

Anchor Hanover Group

# Bethune Court

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bethune Court is a residential care home providing personal care to up to 45 people. The service provides support to older people and some people with dementia. At the time of our inspection there were 40 people using the service. The home is a purpose-built care environment over four floors. All areas of the home were accessible by wide corridors with hand-rails and two lifts.

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

People were supported by staff who knew them well and understood their needs. Risks to people were identified and managed and staff understood their responsibilities for safeguarding people. One person told us, "The place is very well run. The staff are marvellous. They are all professional people, they know what they are doing."

There were enough suitable staff to care for people's needs. People and their relatives spoke highly of the staff. Their comments included, "I have no concerns regarding to the care they give." "Staff are very attentive with those who have dementia, they seem to sit and talk with them." "I cannot praise them highly enough."

There were safe systems for administering medicines, and people told us they received the help they needed to manage their health conditions.

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; the policies and systems in the service supported this practice. People told us they were supported to make choices and to remain as independent as possible. One relative said, "The staff support people to make choices, and they ask instead of telling people what to do."

Management systems were robust, supported learning and drove improvements. The registered manager demonstrated clear oversight of the service and was knowledgeable about quality issues and priorities for the service.

Staff described having the training and support they needed. They spoke highly of care provided at the home and of the registered manager. One staff member said, "I enjoy it here, it's really rewarding." Another staff member told us, "I love it here, I'm really enjoying the practical part of the job and just seeing people smile."

People, their relatives and staff were consistent in their positive view of the home and the management of the service. A relative told us, "I would recommend this home to others, I visit every day and the staff are polite and welcoming. I am impressed with the place."

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 The last rating for this service was good (published 20 January 2020)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about staffing and management of risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well Led. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bethune Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

# Bethune Court

## 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 Health and Social Care Act 2008.

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 team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Bethune Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bethune Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people and 5 relatives by telephone to gain their views on the care provided. We spent time in the home whilst people were relaxing in the communal lounge, dining area and receiving support from staff. This gave us an opportunity to observe staff interactions with people. We spoke with 7 members of staff including the registered manager, 2 team leaders, and 4 care assistants. We reviewed records that included care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, including policies and procedures, quality assurance systems and staff records and rotas.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were safe systems in place to protect people from abuse.
- Staff demonstrated a clear understanding of their responsibilities for safeguarding people and knew how to report any concerns. One staff member said, "I would speak to the team leader, I have never had to raise a concern, but I wouldn't hesitate if I needed to."
- People and their relatives told us they felt Bethune Court was a safe place to live. One person said, "They(staff) make feel safe, at night they come in and check on me." A relative told us, "It is a safe place for people to live." Another relative said, "This is absolutely a safe place for mum to live. She would tell us if she was not happy and safe."

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. There were systems in place to ensure risks were monitored and staff understood measures that were in place to reduce and manage risks.
- Risks associated with health conditions were identified and managed. For example, one person was assessed as being at high risk of developing a pressure sore. A risk assessment and care plan identified measures to reduce risks, including regularly supporting the person to reposition. Records showed that this was completed regularly and consistently, and the person had not developed any pressure damage.
- People and their relatives told us they were involved in developing and reviewing risk assessments and care plans. One person described having discussion with the registered manager regarding their mobility and use of a wheelchair. They told us, "The manager said, 'you do what's comfortable for you. We'll do what you need'."
- Staff considered the least restrictive options to keep people safe whilst supporting their freedom. For example, a relative told us, "Mum had falls to begin with, so they moved her downstairs where there are more staff around." This meant staff could respond quickly to support the person with moving around and reduce their risk of further falls. The relative told us, "She is much better downstairs where staff respond much quicker."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. For example, one person had a condition that required medicines to be reviewed regularly. Records confirmed the GP had reviewed medicines for this person on a regular basis.

#### Staffing and recruitment

- There were enough suitable staff to provide care safely.
- The provider had safe systems in place for recruitment of staff. Records showed employment checks were completed including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they did not have to wait long for their care needs to be met. One person said, "They tell me to ring the bell if I need help and they will come with no problem." Another person said, "There's always staff around. If you fall, they'll press the button and more staff come. They've come to me very quickly if I've fallen." A relative told us, "The staffing is generally good."
- The registered manager told us there were some vacant posts but they were in the process of recruiting. They explained that agency staff were used to cover for vacancies or absences if permanent staff were not able to cover themselves. Staff told us staffing was maintained at a safe level. One staff member described how the team worked together to support each other. They said, "When we need an extra pair of hands, we ask a staff member from another floor to come and give us some help, and vice versa."
- We observed staff were busy but still took time to spend with people, engaging them in conversations. We noted that people appeared relaxed in the company of staff who were attentive and kind in their approach.

