

ADR Care Homes Limited

# Bethany Francis House

## Inspection report

106 Cambridge Street  
St Neots  
Cambridgeshire  
PE19 1PL  
Tel: 01480 476868  
Website: [www.adrcare.co.uk](http://www.adrcare.co.uk)

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### Ratings

Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 16 February 2015.

A breach of legal requirement was found. This was because the provider did not have a system in place to fully monitor the quality of the service provided.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook a focused inspection on 7 July 2015 to check that they followed their plan and to confirm that they now met the legal requirements.

This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bethany Francis House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

# 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 well-led?**

We found that action had been taken to ensure the service was being well led.

The provider had put in auditing procedures to monitor the quality of the service. This meant that the provider was now meeting the legal requirements.

While improvements have been made we have not revised the rating for this key question: to improve the rating to 'Good' would require a longer term track record of consistently monitoring the quality of the service and delivery of high quality care.

We will review our rating at the next comprehensive inspection

**Requires improvement**



# Bethany Francis House

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Bethany Francis House on 7 July 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 16 February 2015 had been made. The inspector inspected the service against one of the five questions we ask about services: Is the service Well Led. This is because the service was not meeting a legal requirement in relation to that question.

The inspection was undertaken by one inspector.

Before the inspection we looked at all of the information that we held about the home. This included the provider's action plan, which we received on 30 April 2015 and information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with four people who used the service. We also spoke with the registered manager, three care workers and the daily activity co-ordinator. We looked at the audits and surveys that had been conducted.

# Is the service well-led?

## Our findings

At our comprehensive inspection of Bethany Francis House on 16 February 2015 we found that the quality processes were ineffective to fully monitor the home and identify improvements to ensure people receive a high quality of care

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

At our focussed inspection on 07 July 2015 we saw that the provider had followed their action plan and were now meeting the requirements of the regulation.

The service had a registered manager in post who confirmed they were supported by the provider, a deputy manager and a staff team.

People we spoke with were able to tell us who the registered manager was. One person pointed and said: “there the boss”. Another person said “they always come and check we are alright and if we need anything”.

We found there were clear communications systems in place to make sure the management team worked well together. There were also staff handover meetings between shifts. Handover notes were maintained and updated each day and records were transferred to the care plans so they were kept up to date.

Staff meetings were held on a regular basis to ensure all staff had the chance to contribute their views on the running of the service. Records of the meetings were retained for reference. We saw the meeting record for the staff meetings held in June 2015. Topics included; staff

deployment, training and the care and safety of people who lived at the service. The records showed staff had contributed to discussions and shared their views openly and positively. Staff told us that they feel able to raise issues at staff meetings and through their supervision sessions. Staff told us that they were listened to. Two members of staff were able to explain to us what happened when an incident /accident had occurred. They told us that they received feedback following an incident including the completion of an incident record to ensure a full account was recorded. This helped to identify any trends and any actions that may be required to prevent further incidents.

People and staff were comfortable and relaxed with the registered manager who demonstrated a good knowledge of all aspects of the service, the people who lived at the service and the staff team. We saw that the registered manager was accessible to people. They spent time out and about in the home, seeing what was going on, talking to people and supporting staff.

The provider had auditing and monitoring procedures in place. Although the provider was regularly present in the service we saw from the records that they carried out regular audit checks. We saw that all environmental safety checks were up to date to include the appropriate external agency safety certificates. The registered manager described the systems in place to record and audit any accidents and injuries that had been sustained by people. The information included a falls register. The records showed when a fall had occurred and how staff had responded. The registered manager told us this had further helped her to identify any changes needed in care plans to help reduce the risk of repeated falls.