A D R Care Homes Limited

Bethany Francis 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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

Bethany Francis House provides accommodation and personal care for up to 31 older people including those living with dementia. Accommodation is located over two floors. There were 30 people living in the home when we visited.

This inspection was undertaken on 16 February 2015 and was unannounced. Our previous inspection took place on 29 April 2014, and during this inspection we found that not all the regulations we looked at were being met. There were breaches of two regulations. These were in respect of the environment and quality monitoring of the service. The provider sent us an action plan informing us of the actions that they would take to ensure that they were compliant with these regulations. During our inspection on 16 February 2015 we found that some improvements had been made.

The home had two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw that the registered manager had followed guidance and had submitted two applications for people who were potentially having liberty their deprived. Staff we spoke with were unclear about the process to follow if people were being deprived of their liberty or where they had not got the capacity to make decisions. This put people at risk of having their liberty being deprived or a decision not being made in their best interests.

Staff were clear about the actions that they would take to ensure that people living in the home were kept safe from harm. Medicines were stored correctly and records showed that people had received their medication as prescribed. Staff had received appropriate training for their role in medicine management.

There was a process in place to ensure that people's health care needs were assessed.

Risk assessments were not up to date, and did not provide full information about the risks to people. This potentially put people at risk of receiving unsafe care.

Staff knew people's needs well and how to meet these. People were provided with sufficient quantities to eat and drink.

People's privacy and dignity was respected at all times. People told us that the staff were very kind and knocked on their door before entering. Staff were seen to knock on people's bedroom doors and wait for a response. Staff also ensured that people's dignity was protected when they were providing personal care. Where possible, people were offered a variety of chosen social activities and interests.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had a robust recruitment process in place. Staff were only employed within the home after all essential recruitment safety checks had been satisfactorily completed. Staffing levels were appropriate to meet people's needs at all times.

The provider had surveys in place to seek people's views to identify areas for improvement. However, action plans to demonstrate the improvements that were to be made following people's feedback had been made had not been written and. audits did not always demonstrate where action had been taken when improvements had been required.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have told the provider to take at the back of the full version of the report for Bethany Francis House.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Risk assessments had not been updated when people's needs changed.

Staff were aware of the actions to take to ensure that people living in the home were kept safe from harm.

There were sufficient numbers of staff to meet peoples care and support needs

Requires Improvement

Is the service effective?
The service was not always effective.

Not all staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health and nutritional needs were effectively met.

Requires Improvement

Is the service caring?
The service was caring.

Staff respected people's privacy and dignity.

Staff were knowledgeable about people's needs and preferences.

Staff spoke with people in a caring and respectful way.

Good

Is the service responsive?
The service was responsive.

People could be confident that their concerns or complaints would be effectively and fully investigated.

People had been consulted about their care needs and wishes.

Good

Is the service well-led?
The service was not always well led.

There were registered managers in place.

Although there were systems in place to monitor the quality of the service, the system did not identify that action needed to be taken and if it had been taken.

There were opportunities for people and staff to express their views about the service.

Requires Improvement

Bethany Francis House

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 was planned to check whether the provider was 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.

The inspection took place on 16 February 2015 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also made contact with the local authority contract monitoring officer.

We observed how the staff interacted with people throughout the day and how they were supported during their lunch.

We spoke with 10 people who used the service, two relatives, one of the registered managers, a senior care worker, four care staff, the cook, the handy person and one visiting health care professional.

We also looked at six people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe living at the home and what they would do if they had any concerns. One person said: "Yes, I definitely feel safe". Another person said: "Yes, I always feel safe. If I ever saw anything of concern I would tell the staff. They [staff] are all so nice". Two relatives and a visiting health care professional we spoke with confirmed to us that they had no concerns about people's safety. A relative said: "I have never had a concern when visiting. There are always plenty of people [staff] around".

