

Bethany Homestead

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Inspection report

Kingsley Road
Northampton
Northamptonshire
NN2 7BP

Tel: 01604713171

Date of inspection visit:
13 May 2021

Date of publication:
21 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bethany Homestead is a residential care home supporting younger adults, older people, people living with physical disability or sensory impairment and people living with dementia. At the time of our inspection 33 people were living at the service which can support up to 38 people.

Bethany Homestead provide accommodation across two floors with a lift to the second floor. People with higher dependency needs are accommodated on the ground floor.

Bethany Homestead also provides a domiciliary service for the regulated activity of personal care to people living in their own homes within the grounds of Bethany Homestead. At the time of our inspection no one who used the domiciliary service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided

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

Risk assessments in place did not always contain strategies for staff to follow to reduce the risk.

We identified multiple missed signatures on the Medicine Administration Records (MAR). Staff are required to sign the MAR chart to evidence that they have administered each medicine.

Records required improvements. For example, fluid intake was not consistently recorded by staff and daily fluid intake was not always calculated or met. Cleaning tasks had missing data recorded, mostly at weekends.

People's needs were assessed before they moved into the home to ensure these could be met. However, we identified that people's current support and healthcare needs were not always recorded in their care plans.

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; However, the policies and systems in the service did not always support this practice.

Quality assurance systems required further development and improvement.

People told us they felt safe. Staff received training on safeguarding and understood how to recognise and report abuse.

The provider completed pre employment checks to support safer recruitment. However, some staff files relating to staff who were employed years ago, did not have all the checks recorded.

Staff received the training required to carry out their roles effectively. Staff felt supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 03 April 2020) with three breaches of regulation. This resulted in conditions being applied to the providers registration. The provider completed monthly action plans after the last inspection to show what they would do and by when to improve.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections. At this inspection enough improvement had not been made. The provider was still in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bethany Homestead on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicine management, safe care and oversight at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective?

The service was not always effective.

Details are in our effective 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 Homestead

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors. One inspector visited the service and another inspector conducted telephone calls to staff off site.

Service and service type

Bethany Homestead 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.

Bethany Homestead also provides domiciliary care and supports people living in their own homes within the grounds of the home. There was 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 2008 and associated regulations about how the service is run.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, administration staff, domestic staff, care supervisors, and care workers.

We reviewed a range of records. This included five people's care records and multiple 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.

After the inspection

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

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 remained the same. 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: Systems and processes to safeguard people from the risk of abuse

At the last inspection, the provider failed to ensure care and treatment were always provided in a safe way. The provider failed to ensure persons providing the care or treatment had the competence, skills and experience to do so safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Not enough improvement had been made and the provider was still in breach of Regulation 12.

- Risk assessments were not always in place for known risks to people. When a person could not use their call bell to seek staff assistance, there were no risk assessments in place with strategies to reduce the risk. Staff told us that when a person could not use their call bell, they would check on them regularly but at no set times. We found no recorded evidence of people being checked during the day or at night.
- One person who displayed behaviours that could pose a risk to others, did not have a risk assessment in place to identify what strategies staff should use to reduce the risk. We also found limited information regarding how the behaviours presented and what risk they posed to staff or people being supported. This put people at risk of harm.
- People who were at risk of developing pressure ulcers had specialist equipment in place such as an air mattress to relieve pressure on their skin. However, we identified that two mattresses were not set at the correct setting based on people's current weight. Staff told us that they did not check people's mattress settings. The registered manager put systems in place after the inspection to ensure equipment used was correct.
- Records for people who had been identified as at high risk of pressure sores showed that repositioning had not always taken place at the required timed intervals. This put people at increased risks of pressure damage.
- One person's care plan contained conflicting information regarding the consistency of food the person required to reduce the risk of choking. This put people at potential risk of harm from risks such as choking.
- People did not always have detailed records in place to identify specific needs and risks. For example, one person did not have any details regarding their epilepsy, and another person had limited information recorded regarding their diabetes. This meant that staff did not have all the information required to support them safely. The registered manager contacted health professionals to gain the information required to update the care plans.
- Not all unexplained bruises had been investigated to identify the possible cause. Staff told us they

recorded any unexplained injuries or bruises on a body map; however, they were unsure who investigated them. Body maps did not contain consistent information and there was no evidence of injuries being reviewed and followed up.

The provider had failed to ensure that all risks had been assessed and strategies to mitigate risks had been completed. These issues were a continued breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- People told us they felt safe. One person told us, "Staff come when I ring my bell." Another person told us, "If I need help, they [staff] come."
- Staff received training on safeguarding and understood how to recognise and report abuse. One staff member said, "If I ever saw anybody speaking to people in bad manner, I'd go to the registered manager first and then document it."

Using medicines safely

- We identified multiple missed signatures on the Medicine Administration Records (MAR). Staff are required to sign the MAR chart to evidence that they have administered each medicine. This meant we could not be assured that people received their medicines as prescribed.
- Administration of prescribed thickener had not been recorded on people's MAR to evidence that staff had given to people who required it. Following feedback, the registered manager put this in place.
- Staff did not always document the rationale for administering 'as required' medicines and the transcribing of medicines was not always completed in line with best practice. For example, MAR charts had not been signed by two people.

