Haven Care Centres Limited

Bethel House

Inspection report

St Bees Road
Whitehaven
Cumbria
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15 January 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Bethel House is situated on the outskirts of Whitehaven. It is an older property that has been extensively adapted and extended to provide accommodation for up to 62
people who are living with dementia or other mental health needs. One part of the building provides nursing care. The home provides accommodation in single rooms with ensuite facilities. There are suitable shared facilities and secure garden areas.

At our last inspection on 18th and 19th August 2015 the home was in breach of Regulations 12, 14,15,10 of the Health and Social Care Act because medicines, nutrition, the environment, dignity and care delivery were not being managed appropriately. We judged that these issues were related to a failure in 'Good governance' and the service was also in breach of Regulation 17. The overall rating for this provider was 'Inadequate'. The service was placed in special measures.

The inspection of 14th and 15th of January 2016 was undertaken to ensure that significant improvements had been made. We had received a suitable action plan from the provider detailing the changes underway. The local authority and health care professionals had visited the service since the service was placed in special measures. We found evidence to show that all of the above breaches of regulations had been met. We have revised the overall rating to one of 'Requires improvement'. To achieve the overall rating of 'Good' would require a longer term track record of consistent and sustained good practice in all areas.

At this visit we saw that the management of medicines had improved significantly with new measures in place to deal with the ordering, storage, administration of medicines. Staff had received suitable training and checks on their competence.

There had been problems recruiting nurses but we saw that there was a full complement of nursing, care and support staff in place. Recruitment had been done correctly with all new staff being suitably vetted.

The staff team were aware of their responsibilities in protecting people from harm and abuse.

The service had been rated as Inadequate in 'Effective' because nutrition was not well managed, staff development needed to be improved and there were problems with the environment.

At this inspection we observed that there had been investment in the environment with new furniture, décor and equipment in place. The provider had suitable plans in place for on-going improvements to the environment.

We also saw that nutritional planning had improved and that the advice of specialists had been taken. There were new arrangements around mealtimes and a new cook in charge of the kitchen.

Staff training and development had been reviewed and new training planned. Staff had received close

supervision from the management team. We saw major changes in the delivery of care and the approach of the staff team.

We judged that the breaches had been met but we rated this outcome as 'Requires improvement' as we need to see sustainable improvement in these areas.

The manager and her deputy had worked closely with care staff to ensure that people in the home were given respectful and dignified care. We saw that some staff had left the service, others had reflected on their practice and some staff had been subject to some disciplinary actions. The approach we witnessed was very much improved. We judged that the service was no longer in breach of Regulation 10 and the domain 'Caring' was judged as good.

We saw that the staff team were much more focussed on people's well-being. People were well dressed, comfortable and any distress or disorientation was dealt with in a sensitive way.

The team had reassessed the needs of everyone in the service. They had worked with the local authority and with health. A new care planning system was in place. We judged that the breach in relation to care planning and delivery had been met. We rated the 'Responsive' outcome as requires improvement as we need evidence of sustained improvement in person centred planning.

Records and quality monitoring systems had improved. We had evidence to show that where quality standards were not being reached the provider and the management team had taken swift and appropriate action.

There was a new management team in place. The new manager was applying to be registered with the Care Quality Commission. We judged that the breach of Regulation 17:'Good governance' had been met but we rated 'Well-led' as 'Requires improvement' as to improve the rating to 'Good' would require a longer term track record of consistent good practice and the completed registration of the new manager.

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.

Staff understood their responsibilities in protecting vulnerable adults from harm and use.

The home was fully staffed because successful nurse recruitment had taken place.

Medicines management had improved.

Is the service effective?

Requires Improvement

The service was not yet Effective.

Staff received informal, on the job supervision which had improved practice but more formal supervision needed to be done with the team.

Nutritional planning, mealtimes and catering had all improved giving people more support to get good hydration and nutrition.

