Cooper Residential Homes Limited

Bethel/Bethesda Residential Home

Inspection report

Equity Road East
Earl Shilton
Leicestershire
LE9 7FY

Tel: 01455847505

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Bethel Bethesda is a residential care home that provides personal care for up to 34 older people. The home is made up of two connected adapted buildings. At the time of our inspection 24 people were using the service.

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

People experienced care and support that was responsive to their needs. People told us they were satisfied with the care and support they experienced. People participated in activities that were of interest to them, but activities were not provided each day. People told us they sometimes felt bored.

People were supported by staff who understood their needs. People told us they felt safe because of the care they experienced. Staff understood and practised their responsibilities to keep people safe from harm.

People were supported by staff who had the right skills and knowledge to provide care that met people's assessed needs. 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 that staff were kind and caring. Staff respected people, treated them with dignity and involved them in decisions about their care.

The provider had procedures in place to monitor the quality of care people received. They used people's feedback to drive improvements. They had worked closely with the local authority who paid for the care of people to bring about and sustain improvements.

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

Rating at last inspection
The last overall rating at the last comprehensive inspection was Inadequate (report published 01/11/2018). We carried out a focused inspection on 18 March 2019 (report published 02/05/2019) when we reported only on key questions Safe and Well-led which we found had improved from inadequate to requires improvement. We found the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we 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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Bethel/Bethesda Residential 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 carried out by an inspector and an assistant inspector.

Service and service type
This service is a residential care home. It provides personal care to older people, some of whom live with physical disability and / or dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 inspection
We reviewed information we had received about the service since the last inspection. We obtained feedback about the service from the local authority that paid for the care of some of the people who lived at Bethel Bethesda. We used all this information to plan our inspection.

During the inspection
We spoke with six people who used the service and four relatives of other people. People told us about their

experience of their care and support. We spoke with eight members of staff including the provider, registered manager, deputy manager, four care workers and a cook. We also spoke with a person from the local authority who was delivering training about falls management on the day of our inspection visit.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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 comprehensive inspection in August 2018 we rated this key question as Inadequate. We found the provider was in breach of regulation 12 (2a and b) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Safe care and treatment; and regulation 18 (1) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Staffing.

After our focused inspection on 18 March 2019 we found improvements had been made and the provider was no longer in breach of regulations, but the improvements had not embedded. We rated this key question as requires improvement. At this inspection we found improvements had been consolidated.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. People told us they felt safe because they had confidence in the staff who supported them and the home environment. A person told us, "I feel safe during the day and at night." A relative told us, "[Person] is a lot safer here than they were at home" and another person's relative said "People are safe here. The security is good."
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff had training in the provider's safeguarding procedures and they knew how to report concerns if they had any. Staff told us they were confident that the registered manager would take any concerns they raised seriously and would act upon them.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. Staff followed the risk assessments which supported the safe delivery of care and support. We saw staff support people to walk safely.
- People had personal emergency evacuation plans to be used in the event of an emergency such as a fire. Staff were aware of fire evacuation procedures.
- Staff were attentive to changes in people's mobility. Risk assessments were reviewed after people had a fall for the first time. Measures were put in place to reduce the risk of falls or injury from falls, for example sensor mats alerted staff that a person had left their bed.
- The provider had arranged for all staff to have the latest training about falls management. The training was provided by a specialist from the local authority.
- The provider ensured that equipment staff used to support people, for example hoists and bath chairs, were serviced and maintained in accordance with the manufacturer's recommendations. The premises were well maintained and secure. People could not access areas such as the kitchen and store rooms where they could potentially suffer an injury.

Staffing and recruitment

● The provider followed safe recruitment procedures to ensure as far as possible that only suitable staff were employed. New staff only started working after all the necessary pre-employment checks, such as a Disclosure and Barring Service check. Three satisfactory references were required rather than two which most services require.

● There were enough suitably skilled and knowledgeable staff to meet people's needs. Deployment of staff was effective. People who required the support of two staff, for example when being transferred by hoist, received that support. People told us they did not feel rushed; and staff said they felt that there were enough staff during the day and night.

Using medicines safely

● Only staff trained in medicines management and assessed as competent to do so supported people with their medicines. People had the right medicines at the right times. Staff worked closely with people to involve them in the management and administration of their medicines. They prompted and reminded people when to take their medicines.

