flowers outside their bedroom window, they told us, "I see a lot of the manager, she is really good." Another said, "We see the owners a lot as well. They come and see me for a 'crack' and we catch up on things and put the world to rights. I can always tell them how things should be run here, and they do it."

People told us that they were included in agreeing to the support they received and in all decisions about their care and their lives in the home. Some people told us that they attended meetings where the service was discussed and where they were asked for their views about the home and any changes they would like to see to the service. We saw records of the meetings which showed that action had been taken in response to people's comments. Other people said they preferred not to attend the meetings but spoke directly to a member of staff if they wanted any changes to the support they received. They said the staff in the home asked for their views and took action in response to their comments.

During our inspection the registered manager demonstrated that they had a clear idea of how they wanted the service to develop. They were keen to access a diverse range of training for their staff in addition to the mandatory training provided.

We noted that the registered manager had devised a very thorough training programme for all grades of staff. For example the nurses in the home were all enrolled on a postgraduate training programme. When we spoke with the nurses they told us about this training in specialist areas that had enabled them to be the lead for an area in the home so that best practice could be cascaded to other staff

in the home. One said, "It's been great as a nurse you feel fully supported to keep your registration up to date. The manager goes through with you areas for development and updates and then it's organised for you. I've been in other homes where you have to do all this yourself."

The atmosphere in the home was friendly and inclusive. We saw that the staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff on duty and people who lived in the home.

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the registered manager, in conjunction with the provider, devised action plans based on the feedback from the surveys.

We looked at how the provider and the registered manager monitored the quality of the service provided at Bethshan Nursing Home. We saw that the registered manager carried out regular audits and checks. These included training audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. This helped ensure that people were provided with a high quality service.

We saw that the provider had installed electronic systems to monitor a number of areas in the home. For example one was the response times to answering people's call bells. This had been used to identify key times in the day when extra staff were required and this had enabled the manager to redeploy staff so that people's needs could be responded to quicker. This system also displayed on a large TV screen in the entrance people's feedback gained from the last questionnaire sent out by the home.