

ADR 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?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Bethany Francis House provides accommodation and personal care for up to 34 older people including those living with dementia. Accommodation is located over two floors. There were 31 people living in the home when we inspected. □

This inspection was unannounced and took place on 15 February 2016.

The home had a registered manager 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 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. Staff had received training in this subject but those spoken with during this inspection were not able to demonstrate that they were fully aware of the principles of the MCA or DoLS and their obligations under this legislation.

Staffing levels were not adequate to meet peoples care and support needs.

Care plans contained all of the relevant information that staff required so that they knew how to meet people's current needs.

Risks had been managed to keep people as safe as possible. Risk assessments had been completed when necessary. This meant that staff had the information they required to ensure that people received safe care.

The provider had a recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People's privacy was respected at all times. Staff were seen to knock on the person's bedroom door and wait for a response before entering. People were not always given a choice of when they were assisted when getting up in the mornings.

People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines in a timely manner and medicines were stored in a safe way.

The provider had a complaints process in place and people were confident that all complaints would be addressed.

The provider had an effective quality assurance system in place to audit all areas of the home to identify areas for improvement. They were able to demonstrate how improvements were identified and acted upon.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

There were not enough staff to provide care and support to people when they needed it.

People received their medicines as prescribed and medicines were managed safely.

Staff were aware of the actions to take if they thought that someone may have been harmed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

Not all people received the support that they required to eat their lunch.

All staff were aware of their responsibilities in respect of MCA and DoLS.

Peoples were referred to health care professionals when required to make sure that they received appropriate care.

### Is the service caring?

**Good** ●

The service was caring

Staff spoke with people in a caring and respectful manner.

Friends and family of people living in the home were encouraged to visit at any time.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive

Not all people living in the home were given a choice about when they wanted assistance to get out of bed in the morning.

A complaints policy was in place and people felt confident about

raising any concerns.

People or their relatives were involved with planning their care and their care plans were regularly reviewed.

**Is the service well-led?**

**Good** ●

The service was well led

Effective systems were in place to monitor the quality of the service provided.

Members of staff felt well supported by the Registered Manager.

# 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 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 unannounced inspection was carried out by one inspector and an inspection manager on 15 February 2016.

Prior to our inspection we looked at information that we held about the service including information and notifications received. Notifications are information about important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During the inspection we spoke with nine people living in the home, five care staff, a housekeeper, the cook, a visitor, the registered manager and two district nurses.

We observed how the staff interacted with people throughout the day and spent time in the dining room and a lounge where people were eating during the lunch time.

We looked at four people's care records, medication administration records and risk assessments. We checked records in relation to the management of the service such as quality assurance audits, policies and staff training and recruitment records.

# Is the service safe?

## Our findings

One person living in the home told us, "Staff are always rushing around. They never help us when we need help." Another person told us, "We need more girls to look after us, they do their best but we need more."

During our inspection we found that there were not enough staff on duty to provide the necessary care to people in a timely manner. In one of the lounges there was no staff presence for in excess of 20 minutes and during this time people were calling out for staff. At the time of this inspection there were vacancies for six members of staff. The registered manager told us that staff were currently being recruited. We were also told that although agency staff were not employed in the home, staff were working additional hours to cover the shortfall. Also staff from another of the provider's home were also working some shifts.

Staff told us that there was a shortage of staff. One member of staff said, "We don't have time to sit and chat with the residents and we can just about manage to do the tasks that we need to." Another member of staff told us, "Weekends can be very difficult as sometimes we have to do the cooking and also some cleaning." Another member of staff told us that six people living in the home required two members of staff to assist them to get up in the morning. This meant that when they (the staff) were assisting people there were no other staff members in the home to care for the other people that were up, or were required assistance.

The registered manager informed us that the needs of people accommodated in the home were regularly reviewed to ensure that there were sufficient staff. However, due to the number of staff vacancies, there were times when the numbers of staff on duty were lower than required and people's care and support needs were not be met in a timely way.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People living in the home told us that they felt safe. One person told us, "Yes, I feel much safer here than I did at home." Another person told us, "There's no reason to not feel safe here, the girls are wonderful and look after me."

Staff told us that they received regular training on protecting people from harm and staff spoken with knew what action to take if they were concerned about anyone's safety. They were also aware of the types and signs of harm and their role in escalating a concern. Information about protecting people from harm was on display in the home and staff told us that they would always report any concerns that they had.

