

Bethany Lodge Kent Limited

# Bethany House Care Home

## Inspection report

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Dymchurch  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Bethany House is a registered care home with nursing, providing accommodation for up to 15 people living with complex health needs and physical disabilities. At the time of the inspection the service was full. The accommodation is arranged over two floors with large communal areas. The service has a hydrotherapy pool which has been out of use due to COVID-19. Plans are in place to re-open this in the future.

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

People told us they were happy living at Bethany House and felt safe there. However, some relatives had concerns about the safety of the people living in the service as they felt they were being supported by people who did not know their loved ones well enough. The manager was working towards more detailed guidance for staff to ensure they had the knowledge required to manage risk and meet peoples' needs.

There were inconsistencies in the level of detail about peoples' medicines which meant we were not assured that medicines were always managed in a safe way. The manager had made some improvement in these areas recently, but more improvement was needed.

There was not always enough staff with the right experience, skills and knowledge to meet peoples' needs in the right way. Some staff and relatives shared this concern. The manager had recently increased the number of staff on each shift to address this concern and was actively recruiting for the service. Staff had been recruited safely to ensure they were suitable to work with people.

The service did not have a registered manager. The previous registered manager left in December 2020. The operations manager was providing interim leadership, either in the service or remotely, and the service was being supported by the operations director. Staff were positive about the manager and found them to be open, honest and approachable. The provider had quality assurance systems in place and there was a commitment to continual improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 30 January 2020). Following this inspection, the rating has deteriorated to requires improvement.

### Why we inspected

We received concerns in relation to staffing levels and skills, the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bethany House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bethany House Care Home

## 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 undertaken by two inspectors.

#### Service and service type

Bethany House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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 reviewed information we received about the service since the last inspection. This included feedback from staff and relatives of people who live in the service. We sought feedback from professionals who work with the service. The local authority had shared their concerns about the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the manager, senior support worker and support workers.

We reviewed a range of records. This included three peoples' care plans and risk assessments and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision and training records. A variety of records relating to the management of the service, including handover records, staff meeting notes and policies and procedures were reviewed.

Some people were not able to verbally express their experiences of living at the service. We observed staff interactions with people and observed care and support in communal areas.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data, quality assurance records and other policies and procedures.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Staff were aware of the risks to people and how to meet their needs. Care plans and risk assessments were recorded electronically. Not all care plans contained enough detailed information about peoples' needs. Where care plans had details about peoples' specific needs, the daily notes did not consistently demonstrate that these needs had been met. For example, repositioning to protect peoples' skin and fluid / food intake to maintain hydration and nutrition were not accurately recorded. This is an area for improvement.
- Some people had specific risks relating to their medical condition. In these cases, the care plans lacked enough detail for staff to identify early warning physical or soft signs or deterioration. For example, diabetes and epilepsy management. This was particularly relevant as some staff are new or temporary and do not know people very well. However, the permanent staff we spoke to knew the people living in the service well and we did not identify any impact on peoples' needs not being met.
- The accommodation was equipped with a fire safety system to detect and contain fire and staff knew what actions to take in the event of a fire. Some moving and handling equipment, for example hoists, had not been serviced in accordance with guidelines due to COVID-19. The provider was aware of this and had taken appropriate action.

### Using medicines safely

- Although there had been issues with correct storage of medicines in the past, during the inspection the provider demonstrated that improvements had been made.
- People had not always received their medicines as prescribed and inconsistent documentation had led to medication errors. For example, one person had received incorrect medicines. However, during the inspection we saw that improvements had been made in these areas.
- Medicine Administration Records were completed accurately, and these had been audited within the last month to check people had received their medicines safely and to identify any improvements needed.
- The provider had taken recent measure to ensure that medicines prescribed 'as required', for example, pain relief were documented accurately. This included the clinical indication and whether the medicine had the desired effect.

### Staffing and recruitment

- The manager was actively recruiting for nurses and support staff. In the meantime, agency staff were deployed to ensure that staffing levels were appropriate.
- The manager was aware of the concerns around staffing and had recently increased the number of staff on shift during the day. Staff and relatives acknowledged that staffing levels had improved recently which

had helped them to provide people with the support they required.