The provider failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified gaps in the recording of cleaning tasks, mostly at weekends, and there was no record to evidence that shared bathrooms had been cleaned between uses. The registered manager put this in place following feedback.
- 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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

- On the day of inspection staffing levels met people's needs. However, people told us there was not always

enough staff on shift to meet people's needs. One person said, "I have to wait for the toilet, this makes me feel vulnerable." Another person told us, "[Person] had to wait a long time as there were not enough staff to take them to the toilet. [Person] nearly fell over trying to stand up and go alone." Staff told us there were enough staff on shift however, staffing numbers were sometimes short due to sickness.

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify trends or patterns to ensure lessons were learnt. However, due to not all injuries being recorded within the accidents and incident logs, unexplained bruising had not always been reviewed.

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.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure staff training, learning and development needs were reviewed at appropriate intervals. The provider failed to ensure staff were being supervised to demonstrate acceptable levels of competence to carry out their role unsupervised. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

- Staff received an induction when they first started working at the service which included training and working alongside experienced staff.
- Staff received the training required to carry out their roles effectively. Staff provided positive feedback about the training they received and advised they were reminded when training was due to be renewed. Staff were given the opportunity to complete additional training and development.
- Staff told us they felt supported in their roles. One staff member said, "[Registered manager] is very supportive. She looks after the staff and residents."
- Staff received regular supervisions and appraisals in line with the providers policies and procedures.

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

- People's needs were assessed before they moved into the home to ensure these could be met. However, we identified that people's current support and healthcare needs were not always recorded in their care plans or kept up to date.
- People told us they could only have a bath or a shower once or twice a week and wanted more. Staff told us that although there were set days for people to have a bath or a shower, if a person asked for more, this would be accommodated.
- Most people told us they were involved in the assessment and planning of their care. One person told us, "I was asked for my likes and dislikes, gender of staff and my end of life wishes." Another person said, "They [staff] spent two days with me going through my care plan before I came."
- People's religious beliefs and needs were recorded in their care plan and supported by the service.

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

- Where people had been identified as at risk of dehydration, a fluid record and target had been put in

place. However, fluid intake was not consistently recorded by staff and daily fluid intake was not always calculated or met. Staff told us that a weekly review of people's fluid intake was put on a noticeboard for them to review and take further action such as encouraging people to have further drinks.

- Food and fluid charts did not always contain the required information to evidence staff were meeting people's dietary needs such as thickener in fluids and the consistency of food. However, we saw that people did receive thickened drinks and food at the correct consistency.
- People provided positive feedback regarding the food they received. One person said, "The food is nice. You choose what you want to eat." Another person told us, "If I want food, they give it to me."

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

- People told us they received support from staff to access healthcare. One person told us, "I found a bump/lump and staff took a picture and contacted the GP for me straight away."
- We saw evidence of referrals being made to health professionals where required such as dietician, assistive technology and GPs.
- People's healthcare appointments and follow up results were recorded.

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

- People's bedrooms were person centred and decorated to their liking.
- People had access to communal areas within the home. The positioning of chairs supported social distancing during the COVID-19 pandemic.
- A visiting pod had been put in place to ensure people were able to meet with their loved ones during the COVID-19 pandemic, and staff supported relatives to visit their loved ones within the building in line with government guidelines.

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

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 it had been identified that people did not have capacity to make decisions about the care they received, consent had been given by people's next of kin without the legal authority to do so. The registered manager agreed to change this practice and update all documents immediately.

- Mental capacity assessments were in place to identify where people did not have the capacity to make decision about their care.
- Where people had been deprived of their liberty, we saw evidence of appropriate DoLS applications being made to the local authority.

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

At the last two inspections we have found the provider failed to ensure systems and processes were established and embedded to monitor, assess and improve the quality of service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance

Not enough improvement has been made and the provider was still in breach of Regulation 17.

- Systems and processes to ensure oversight and governance of the service required improvement. The registered manager did not complete detailed audits and action plans on pressure care repositioning charts or mattresses settings. During the inspection we identified gaps in recording for repositioning and incorrect mattress settings.
- There was no system in place to audit cleaning schedules to ensure that cleaning tasks had been completed to prevent the spread of infection. During the inspection we reviewed the cleaning schedules and identified gaps in recording, specifically at weekends.
- Quality assurance systems required further development and improvement. For example, audits completed on fluid charts since November 2020 had identified issues with recording and fluid target calculation. However, during the inspection we identified these shortfalls remained.
- Audits on care plans and risk assessments did not identify the missing and conflicting information contained within them identified during the inspection.
- The system in place to audit medicines management was not effective and did not identify the concerns found during the inspection.
- Handovers did not give all information required. For example, it did not contain information of falls, injuries, fluid intake or any actions required.

The provider failed to ensure systems and processes were established and embedded to monitor, assess and improve the quality of service. These issues were a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- The registered manager had rectified the concerns found from the previous inspection and the conditions placed on the registration had now been met. However, at this inspection we found other areas that had not been fully addressed and required actioning.

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 understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Complaints received had been appropriately responded to as per the providers policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Feedback from people, relatives and staff on the service had been requested and the information returned had been collated. The registered manager had an action plan in place for any improvements required.
- Staff attended regular meetings to discuss any concerns or issues. Staff told us they felt confident to raise any suggestions or feedback to the registered manager or human resources officer.
- We saw evidence of partnership working with other agencies to meet people's needs. Such as, dietician, speech and language therapists and the falls team.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that all risks had been assessed and strategies to mitigate risks had been completed. The provider failed to ensure the proper and safe management of medicines.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems and processes were established and embedded to monitor, assess and improve the quality of service

The enforcement action we took:

Warning notice