An effective recruitment process was in place to ensure that only staff who were suitable to work in the home were employed. We looked at the recruitment process that had been undertaken in respect of the two most recently recruited members of staff and noted that relevant checks had been undertaken before their employment had been confirmed. These included obtaining references, ensuring that the person provided proof of their identity and ensuring that they also undertook a criminal record check with the Disclosure and Barring Service.

Staff were aware of the risks to people and we found that where risks had been identified, assessments had been undertaken and actions to minimise the risks had been recorded. Risks identified included falls, stairs, the use of walking frames, pressure areas and unintentional weight loss. The assessments gave clear guidance to staff.

The registered manager informed us that none of the people living in the home kept their own medication and that staff administered medicines to everyone who was prescribed them. Staff confirmed that they received training in the safe handling and administration of medicines and records confirmed that staff only administered medicines when they had received this training. Medicines were stored, administered and disposed of in a safe manner and accurate records of medicines received in the home, administered and returned to the pharmacy were maintained. Protocols were in place for people who required medicines on an as required basis and the registered manager regularly audited the medicines records to identify if there were any areas for improvement. Where improvements had been identified action had been taken.



## Is the service effective?

### Our findings

People we spoke with were complimentary about the variety and quality of the food provided. One person told us, "The food is always nice and hot and there is plenty of it." A second person told us that there, "is a good choice of food". Another person said, "I sometimes have to wait for my lunch as the girls are very busy."

We were informed that people could choose where they ate their meals. The home had a dining room and two communal lounges where people could eat. We observed the support that people received during the lunch time and noted that people did not always receive the support that they required in a timely manner and that the meal time was not as relaxed and pleasant as it should have been.

Staff were not in all of the areas where people were eating and this meant that some people did not receive the support that they required. One person was given their dessert before their main course. The member of staff was not aware that the person had not had their main course and the person had to tell them. Several people had difficulty eating their meal without staff support and two people had their meal in front of them for in excess of 20 minutes before assistance was given. This meant that the meal was not as hot as it should have been. Only one person was provided with a clothes protector when eating. The staff member told us that this was the only one available. Other people were given tissues. After the meal some people had a lot of food debris on their clothes. This meant that the meal time was not as dignified as it should have been for people.

People had a choice of meals provided and people who required a special diet were provided with these. The cook was aware of people's dietary needs and told us that homemade supplements and milk shakes and mousses were served to people who were at risk of losing weight. People's food preferences were known by staff and, where people required their food and drink to be monitored, accurate records were maintained. People were weighed regularly and dietary advice was sought for people who were losing weight unintentionally.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff had knowledge and appropriate training about DoLS and mental capacity and there were policies and procedures available in the home. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. The registered manager was aware of her responsibilities and the steps that needed to be followed to protect people's best interests and had submitted applications to the local authority for people who were potentially having their liberty deprived.

The registered manager informed us that when staff commenced employment at the home they received an induction and were employed on a 6 month probationary period. Staff told us that they received regular training and felt supported by the registered manager. They said that they received regular supervision and an annual appraisal and would always speak with the registered manager if they needed any support. A training programme was in place. The majority of staff had recently attended training in relation to dementia and one member of staff told us, "The training really helped me to know more about dementia and how to help people with dementia. I also learnt about the different types of dementia". Other training courses undertaken by staff included health and safety, manual handling, infection control, record keeping, first aid and food hygiene.

People were supported to maintain their health and had access to healthcare professionals when needed. Two District Nurses who were in the home at the time of our visit told us that they visited the home most days and that the "Pressure area care provided by staff is amazing". They also told us that they received requests for advice in a timely manner and that staff in the home were always keen to learn more about people's health care conditions. Everyone living in the home was registered with a local GP and we were informed that the GP visits people when required. The registered manager told us that people were provided with regular health checks from a range of health care professionals including chiropodists, opticians, nurse practitioners and mental health specialists. Records showed that referrals were made to health care professionals in a timely manner and that any advice given by health care professionals following their visits was incorporated into people's care plans.

## Is the service caring?

### Our findings

People were complimentary about the staff, describing them as 'kind', 'friendly' and 'patient'. One person said, "The girls [staff] are very respectful way and care for me well." Another person said, "They [the staff] always make sure the water is just the right temperature for me when I have a bath." A third person said, "They [staff] are very good, very polite and when they can, they sit and have a chat."

Staff were seen to encourage people to do what they could for themselves. For example we saw a person being encouraged to stand and staff were giving them instructions and allowing them time to do so. They then accompanied the person to the dining room. We noted that care was provided in a discreet manner.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. A visiting professional told us they had visited the service on a number of occasions and found the staff to be very helpful, caring and attentive.