● Night time staff included a staff member who was trained in the management of medicines. This ensured that people who required medicines at night safely received them.

● Arrangements for storage of medicines were safe. Enough medicines were in stock. Any medicines that were no longer required were collected by the pharmacist that supplied them.

Preventing and controlling infection

● Staff practised effective infection control. They wore personal protective equipment such as gloves and aprons when they supported people with their personal care.

● Bathrooms, communal areas and people's rooms were clean. The cook and staff who assisted with food preparation were trained in food hygiene and used the correct equipment to segregate food items. Food storage was safe.

Learning lessons when things go wrong

● The provider had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

● The registered manager carried out observations of staff practice to ensure it was safe. These checks were used to identify poor practice if it occurred so that actions could be taken to learn lessons, make improvements and reduce the risk of errors happening again.

● The provider and registered manager used earlier CQC inspection reports as a basis for learning from past errors and making improvements. They worked with a local authority quality improvement team (QIT) to implement improvements. The QIT told us the provider was compliant with their requirements.

Good

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 comprehensive inspection this key question was rated as requires improvement We found that the provider was in breach of regulation 18 (2a) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Staffing because the provider had not ensured staff received appropriate training, support or supervision to enable staff to carry out their roles.

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

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out assessments of people's needs before they began to use the service and regularly reviewed them. People told us they were satisfied with the care and support they experienced. A person told us, "We get everything we ask for."
- The provider had policies that protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs. Staff supported people to follow their faith and provider had arranged for faith services to take place at the home.

Staff support: induction, training, skills and experience

- Staff received training that supported them to carry out their roles safely and effectively. People told us they felt staff were well trained and that new staff were supported by experienced staff. A person told us, "The staff are very well trained. New ones will watch experienced ones."
- The registered manager planned and arranged training in anticipation of people's changing needs and potential risks. For example, the provider had arranged for all staff to attend training about falls management that was delivered by the local authority. The trainer told us that staff had been attentive and had demonstrated good understanding.
- Staff told us they found their training to be helpful and that it was better organised that it had been before. A staff member told us, "I'm very happy with the training. It's much better organised that it was a few years ago. We have regular refresher training." A less experienced staff member told us, "I think the training we get is really good."
- Staff were supported through regular supervision meetings where they received feedback about their performance and where they discussed and arranged training. Staff told us they found those meetings to be supportive and helpful.

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

- The provider recognised the importance of people eating and drinking well. Meals were freshly prepared

using locally sourced ingredients. People's comments about their meals included, "The food is excellent" and "There is a good choice of food."

● People's care plans included information about their food preferences. That information was also available to cooks to ensure that people's individual preferences were met and that they were not given foods they had an intolerance to.

● People had enough to drink and eat. Staff provided people with drinks and snacks throughout the day. A person told us, "I'm never hungry." People chose meals from a menu offering two main meals, but they could ask for alternatives if they wanted to, for example jacket potatoes instead of a home-made chicken pie or pork chops.

● Staff supported people to enjoy their mealtime experience. They supported people who required assistance with eating and engaged with people to make the mealtime a social occasion in the dining room. People who wanted, had their meals in their own rooms or where they sat in communal areas.

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

● Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. A person told us, "I'm always well looked after. If I am unwell they will call the doctor." People were registered with a local medical practice.

● People's care plans included information about their health needs, medication and allergies which was essential for ambulance crews to see.

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).

We checked whether the service was working within the principles of the MCA and found that it was.

● Care workers understood their responsibilities under the MCA. They sought people's consent before they provided personal care. A person told us, "[Staff] always explain what they need to do when they come to help me wash or dress. They never do anything without my agreement."

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

● People's rooms were personalised to make them comfortable and homely places for people. A person told us, "I'm comfortable in my room, it's clean and personal." People had use of a variety of communal areas which offered alternative spaces for them depending on how they wanted to spend their time, for example watching television or being in a quiet area. People could spend time with visiting relatives and friends in their rooms or communal areas.