- Staff were recruited safely. Checks of staff qualifications and character had been carried out and their skills and values had been assessed at interview. Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their Personal Identification Numbers (PINs) to confirm their registration status.

#### Preventing and controlling infection

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Systems and processes to safeguard people from the risk of abuse

- The service had an up to date safeguarding policy in place. Staff were knowledgeable about safeguarding and knew how to identify and respond to allegations of abuse.
- Staff were confident that appropriate actions would be taken by the manager.
- People we spoke to told us they felt safe in the service and were confident that staff were able to meet their needs in accordance with their wishes.
- Records showed that safeguarding concerns and incidents were reported to the appropriate authorities.

#### Learning lessons when things go wrong

- There were electronic systems in place for reporting and recording concerns, accidents and incidents. This meant that the provider was able to identify trends and patterns and take any necessary action.
- Incidents were reported and investigated. Staff told us and records showed that care plans and risk assessments had been reviewed following incidents and changes implemented to minimise the risk of recurrence.
- Learning outcomes were recorded after incident investigations; these were shared with staff.
- Referrals had been made to other professionals, such as Continuing Healthcare team and GPs as a result of incidents.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always promote high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements were needed to ensure effective oversight of peoples' clinical care needs and risks. There was no effective oversight of risk management tools such as repositioning charts or food and fluid intake. Whilst we did not see a negative impact on people, we found gaps in some records that had not been identified.
- The registered manager had left the service in December 2020 and a newly appointed manager had withdrawn their application at short notice. Another manager had been recruited but hadn't started yet.
- Interim leadership was being provided by the operations manager who was on site for three days a week.
- There were documented handover meetings and a separate handover communication book for registered nurses which had been implemented following a recent incident.
- The provider had an active quality improvement plan in place, some elements of which had been completed, whilst others were still in progress. The action plans had not been fully delivered, therefore, there were still improvements to be made.
- It is a legal requirement that the provider's latest CQC inspection report rating is on display at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their rating in the service and on their website.

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

- Staff told us that prior to the new management there was a very close-knit team, and this had changed when a lot of established staff had left the service.
- Staff described the culture as open, honest and person-centred. One staff member said there was a 'positive vibe' in the service. Staff liked working at Bethany House, and some agency staff had joined the permanent team. There was a good sense of teamwork within the home.
- The manager demonstrated a commitment to increasing the staff team and a desire to improve the quality and consistency of peoples' care. There were staff who were new to the team and others being actively recruited, therefore some staff were not fully embedded into the culture of the service.
- Staff told us that they found the manager approachable, open and honest. One staff member said they can, "Pick up the phone anytime". People living in the service and relatives found the manager approachable.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about incidents and providing an apology when things go wrong. The manager understood these responsibilities.
- The provider had notified us of incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- There was mixed feedback from relatives. Relatives told us they were kept informed of incidents and they were contacted regularly. Three relatives thought communication could be improved. We told the manager and they said they would act on this feedback and review individual communication preferences.

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

- There were regular staff meetings that were documented, and staff told us they were encouraged to make suggestions and felt they were listened to. For example, recently there were more arts and crafts materials ordered for the service so that people could engage in these activities. Other activities had been suggested but were on hold due to COVID-19. However, staff felt confident that these would happen when possible.
- There had been a residents' meeting recently and ideas and suggestions had been implemented where possible. Relatives meetings had been more difficult during COVID-19, due to social distancing, but the manager was keen to set these up when the situation allowed.

Continuous learning and improving care and working in partnership with others

- The home had a quality improvement plan in place and action plans were formulated following audits which were monitored to ensure progress. The provider had an audit system in place designed to mirror the Care Quality Commission's key lines of enquiry.
- There was evidence that lessons had been learned and shared following incidents. Lessons learned involving people were documented on the e-planning system. This meant that staff had information to minimise the risk of incidents recurring.
- The provider of services at Bethany House has changed since our last inspection. The new provider produced a quality governance report covering all the provider's locations, which gave a good oversight of all the services. This enabled the provider to identify trends and learning across individual services.
- There was a good working relationship with the local authority and the manager had plans to join local managers' groups for support and sharing of best practice.