People said that staff understood the support that they needed and this was provided for them. They said that staff responded to their individual needs for assistance. One person said, "The girls [staff] always ask me before helping me or tell me what they are going to do." People said that they would be happy to tell staff how they would like their care. One person said, "The staff are very helpful, smiling and always do what I ask."

A visitor described Bethany Francis House as 'very homely' and that the staff were 'very obliging and good with the residents [people who used the service]'. They told us, "Staff know residents well, and are kind and considerate. It is a lovely home, I would come here."

We found that staff knew the people who lived in the home and that they treated them with kindness and respect. Staff knocked on bedroom doors and waited for a response before entering and ensured that doors were closed when personal care was being provided. People were dressed appropriately and staff referred to people by their preferred names.

People's needs were reviewed regularly and where people were not able to be involved in making decisions about their care, we saw that their relatives had been and advocated on their behalf. The registered manager was aware that local advocacy services were available to support people if they required assistance. However, there was no one living in the home who required this support at the time of our inspection.

Visitors were welcome to visit the home at any time and at the time of our inspection there were several visitors in the home. Visitors could have privacy in individual rooms or in the lounge if they wished.

## Is the service responsive?

### Our findings

We found that people did not always receive care that was responsive to their needs. People were given choices, such as what to wear, what name to be called by, what activities to take part in and what to eat. However, we found that people who required two members of staff to assist them out of bed were not given a choice about when they were woken in the morning. Staff told us six people living in the home required two members of staff to assist them with personal care. They informed us that these six people were woken up and assisted by the two members of staff on duty during the night. This meant that these people could not choose to stay in bed if they wished to.

People's care plans contained comprehensive information about their care and support needs and their life history. Care plans were reviewed on a regular basis and there was evidence that the person living in the home and/or their relative were involved with the review. Where people's needs had changed because of a short term health condition, information about this and the action to be taken by staff was clearly recorded. People's hobbies and interests were also included in their care plans. One member of staff told us, "The care plans are very useful, they tell us how to look after people in the home."

The home employed an activities coordinator and there were a range of activities for people to take part in both individually and in groups. During our inspection some people were reading books, another was completing a jigsaw, and some people were having a sing along. The home had its own cinema room and films were regularly shown. Entertainers visited the home on a regular basis and recently a choir had visited. A sports day and a summer fete had been held during the summer and neighbours were also invited to attend. Religious services were held in the home each week, and once a month Holy Communion was taken by some people.

People told us that they would speak to a member of staff or the manager if they had any concerns. One person told us, "I have nothing to complain about, but if I did I would tell the staff." The complaints procedure was on display in the entrance of the home and we found that all complaints received had been responded to and investigated within the time scales set out in the procedure. Staff were aware of the complaints procedure and told us that if they received any complaints or concerns they would inform the registered manager.

## Is the service well-led?

### Our findings

People knew who the registered manager was and during this inspection we saw that the registered manager had a visible presence in the home. The registered manager knew the needs of all of the people living in the home and staff told us that the registered manager was very approachable.

Staff told us that regular staff meetings were held, that there was an agenda and that minutes of the meetings were kept for reference. Staff were able to add items to the agenda and felt confident that any suggestions that they had would be listened to. There were meetings for senior staff, as well as full staff meetings.

Staff told us that they felt supported by the registered manager and that if they had any concerns they would not hesitate to contact her. They said that she was approachable and that she kept them informed of any developments or changes, this included new staff and decoration of the home. Staff were aware of the whistleblowing policy and told us that they would raise any concerns using the policy if they needed to. They were confident that the registered manager would take any concerns that they had seriously.

The registered manager carried out a wide range of weekly and monthly audits of the service. These included audits of medicines, care records, equipment, falls and window restrictors. We found that where areas for improvement had been identified, action had been taken. For example one person who had suffered a high number of falls had been referred to the falls clinic. The registered manager also audited complaints and accident records to identify any themes or trends.

The registered manager had systems in place to ensure that the building and equipment was safely maintained. Essential checks such as those for fire safety took place regularly.

People's views about the service were sought and there were residents meetings where people living in the service could suggest areas for improvement. These were held every three months and relatives were also invited to attend the meetings. Questionnaires were also sent to relatives, people using the service and other stakeholders to seek their views about the service.

CQC had received all notifications as required. Notifications are events that registered people are required to tell us about by law.

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 18 HSCA RA Regulations 2014 Staffing<br><br>The registered person did not have adequate numbers of staff to safely meet people's care and support needs at all times.<br><br>Regulation 18 (1) |