● The provider had begun to improve garden areas around the perimeter of the home and an inner courtyard for people to use. They were considering converting a disused kitchen into a `tea room' to provide people with an additional option of where to spend their time.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last comprehensive inspection this key question was rated as Require Improvement. At this inspection this key question has improved to Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People told us that staff were caring and made them feel that they mattered to them. A person told us, "I enjoy it here. It's like being in a good hotel." Relatives told us that Bethel Bethesda was the nicest home their loved ones had lived in because it was friendly, and staff were kind. A staff member told us, "It's the most warm, loving and caring home I have ever been in, we have got a family environment here."

●Staff were attentive to people's needs and ensured their comfort, for example adjusting cushions for people to ensure they sat comfortably or offering drinks.

● Staff developed meaningful and caring relationships with people and understood their needs, preferences and cultural requirements such as faith and spiritual needs.

● Staff told us they valued the culture of the service which they described as 'family like'. Staff told us they would have no hesitation with their loved ones using the service.

● Staff had training in equality and diversity and the service was ready to admit new people from all backgrounds and cultures.

Supporting people to express their views and be involved in making decisions about their care

● People and their relatives were supported to express their views because the provider valued people's feedback. For example, after a small number of people made critical comments about their meals earlier in the year, the provider sought the views of all people and their relatives and made improvements that people were satisfied with.

● Staff supported people with every-day decisions such as helping people decide what to wear and how to co-ordinate clothing so that they looked 'smart' which people told us was important to them.

● Staff involved people and, if people agreed, their relatives in reviews of their care plan. People told us they decided what was important to them such as when they got up in the mornings, when they ate their meals and how they spent their time.

Respecting and promoting people's privacy, dignity and independence

● Staff treated people with dignity and respect. People told us they felt comfortable when staff supported them with personal care. Staff spoke respectfully to people, referring to them by their preferred names.

● Staff encouraged people to do as much as possible for themselves to support people to maintain their independence. A person told us, "I like to be independent, so they let me do things for myself, but they will help me if I ask." Staff were at hand to support people when they walked and supported people if they

requested.

● Staff respected people's privacy, for example when people used a quiet lounge. They observed people at intervals to ensure they were comfortable but did this without interrupting conversations people were engaged in with others. People had visitors in the privacy of their rooms.

● There were no restrictions on visiting times. People told us their family members and friends visited them when they wanted. We saw from the visitor's signing-in book that relatives and friends visited throughout the day.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last comprehensive inspection, we found that the provider failed to establish a system to identify, record and respond to verbal complaints. This constituted a breach of Regulation 16 (1 and 2) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Receiving and acting on complaints. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

We rated this key question as Requires Improvement. That rating has not changed because improvements are required in how people are supported to participate in and follow their interests.

Requires Improvement: People's needs were not always met because there were not enough activities to provide stimulation and social interaction.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People sometimes felt lonely or isolated because there were not enough activities to support them to interact with other people at the home or in the local community. Social activities such as bingo, which people told us they enjoyed, took place only once a week. People told us they wanted to see more activities they could participate in more regularly. A relative told us, "We'd like to see more that kept people active" and another said, "Excursions, for example to a garden centre, would be nice."

● We discussed this with the provider. They told us they would carry out a survey to ask people about activities they wanted to see and would act on this as they had acted on the survey about meals people wanted. They also told us they would consider appointing a full-time activities co-ordinator.

●The provider told us they would work with local care homes and organisations to see if between them they could pool resources to hire a mini-bus that could be used for excursions.

● Staff supported people to follow their interests and hobbies. For example, some people knitted or crocheted items for themselves and other people. Staff engaged in conversations with people about things that were of interest to them such as their families, life experience and jobs they had.

● People who wanted to participate in activities that supported others did so. For example, a person liked to take a drinks trolley to people because it made them feel they were doing something helpful and useful. A staff member told us, "[Person] likes to help so we let them." Staff told us they would assess what other activities people could safely support staff with such as preparing dining tables.

Improving care quality in response to complaints or concerns

● People and relatives knew how to make a complaint or raise a concern. Relatives told us they felt they were listened to and that concerns they raised had been resolved. After a small number of people and relatives expressed criticism about meals, the provider carried out a survey to seek people's and relative's views. Changes were made. People and relatives told us they were now satisfied with the meals and some described the meals as being "excellent."