#### Using medicines safely

- People were receiving their prescribed medicines safely.
- There were safe and effective systems in place for the administration of medicines. Only staff who were trained and assessed as competent were able to administer medicines to people.
- We observed a staff member administering medicines to people. They knew people well and were knowledgeable about their needs and the medicines they were prescribed. We saw gentle and patient interactions between the staff member and people when medicines were administered.
- Records were consistently completed including Medicine Administration Record (MAR) charts.
- Medicines were stored safely and there were robust systems in place for auditing and disposal of medicines.
- Some people needed to have medicine administered covertly (without their knowledge or consent). Correct procedures had been followed in line with the Mental Capacity Act to protect people's rights and ensure their safety where they lacked capacity to make decisions about medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The arrangements for visitors were in line with current government guidance. There were no restrictions in place at the time of the inspection.

Learning lessons when things go wrong

- There were effective systems in place to record and monitor incidents and accidents. The registered manager demonstrated clear oversight of incidents at the home and explained how this was used to improve care.
- For example, one person had fallen from a chair. Route cause analysis took place to determine the reason for the fall. This resulted in the person being referred for assessment by an Occupational Therapist (OT) who prescribed a different style of chair, better suited to the person's posture. Staff reported this solution enabled the person to sit safely and in comfort.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Staff understood their roles and responsibilities. One staff member said, "The team are amazing. We work well together and know each other well." Another staff member described a thorough induction and training they received. They told us, "I never did care work before, I had the training and wouldn't change for the world now."
- People and their relatives spoke highly of the staff and the care provided. One person said, "I have no concerns with care given," another told us, "All the staff are very approachable; they are friendly and helpful."
- There were effective systems for monitoring standards and identifying shortfalls. Audits supported management of quality, for example, a medication audit checked that medicines were administered safely.
- The registered manager was aware of their responsibility under the duty of candour and the need to notify CQC of any significant events.
- The registered manager demonstrated clear oversight of the service. They explained how the provider's monitoring report had identified a higher than expected number of falls. They had implemented measures to reduce the risk of falls and improve staff response. This had included additional staff training in falls prevention, use of electronic equipment to alert staff and deployment of more staff at meal times to support people and reduce risks of falls.
- The registered manager described how ongoing scrutiny of falls management was a priority to drive improvements. They continued to consider changes that might further reduce falls, including reviewing risk assessments and improving communication to ensure staff fully understood the measures in place.

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

- People were receiving a personalised service from staff who knew them well.
- People told us staff supported them to remain as independent as possible and supported their autonomy. One person said, "They(staff) are supportive, and they ask instead of telling you what to do." Another person told us, "They're all professional people they know what they're doing." A relative said, "I would, and do, regularly recommend the home to people."
- Staff spoke positively about the care provided. A staff member described the positive culture in the home and said, "I would be happy for a family member to come and live here."

- People, their relatives and staff described the service as well led. One person told us, "The place is managed very well." Another person described the registered manager saying, "She is very pleasant and does a good job." A staff member told us, "The manager is lovely, fitted in very well and is popular with the team. She is easy to talk to." Another staff member said, "I have heard nothing but positive comments about the manager."

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

- Staff had developed positive working relationships with other health and social care professionals. People, their relatives and staff were involved and engaged with the service.
- One staff member told us, "We work very well with the GP." They gave an example of needing advice about a person's changing needs, saying, "The communication was very good, the GP came the same day and we have a meeting with the local hospice arranged so we can support the person's needs going forward."
- Records confirmed staff were in regular contact with health and social care professionals to support people's needs. One relative told us, "A district nurse is involved and the staff keep me updated about the care. I have been very impressed with the place."
- People and their relatives described being involved with the service. One person said, "We are always invited to anything that is happening in the home. Like coffee mornings etc." A relative told us, "If we have any ideas, they welcome them." Another relative said, "I feel very much involved, they do ask my opinion as I am always in and out daily."
- Staff spoke positively about the management of the service. One staff member told us there were regular staff meetings and they were encouraged to give their opinions. They told us, "We are told, 'any queries speak up' and we would. People have spoken to (the registered manager) and they take what we say seriously."