Risk assessment records demonstrated that risks had been identified. Although in the records we looked at we found that these had not been written looking at the person's individual needs and some even had another person name on them. Personal evacuation plans did not include guidance for staff on whether the person was fully mobile or used a mobility aid such as a walking frame. One person's risk assessment stated that they used a wheelchair but this was not referred to in their mobility plan. Staff told us that this person did not use a wheelchair.

Information about protecting people from harm or potential harm including details of the local safeguarding authority were displayed in the main entrance. This information was available to people and visitors to the home. Staff we spoke with had an awareness of how to recognise abuse and who they would report it to. There had been one recent safeguarding incident and we saw that this had been appropriately reported. This showed us that the registered manager was clear of her responsibilities in regards to informing CQC and the local authority should any incidents occur. Staff we spoke with, with the exception of one confirmed that they had received safeguarding training. They were able to demonstrate to us what constituted abuse and what they would do if they were told, saw or suspected that someone was being abused. This meant that people were supported to be as safe as practicable

All of the staff we spoke with knew people's needs and supported people well. Care plans contained some guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. One of the care plans did not contain full guidance to staff on the actions to take if the person exhibit challenging behaviour, but staff spoken with were aware of the actions to take.

There were a sufficient number of staff employed with the right skills to safely meet people's identified care needs. We heard call bells and people calling out being answered to in a timely way and people did not have to wait for support. One person said: "Staff come when I call and I don't often have to wait very long". Two relatives we spoke with said they felt that there were usually enough staff on duty to meet people's needs. All of the staff we spoke with confirmed that, usually there were enough staff. One member of staff said: "It would be nice to have an extra pair of hands so people didn't always have to wait, but usually it's okay". The registered manager and staff confirmed that if staff rang in sick or were on training, staff swapped shifts or covered extra shifts and agency staff would only be used if required.

Medicines were stored safely. We saw that medicine administration records (MARs) were in place and the recording of medication was accurate with the exception of the records for one person who had recently been admitted for respite care. We observed a medication round and noted that the member of staff explained to people what medication they were taking and why. People who were prescribed medication to be administered as required were asked if they required this. Staff told us they had received training in the administration of medication.

One staff member told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required safety checks had been completed prior to staff commencing their employment. This ensured that only staff deemed suitable to work with people were employed.

Regular checks had been completed on electrical systems, lifting equipment, and environmental checks to ensure people were kept safe. Most areas which needed to be were safely secured for example the main entrance was locked at all times and accessed by a key pad.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in April 2014, we found the provider was not meeting the regulations in relation to the kitchen. We found that there was no clear work space, the kitchen and oven were unclean and food was left uncovered in the fridge and the oven. During this inspection we found the kitchen was clean and tidy including store cupboards and fridges. No food was uncovered and there was a clear working space. The main lounge was in the process of redecoration and out of use until the completion of the work. We were told that it would be back in operation by the end of the week.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Not all staff we spoke with were trained and felt confident in understanding when an application for depriving somebody of their liberty should be made. However, they told us that they would ask people and provide them with choices around their care. The manager had an awareness of the Act and what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty was lawful. The registered manager had put in an application for two people who were potentially having their liberty deprived.

People we spoke with reported that staff understood their needs well and helped them improve their health. Staff told us about the care they provided and one said: "I chat with the resident's and then check their care plans to make sure I am providing them with the care they need".

Staff were aware of the likes, dislikes and care needs of the people living in the home. One person told us: "The staff ask what I like and they listen to me". One person told us: "I like to get up early and staff know this and call me so I can get up". Another person told us they like to stay in bed and staff support them when they are ready to get up. We observed staff responding to people needs promptly throughout the day. We saw that some people were able to consent to making everyday decisions about their care and support needs. For example, what to wear, and what to eat and drink.

