

J A Rodrigues

Bethany House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bethany House is a residential care home providing personal care for 16 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

Bethany House accommodates up to 30 people across four converted houses that have been adapted into one large house.

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

The provider's governance systems to check the quality of the service provided for people were not consistently effective and required further improvement.

Although 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 required some improvement to ensure the provider continued to support this practice.

Continued Improvements were required to the home environment to ensure it could support people living with dementia.

People were safe using the service. Staff knew how to protect people from harm and reduce the risk of accidents and incidents. The service was sufficiently staffed to ensure people's needs were met. There were enough suitably recruited staff on duty to meet people's needs and to keep people safe. People were supported by consistent staff who they got to know well. Staff supported people with their medicines and this was done safely. Staff understood how to prevent and control the spread of infection.

People were assessed before being accepted to the service to ensure the provider could meet their needs. Assessments addressed people's physical and health needs, their cultural and language needs, and what was important to them. Staff received training which helped them to deliver personalised care. The provider worked well with external health and social care professionals and people were supported to access these services when they needed them to ensure their health was maintained.

Staff were knowledgeable and kind. People and relatives told us how friendly and caring the staff were. Staff enjoyed their work and got on well with the people they supported. Staff encouraged people's independence, protected their privacy and treated them with dignity.

Some of the people using the service at the time of the inspection could not always tell us about their experiences. However, whilst on site, we saw positive interactions between people and staff and people looked comfortable with the way they were being supported. Relatives we spoke with gave us good feedback on the service and the way the staff supported their family members to remain safe. Staff provided responsive care to people in line with their preferences and choices. If people communicated non-verbally staff knew how to engage with them.

People were supported by staff who knew their preferences. Complaints made since the last inspection had been investigated and families knew who to contact if they had any concerns. Relatives and staff were happy with the way the service was being led and there was a clear culture amongst the staff team in providing person-centred care.

The provider monitored the service to ensure it continued to provide good quality care. The culture of the service was open and honest and the provider and staff were approachable. All the people, relatives, and staff we spoke with said the service provided good quality care.

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 (published 05 September 2018) and there were multiple breaches of regulation. The provider had submitted monthly reports since the last inspection to show what improvements have been made. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector on the first day and one inspector on the second day.

Service and service type

Bethany House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager (who is also the provider) registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed feedback available through Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived at the home and two relatives about their experience of the care provided. 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 also spoke with four staff members and the provider.

We reviewed a range of records. This included five people's care records and six medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.
- Staff had a good understanding of the risks to people and we saw they took care to keep people safe. For example, one person had developed sore skin and staff would encourage the person to rest and change their positioning on a regular basis.
- There was guidance for staff on how to manage risk. For example, people that required the hoist to be transferred; instructions how to use the hoist and straps were detailed within the person's risk assessment to ensure the person was moved safely.
- We saw from care records, changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the home was a safe place to be. One person said, "It's very safe living here, I'm more than happy with it (the home)." A relative said, "I do feel [person] is safe with the staff, it's the most awful thing to leave your [relative] into someone else's care but I wouldn't leave [person] if I didn't think they were safe."
- The provider and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "I wouldn't hesitate in contacting you (CQC) if I thought people were being abused."
- There were effective systems in place to monitor and manage allegations of abuse or harm.

Staffing and recruitment

- We saw there were enough staff members available to support people. No one we spoke with raised concerns about staffing levels.
- The provider had a recruitment process in place to prevent unsuitable staff working with vulnerable adults. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Using medicines safely

- Staff had completed training on how to administer medicines. Where staff supported people with their medicines, records showed there were no areas of concern. We saw staff administering medicines to people

in a safe way.

- Staff competency in relation to medicines was regularly checked.

Preventing and controlling infection

- The home was clean and free from any unpleasant smells.
- Staff had received training for infection control and used appropriate personal protective clothing when required.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the provider, with action plans introduced to learn from and reduce risk of reoccurrence.