The environment had been considerably improved and people were safe and comfortable in the home.

Is the service caring?

Good

The service was Caring.

We observed kind caring and dignified approaches in the staff team.

The care plans help staff to understand how to support people who found retaining information difficult.

End of life care was being managed appropriately.

Is the service responsive?

Requires Improvement

The service was 'Responsive'

Assessment and care planning had improved but needed to be

sustained over time.

Activities were suitable and more 'dementia friendly' activities planned.

Complaints were managed appropriately.

Is the service well-led?

Requires Improvement

The service was not always 'Well-led'.

The service needed to ensure the new manager was registered with the Care Quality Commission.

Quality auditing had started, monitoring of all aspects of the service was under review.

A new person centred culture was being developed.

Bethel House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14th and 15th January 2016 and was unannounced.

The inspection team consisted of the lead adult social care inspector and a specialist advisor. The specialist advisor was a nurse who was qualified and experienced in the care of people living with dementia.

We spoke with ten people who made Bethel House their home but we observed all the people in residence during the two days of the inspection.

We looked at 15 care files. These included assessments and care plans, daily notes and records of care delivery. We looked at all the records related to medicines management and observed medicines being given in both parts of the home. We checked on money that the service looked after for people. We looked at menus and records of meals taken.

We spoke with 16 members of staff. This included the new manager, the deputy manager, the clinical lead nurse and two other nurses, senior care staff and care assistants. We also spoke to the cook and the kitchen domestic, four people who were on the housekeeping team and to the activities organiser. We read seven staff files. These included information on recruitment, supervision, appraisal and training. We saw the record of training provided and the proposed training plan. We also saw the proposed supervision planning and spoke with the manager about plans being put in place to change the way staff were deployed.

We saw quality monitoring records. These included audits of medicines and daily audits of care delivery. We saw that maintenance and repair, food and fire safety were being regularly audited. We saw plans in place for aspects of the service that needed to be improved.

We met with two members of the local primary care service who were satisfied with the changes in the

home.

This service had been in special measures. The local authority and the Cumbria Commissioning Group (who commission the nursing care) had met with the provider every fortnight since September 2015. Social workers and specialist nurses had gone into the service on a regular basis during this time. They had given the service support and they reported that they had seen improvement in all areas. We attended two of these meetings but had been sent copies of all the minutes. We spoke with health and social care professionals the week prior to our visit and they were pleased with the progress made.

We also looked at the information the service had sent us and had sent to the local authority. These included notifications about safeguarding, accidents and incidents of concern. We saw in these that the service was improving as these matters had lessened over the months.

Good

Is the service safe?

Our findings

People who lived in Bethel house were living with dementia or another form of mental ill health. Not everyone could comment on how safe they felt. One person told us that "...they (the staff) are fine...nothing wrong with them." The inspection team observed how staff interacted with them and spoke to individuals about how safe they felt. Another person said: "I feel quite safe thank you...looked after as I get a bit mixed up." We could see from people's body language that they felt safe and comfortable in their own environment. Some people discussed how safe they felt and that they were able to say that "it is fine here. I feel okay and don't feel frightened."

We spoke to staff in the home and they could discuss their responsibilities in safeguarding vulnerable adults. Staff said that they had received training in this and that it was discussed in both formal and informal supervision and in staff meetings. We spoke to a senior carer who told us that she felt confident enough to make a referral to the local authority. Staff said that they would contact CQC or the local authority if they felt the management team had not dealt with any matters of safeguarding.

Staff told us that they were confident in the new management team and in the provider and that they would discuss any concerns with them straight away. Staff were aware of individual rights and could speak about anti-discriminatory practice. We had received suitable safeguarding notifications when necessary. The local authority felt that appropriate referrals were being made.

We walked around all areas of the home and we saw that there were suitable security measures in place. There was an emergency plan in place which the new manager was updating. We also noted that the manager had put in place a new system for monitoring falls and any other accidents or incidents. Accident reporting showed that there had been minimal accidents in the six months prior to the visit.