All of the staff we spoke with told us they felt trained and supported to effectively carry out their role. Staff told us and the training records we saw showed that staff had received training in a number of topics including fire awareness, infection control, food safety, moving and handling, and safeguarding people. One staff member told us that they had received a good induction when they started. This included two weeks shadowing an experienced member of staff who knew the people in the home very well. This helped them get to know the people's needs and routines.

We observed lunch being served to people. Everyone we spoke with commented that they enjoyed their food. One person told us: "The food is very good". Another person said: The food is alright although I would like more". We did note that this person commented to staff that they would like more although staff didn't offer them more but offered them the dessert. A relative commented: "The food looks very appetising. [Family member] has put on weight since they have been here."

We saw that where people were either unable to eat in the dining rooms as they were being cared for in bed or chose not to, they were offered their meals and refreshments in their rooms. During this time we heard staff gently encouraging one person to eat and drink. The person was given a choice of various foods including sandwiches, soups and yoghurts to try and encourage them to eat something. We saw another member of staff encourage another person and they were talking with them throughout the meal asking them if they were ready for more food or drink. People were provided with assistance at meal times and this was done sensitively and respectfully. We saw that when staff were assisting people it was in an unhurried and calm manner. Where people had any risk issues associated with potential inadequate nutritional intake we saw that dieticians had been consulted. This was to help ensure people ate and drank sufficient quantities.

People's health records showed that each person was provided with regular health checks through arrangements for eye tests, dentist and support from their GP. One person told us: "If I need to see a doctor the staff arrange this for me very quickly". Another person said: "Staff are very good, they meet all my needs. I see a GP if I need to". Staff told us that they attended handovers at the start of each shift. This was where they were given updated information about people, which included areas such as, health, GP, chiropody and visits. This was confirmed by our observations at the afternoon handover.

Requires Improvement

Is the service effective?

We saw that a doctor, district nurse and dietician had visited the service to provide advice and support to staff assist them to meet people's health needs. We noted all of this advice and information had been incorporated into people's care plans and risk management strategies. We spoke with one healthcare professional who was visiting the home. They told us that they had no concerns about the care that people received. They told us that people were referred appropriately and staff were always around to assist. People and their relatives told us if they needed to follow anything up with the staff they could always find them and this ensured it was sorted out straight away. This meant people could be confident that their health care needs would be reliably and consistently met.

Good

Is the service caring?

Our findings

People were happy with the care provided in the service and told us that they received a good standard of care. One person said: “Staff are respectful, very good”. Another person said: “The staff are always very nice”.

Relatives were confident in the care people received. One said: “I am definitely happy with the care.” Another said: “The staff have been very good”.

There was a homely and welcoming atmosphere in the home which was reflected in the comments we received from people, their families, staff and visiting healthcare professionals. Relatives said that they were able to visit whenever they wanted to. A relative said: “I always get a warm welcome and a cuppa when I come, It’s clean and tidy, they keep [family members] room amazingly tidy”. A member of staff told us: “I like working here as its small and like a family. Another member of staff said: “People receive good care. I would be happy for a relative to be here”.

We saw that staff treated people with respect and in a kind and caring way and staff referred to people by their preferred names. We observed the relationships between people who lived in the service and staff were positive. We saw staff supporting people in a patient and encouraging manner when they were moving around the service. For example, one person kept asking staff where to go and the staff were seen to direct them every time to a chair to sit on and then would have a brief chat with them and encouraged them to have a drink.

Staff sat with people and chatted whilst they ate their food. When a person found it difficult to hear the staff member, they would go closer to the person to repeat the question without raising their voice.

Staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff we spoke with were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress, what people liked to eat and music they liked to listen to and we saw that people had their wishes respected.

The registered manager were aware that local advocacy services were available to support people if they required assistance, however, there was no one in the service which required this support at the moment.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People's care plans had been reviewed and families were involved in the reviews when possible.. One relative told us: "I came in last week to do a care plan review and I am very happy with the care provided".