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

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure people were not being deprived of their liberty without lawful authority. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have the capacity to make some decisions, the service had not consistently ensured decisions were taken in people's best interests in line with the MCA. For example, staff members had decided to introduce fork mashable and pureed diets for two people without following the best interests process and involvement of the appropriate healthcare professionals. This was addressed immediately by the provider on the first day of the inspection and referrals were sent to Speech and Language Therapist (SALT).
- Although staff had received training to aid their understanding of the MCA and DoLS; there was some inconsistency with some staff's responses when explaining what MCA and DoLS meant for people that lacked mental capacity to consent to decisions relating to their health and welfare. Further improvement was required with the training to ensure the provider and all staff understood what MCA and DoLS processes mean for people.
- We saw the service had applied for DoLS where appropriate and were waiting for some of these to be authorised by the local authority.
- Staff understood the importance of giving people choice and asking for their consent.

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

- The provider had made improvements to the home environment since the last inspection. For example, the re-decoration of bedrooms and corridors re-floored and re-carpeted. It is recognised the home is not purpose built. This means the provider does have limitations on what can be practicably introduced to ensure the home is completely dementia friendly.

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

- People's needs were assessed at the point of admission. People would be invited to spend the day at the home and the provider would observe staff and people interaction to ensure the service could meet the person's needs. The process included assessing people's protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements. One person told us, "The staff will ask (about care needs) but I leave all that to (relative)."
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- People and relatives told us they were confident staff had the right level of experience and knowledge. One person said, "I am very happy with the staff, they do what I need for me." A relative told us, "I think the team working here now is very helpful, they're good and all experienced."
- Staff we spoke with told us they found their training to be beneficial to their development. One staff member said, "I think the training is very good and if there is anything we don't understand we can go to [the provider] who will explain things to you." Staff also told us they received support from the management team that included appraisals and regular supervision.
- There were training plans in place to ensure staff received up to date training.

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

- We saw people were encouraged to eat their meals and received appropriate support if they were having difficulty with supporting themselves to eat.
- People were encouraged to eat in the dining room; this meant people at risk of skin damage were encouraged to move or change position regularly throughout the day, and people could enjoy a joint meal time experience.
- People at risk of weight loss were closely monitored and provided with a fortified diet (extra calories) to help them gain and maintain a healthy weight.
- Staff prepared meals and snacks for people and were aware of people's individual preferences. One person told us, "The staff know I only eat certain foods."

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

- People had access to healthcare services when required to promote their health and well-being.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs.
- People and relatives spoken with confirmed there was access to healthcare professionals when needed to maintain and improve people's health.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. They told us they would liaise with family members, the provider and others, including health and social care professionals, and seek urgent medical help for the person if necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff treating people with patience, humour and respect.
- People and relatives we spoke with told us they were happy with the way care and support was delivered. One relative told us, "I have been pleased with the care and how the staff relate to [person]."
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after.
- Staff had received equality and diversity training.

Supporting people to express their views and be involved in making decisions about their care

- We saw people were given opportunities and asked to make choices about everyday life in the home such as what drink and food they wanted and where they wanted to sit.
- People and relatives told us they felt staff listened to them. One person told us, "The staff like me to rest in the afternoon, but I don't always want to and they accept that."
- Staff told us they would always do their best to involve people in decisions about their care. One staff member told us, "We try to encourage people and we know what they can do and if they can't we'll help and assist them."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy and we saw people could spend time on their own if they so wished.
- Care plans were basic but in parts were individualised to make sure people were supported to do things for themselves where possible.
- Staff explained to us how they encouraged people to try and do some tasks for themselves to maintain some level of independence. For example, encourage people to try and transfer from their wheelchair to the lounge chair with staff on hand to support them.
- People's dignity and privacy was respected
- People were supported to maintain and develop relationships with those close to them.
- Relatives told us they were free to visit anytime and always made to feel welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we looked at were person centred and we could see people and their relatives had some involvement with the planning of care and support.
- Staff we spoke with were knowledgeable about people's care and support needs.
- Staff provided responsive and flexible care. One relative told us, "The staff recognised [person] wasn't well and immediately phoned for an ambulance, they told me straight away and were very quick to pick it up."
- Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices.
- Staff responded to changes in people's needs. For example, if staff found that a person's skin had become sore, they would make sure they contacted the provider to notify the community nursing team or discussed it with the relatives. This helped to ensure people continued to receive the right amount of care and support they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People we spoke with and their relatives told us they were happy with how they spent their time. One relative said, "[Person] won't do anything they are quite happy to watch their television." Another relative told us, "There was a trip to the garden centre recently." A staff member explained, "We do activities in the morning like skittles or singing or ball games; the residents with dementia like that kind of activities; they like ball games. We do a singalong with a dance to encourage exercise and the activities coordinator does bingo and colouring in the afternoon."
- We saw at the time of the inspection there could be more emphasis on stimulating activities for people living with dementia. For example, 'tweedle muffs' a knitted or crocheted band with items attached that people living with the dementia can twiddle in their hands. They can help to provide stimulation for the