● Many of the people who used the service had done so for at least three years. People we spoke with told us they had never felt a need or wish to make a complaint. A person told us, "I cannot think of anything that needs changing."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People experienced personalised care because they were supported by experienced staff who understood their needs. When they told us about their care people said, "I'm well looked after", "I'm happy and content" and "They serve you well here."

● Staff involved people in planning their care and ensured that people received care and support the way they wanted it. People's care plans included people's preferences and choices about how they wanted to be supported. Staff we spoke with were knowledgeable about people's preferences. Daily care records confirmed that people were supported in line with their care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

● Information for people, for example about the complaints procedure, was available in an easy to read format. When staff communicated with people or offered them choices, for example about what meals to have or what clothes to wear, they showed them what was available, so people could decide and choose.

End of life care and support

● People's care plans included information about how they wanted to be supported towards the end of their lives and their funeral arrangements.

● We saw many compliments from relatives expressing how grateful they were for how care workers had cared for treated cared for people with compassion in the latter stages of their lives.

Good

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 comprehensive inspection we rated this key question as inadequate. We found the provider was in breach of Regulation 17 (2a and b) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 - Good governance because they had not ensured there were sufficient processes in place to assess, monitor and improve the quality, health, safety and welfare of service users.

After our focused inspection on 18 March 2019, we rated this key question as Requires Improvement. Improvements had been made since our last comprehensive inspection in August 2018 when we rated this key question as Inadequate, but it was too early to say the improvements had been embedded.

At this inspection we found improvements had been consolidated.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider was open with people and their relatives about the service. People's and relative's opinions were sought through surveys and when relatives visited. Their views were acted upon, for example, improvements had been made to the meals people had.
- Staff were more involved in developing the service. After they fed-back in a staff survey that they wanted to be more involved the provider scheduled more regular staff meetings.
- People experienced good outcomes because staff understood their needs and preferences. People told us they felt well cared for and supported. A person told us. "I cannot think of anything I'd like them to change" and a relative said, "We've been to a few care homes. This is the best."

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

- The provider had consolidated the improvements they had made since the last comprehensive inspection. They and the registered manager carried out regular monitoring of the service to ensure people received care that was safe, effective and tailored to their needs.
- The provider and registered manager were using CQC's guidance about the fundamental standards of care as a benchmark. Audits and monitoring were based on those standards.
- The provider ensured there were procedures in place to notify CQC of notifiable incidents and events that occurred at the service.

Continuous learning and improving care

- The provider was committed to continually improving the service. Their motivation, which was shared by

staff, was to provide care and support that they would themselves would want to experience.
● Improvements since our last inspection included improved quality assurance, better signage that supported people to orientate their way around the home, improved security and staff morale. The provider's next focus was to improve the range of activities for people to participate in.
● People, relatives and staff told us the service had improved over the last 12 months. Staff told us they would recommend the service to their loved ones.

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 promoted transparency and honesty. They had a policy to openly discuss issues with people, relatives and staff. People, relatives and staff told us the registered manager was approachable and supportive.
● It is a legal requirement that a provider's latest CQC inspection is displayed at a service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. The ratings from our previous two inspections were displayed and discussed with people and relatives at meetings or when they visited. The provider had been open and honest about the scale of the challenge they faced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider continued to seek the views of people, relatives, staff and work with the local authority quality improvement team (QIT) as part of their drive to improve the service. The local authority QIT told us that the service had consolidated the improvements it had made.
● People and relatives who wanted to be, were involved in developing the service. This was through reviews of their care plans, and when relatives visited or called the registered manager or provider. A relative told us, "[Staff member] always puts things right if we ask for something to be done."
● Staff were more involved in developing the service and felt comfortable about making suggestions such as arranging for singers and entertainers to visit the home to provide entertainment for people. Staff told us they felt motivated and happy to work at the service which they said was much better than it was 12 months ago.

Working in partnership with others
● The provider had made links with local churches, charities and other care homes in the area to work collaboratively to provide people with activities they could participate in outside the home. This was in its early stages and was in response to feedback from people, relatives and staff.
● The provider had cooperated successfully with the local authority QIT to consolidate om improvements they had made. This included developing electronic care plans to replace paper plans.
● The provider worked with local health and social care services that were involved in supporting people who lived at Bethel Bethesda.