People were supported to pursue their own hobbies and interests. One person said, "I read the newspaper and I have enough to do". Another person: "I don't get out much. I would like to go out more". Another person said: "I go out and about but I'm waiting for warmer weather." A visitor said: "[Family member] does access the activities. She seems to enjoy them. They have the cinema room although it is not being used for this purpose as the lounge is being decorated and are using as an additional lounge". Another visitor told us that: "There could be a bit more for them (people) to do." We saw people engaged in armchair exercise with hoops and balls and a staff member started a discussion about what was happening in the news. In addition, we saw members of staff talk to people in a one-to-one conversation. We saw people had made friends with each other and were supported to maintain contact with friends and family members. People were also able to attend religious services which were held at the home.

There were various communal areas within the home where people could choose to spend time. A dining room, two lounges (although one was out of action due to redecoration) and the cinema room which again was being used as a lounge whilst the redecoration was completed. We noted that music that people had chosen was playing in the cinema room and the TV was on in the lounge which some people were watching. In the dining room a game of dominoes was in progress.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included photos, ornaments and small pieces of furniture.

People said that they knew who to speak with if they were unhappy about something. One person said: "I would speak to someone" and named a member of staff who they would speak with. Another person told us: "I have no concerns but would tell my daughter if I had and she would deal with it". Staff we spoke with were knowledgeable about the action they would take to support a person in making a concern or complaint.

A complaints procedure was available in the main entrance. There was a record of complaints, which included details of any investigations, the action taken and outcome. This demonstrated that people were listened to and action was taken, if needed. The registered manager advised us that there were no specific recurring themes in relation to the nature of the complaints. Our review of the record of complaints found that this was the case.

Requires Improvement

Is the service well-led?

Our findings

People and staff that we spoke with said that the registered manager was open and approachable. One person we spoke with told us: "[Registered manager] is around if I need anything and they come and sort it out". One relative we spoke with told us: "[Registered manager] is very relaxed and can speak with them anytime".

During our last inspection in April 2014 we identified concerns in the quality monitoring of the service. This inspection found that there had been some improvements made into the monitoring of the service provided. We saw that surveys had been conducted to seek people's views. However, the findings from people's feedback had not yet been fully evaluated. We found that auditing had been conducted in relation to medicines and this demonstrated that where inaccuracies had been identified these had been acted upon and a record made.

The provider conducted monthly monitoring visits and looked at a number of areas including information about people who had recently moved into the home, health and safety and training. They also spoke with staff and people who used the service and detailed any actions to be taken to improve the service. However, where actions to be taken had been identified, there was no recorded information to show that the actions had been taken.

There was no system in place to analyse information, such as information in relation to accidents and incidents to prevent their reoccurrence. This meant that the provider had not reduced the risk of harm to people living at the home.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

The home had a registered manager. The law says that there must be a registered manager to oversee and to be responsible for the care that people receive. This is important because it means that people who used the service and their relatives know who is accountable for the care provided in the service. We observed that the registered manager was able to offer support and advice to staff and also assist with care duties as required during this inspection.

Staff told us there was a clear line of management in the service and knew who they were accountable to if they had any concerns. The staff told us that the registered manager was on site during the day but that during the evenings, nights and weekends they were available to be contacted if staff needed advice and they could also make a telephone call to the provider.

The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. We observed that people were relaxed with the registered manager and saw that they made themselves available and chatted with people and their relatives.

During our inspection we spoke with the registered manager and six members of staff who worked in the service in various roles. Staff told us that they felt well supported by the registered manager. Staff told us: "I absolutely love it here. I feel I am listened to and my comments matter".

Staff said told us that they would raise any concerns about poor practice and that they were confident these would be taken seriously by the registered manager. We saw that staff had access to written guidance about raising concerns. This guidance also provided staff to information on how to raise their concerns with external bodies about the care people received should they need to do so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered person did not have a system in place to fully monitor the quality of the service provided. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.