

Bethesda Eventide Homes

Bethesda Eventide Homes - Ipswich

Inspection report

59A Henley Road
Ipswich
Suffolk
IP1 3SN

Tel: 01473211431

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Bethesda Eventide Homes is a residential care home in one adapted building across three floors and is registered to provide the regulated activity personal care without nursing for up to 27 people. At the time of our inspection there were 24 people using the service.

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

People told us their personal care needs were responded to in a timely manner. However, care and risk management plans did not always guide staff in relation to risks of acquiring pressure wounds and catheter care. In response to our findings the registered manager took action to ensure plans were put in place which would improve oversight and training for staff in record keeping.

Medicines were stored securely for the safety of the people supported. Medicines were audited to ensure people received their medicines as prescribed.

People told us they were satisfied with the care and treatment they received and were observed having positive interactions with staff. Relatives spoke positively about the caring culture of the service and felt that their loved ones were safe and well supported.

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 the service was managed well, communication was good and their opinions were sought

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 good (published 6 March 2019).

Why we inspected

We received concerns in relation to people's access to personal care support and record keeping. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. The provider took action to mitigate the risks we identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bethesda on our website at 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?

Requires Improvement ●

The service was not always 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.

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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 was carried out by one Inspector

Service and service type

Bethesda 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. Bethesda 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 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 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 all this information to plan our inspection.

During the inspection

We spoke with four people who used the service, eight staff, including the registered manager. We also spoke to three family members of people receiving support.

We reviewed five care records, three medicines administration records (MAR) and three staff records. We also reviewed other records, including policies and procedures, relating to the safety and quality of the service.

After the inspection

We continued to seek clarification from the provider after the inspection visit to validate evidence found. We looked at training data, rotas 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 our last inspection we rated this key question good. At this inspection the rating has 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; Learning lessons when things go wrong

- Everyone we spoke with told us staff responded to their personal care and support needs in a timely manner. However, care and risk management plans did not always evidence risks linked to people's care had been considered, reviewed and regularly monitored.
- An initial assessment of people's needs was undertaken, and care plans produced to provide staff with guidance in how to provide the care and treatment required.
- Further work was needed to ensure daily monitoring of people with a catheter in situ who were at risk of acquiring infections were recorded and guidance provided to staff to keep people safe. Records had not always been maintained to ensure fluid input and output had been monitored to reduce the risk of infection. The type of catheter bags in use for day and night and how often these should be changed was not always recorded in care and risk management plans.
- Care plans did not always provide guidance for staff as to the required regularity of repositioning for people at risk of acquiring pressure wounds who were cared for in bed.
- In response to our findings the registered manager told us they had taken prompt action to obtain agreement from the board of trustees to agree funding for additional staffing hours. They told us these additional hours would enable the appointment of a member of staff, deployed to maintain oversight of care and risk management planning and ensure regular auditing. They also told us they had contacted the local authority to arrange training for all staff in record keeping. The local authority also confirmed this had been put in place to support improvement.
- We identified a risk to people's safety in the event of a fire where we found cardboard, walking frames and bags being stored under a stairway. We requested this equipment be removed and this was actioned immediately. The registered manager told us they would ensure monitoring of this area would be included in their health and safety audits.
- Equipment used by people and staff were checked and serviced regularly. This included lifting and fire safety equipment. People had plans in place for evacuating the service in the event of an emergency.

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.

Systems and processes to safeguard people from the risk of abuse

- There were a range of measures in place to safeguard people from the risk of abuse.
- The management team understood their responsibilities for reporting safeguarding concerns to the relevant authorities with a system in place for logging incidents with outcomes.
- Staff had received training in safeguarding procedures and knew how to report any concerns relating to people's welfare.
- Everyone we spoke with told us they felt safe with all the staff who supported them. Comments included, "There is not one [staff] who are unkind. They [staff] are all very good." And, "I feel safe living here. Of course, I would prefer to be in my own home but you couldn't wish for better than living here."

Staffing and recruitment

- Staffing levels were assessed by using a dependency tools. This tool was regularly reviewed to ensure sufficient staffing levels remain in place for the needs of the people.
- Sufficient staff were observed deployed on the day of inspection to ensure people's needs were met in a timely manner.
- Staff told us there were occasions when due to COVID-19 staff sickness absences, staffing levels dropped below those needed to meet people's needs. Staff also told us the management team would work hands on to support with cover for absences.
- Everyone we spoke with told us they felt there were enough staff and their call bells were answered in a timely manner.
- Staff were safely recruited and checks were made on their suitability through references from previous employers 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.

Using medicines safely

- Medicines were stored securely and at appropriate temperatures.
- There were systems in place to ensure time specific medicines were administered as prescribed, such as medication to treat people diagnosed with Parkinson's disease.
- Records showed people were receiving their oral medicines as prescribed and staff carried out regular checks of people's medicines. Where we found gaps in records for the application of topical medicines and inhalers, this was promptly addressed by the registered manager.
- Staff had received training and had their competency to administer medicines regularly assessed.
- We observed staff giving people their medicines and following safe procedures.

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 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 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 registered manager was following current government guidance in relation to visiting at the time of the inspection. Relatives told us they had been able to continue to visit their loved ones.

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. 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

- Since our last inspection there had been a change in management of the service. The registered manager had recently been appointed having previously worked at the service as the deputy manager.
- Relatives told us, "The new manager is great. They and the care staff here really care. All of them as if it was their own family they care for, that's how I feel with them. [Person's relative] has put on weight, the food is so good. The garden has all been done to improve life for people." And, "Communication is very good. I would feel very comfortable to raise any concerns if I had any, but I don't. The manager is so amenable, open to suggestions. I always feel like they are glad to get feedback."
- The registered manager understood duty of candour and demonstrated awareness of their legal responsibilities. They knew when notifications were required to be sent to the Care Quality Commission and how to make referrals in the event of a safeguarding concern.
- The provider had considered the impact of the COVID-19 pandemic on the service and had updated their policies to ensure compliance with government guidance.

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

- The management team demonstrated a responsive approach and a commitment to address any shortfalls to ensure improvements were made in a timely manner.
- People told us, "The manager is lovely and so are all the staff. Yes, I think the home is run well. I could not wish for more. There is a nice atmosphere here and all of the staff are so very kind. They ask our opinions on things. We have a bath when we want one, the food is top notch and I am content." Another said, "The manager is very nice. Nothing is too much trouble. Take a look at our lovely garden, they [manager] have made it look so nice for us with new seating areas."
- A relative told us, "The management appears to very open here. They ask [person's relative] views. They communicate well with us; they keep me up to date with any changes. We get invited to meetings where they give us up to date information. The staff are very caring and do their very best for the people who live here. Honestly I cannot say enough good about them."

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

- People were involved in day to day decisions about what they wanted to eat, how they spent their time

and what social activities they wanted to take part in.

- People were provided with opportunities such as satisfaction surveys and meetings to express their views.
- Relatives told us, "The care here is exceptional. I moved [person's relative] from another home and I am so pleased we made that decision. They [person's relative] are happy, content and have put on weight. They [staff] really cannot do enough for you. They look after [person's relative] and they look after me." Another told us, "Believe me, if I was not happy with the care I would not hesitate to say so. All of the staff are truly wonderful. If I have any worries or concerns, I know I can go straight to the manager and they will put things right."

Continuous learning and improving care; Working in partnership with others

- Throughout our inspection the management team were open and transparent and proactive in discussions and in their response to our findings.
- Social care professionals told us the registered manager was proactive and sought help and support to improve the service when needed.