person.

- There were opportunities for people to attend religious services should they wish.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to raise a complaint.
- The provider's procedures outlined the process for dealing with complaints. We saw there was an effective process in place to monitor complaints and record action taken to identify trends and improve the service for people.

End of life care and support

- The service was not supporting people with end of life (EOL) care at the time of the inspection. The provider had appropriate processes in place to ensure people would be supported in a dignified, personal and sensitive way.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- There was further improvement required to the provider's monitoring systems to review staff understanding about the best interests processes when decisions were being made for people who lacked the mental capacity to consent to their care and support.
- Issues had been identified concerning mental capacity assessments. The assessments were generic, not decision specific and audits had not identified this. The provider took immediate action at the time of the inspection.
- Audits of medicines had not included updating a control book on medicines that required additional checks, which had not been updated since July 2018. This was resolved at the time of the inspection.
- We recognise the provider took immediate action to rectify the issues we had identified. However, this was in direct response to our feedback and findings. Although there had been improvement since the last inspection, the provider must ensure they sustain the improvement for robust quality assurance systems to prompt action to be taken and not reliant on feedback from stakeholders.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had training and regular supervisions to ensure they continued to provide good quality care and support to people. A staff member told us, "The home is more like a family environment for residents, it comes natural to staff, we try to help one another to make sure everything is right for them [people living at the home]."
- Changes to how the service operated were discussed at staff meetings to keep staff up to date.
- The provider conducted spot checks on the support provided by staff. For example, medicine competency checks.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed in the hallway of the home.
- The registered manager had notified CQC and other agencies of any incidents which took place that affected people who used the service.
- The provider submitted monthly reports to us which met the requirements of their registration.

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

- People spoken with, relatives and staff were happy with the way the service was being led and managed. One relative told us, "There hasn't been a time where I couldn't talk to them [staff or provider]."

- Staff felt supported and told us the provider was approachable.
- The provider had strong values about how the service supported people and was committed to providing individualised care and support.
- Staff we spoke with demonstrated they were motivated and shared the enthusiasm of the provider. One staff member said, "The quality of care is good, we work around the clock to make sure residents are comfy."

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 provider had notified relatives, the local authority and CQC of any incidents as they are required to do so.
- We found the provider to be open throughout the inspection about what the service does well and what needed further improvement.

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

- People were supported to have their say in their day to day care and support. One person told us, "There isn't anything else I need, I am quite happy here, they [staff] ask me what I want or if there is anything else I want, it's ok."
- Relatives told us the provider and staff kept in regular contact with them.
- Staff told us they felt listened to and their suggestions for improvements were valued. One staff member said, "[Provider] is a bit picky but that's because he wants to make sure residents are safe. He's very professional and pays attention to detail about the way we work; he's here every day and that's good if any of us have a problem, he's there and he understands."

Continuous learning and improving care. Working in partnership with others

- The provider had worked in partnership with other health care organisations for people's benefit. For example, we saw evidence in people's care plans of the provider working with the district nurses and the local GP.
- The provider and staff displayed a commitment to improving care and support where possible.