At the last inspection we judged that staffing levels were insufficient to meet the needs of people in the service. At this visit we saw that staffing levels were more than adequate to meet the needs of people in the home. On the day of our visits the manager, the deputy and the clinical lead were on duty. Sufficient care, housekeeping and catering staff were in place. We looked at the rosters for the four weeks prior to our visit and we judged that staffing levels met people's needs.

The provider and the new manager had kept us up to date with the progress of nurse recruitment and judged that successful recruitment had increased the staff to service user ratios. The service had a full complement of nurses and carers when we visited. The manager discussed some plans to rationalise staff deployment in the future which would ensure the service ran as efficiently as possible.

We looked at a number of recruitment files. We saw that candidates were appropriately vetted prior to them having any access to vulnerable adults. We judged that recruitment was being managed appropriately. We also had evidence to show that the service had appropriate disciplinary procedures in place.

At our last inspection visit the service was in breach of regulation 12 of the Health and Social Care Act

because medicines management was poor. At this visit we had enough evidence to show that medicines were now being managed appropriately. All medication in the residential unit was now stored in locked cupboards and trolleys within a locked walk-in cupboard. The nursing unit had a room where all medicines were stored.

Staff had routinely signed medication administration records and the controlled drug books were up to date. Staff said that they had received further training and their competence had been checked in relation to ordering, storing, administering and disposing of medicines. We checked on all aspects of this and found medicines management to be appropriate. Some aspects of the management of medicines were still being developed. 'As required' protocols were being placed on file and local GPs contacted about allergies. We judged that medicines management had improved.

On both days of the inspection all parts of the home were clean and orderly with no unpleasant odours. The home had a full complement of housekeeping staff who were busy keeping the home in order. Domestic staff told us that there were enough of them to keep the house clean. One person now worked in the evening and staff said that this made a difference to hygiene levels throughout the day. Staff also confirmed that they had specific tasks to do which were recorded. They were aware of how to use personal protective equipment and they had suitable chemicals. Together this meant that infection control was of a good standard.

Requires Improvement

Is the service effective?

Our findings

We spoke to people in the service and one or two people could comment on staff training and ability. A relative told us they were "very pleased" with the skills the staff had in caring for people living with dementia.

We had evidence by talking to staff and by looking at records to show that the staff group were now being closely supervised when they did their daily tasks. We asked staff about their practice. When we visited in August 2015 we felt that staff were not being supervised as closely as they might be when working. At this inspection we saw that staff practice had much improved. We spoke to the management team and individual members of staff. We learned that the new manager, her deputy manager and the clinical lead for the nursing home had spent a lot of time supervising staff. We judged that this practical supervision had changed the way staff approached their work. We saw that staff had now adopted a more person centred approach and that they were more careful about the delivery of personal care.

We had feedback from social workers and healthcare professionals who told us that they had seen a great deal of improvement in the way care and support was delivered since the new management team came into being. One social worker told us that she had witnessed two members of staff de-escalating a situation when a person living with dementia had become upset. We were told: "This was done with sensitivity and we checked the care plan later and the staff followed this to the letter."

We judged that this new management team had worked well on helping staff with skills, knowledge and approach. We also noted that there had been a number of staff meetings for different groups of staff with a management team who were very clear about what was expected of staff. We also saw some written records of supervision which were of a good standard and encouraged staff to reflect on their practice. There was a new supervision matrix in place so that each member of the team would receive regular supervision in 2016.

We had evidence to show that each member of the team was having practical supervision but not everyone had received formal supervision that had been recorded.
We recommended that both formal and informal supervision be recorded in staff files so that there was an on-going record of the improvements to practice.

Staff had attended updates to all of the training that the provider had deemed was necessary for their roles. We also saw that the new manager was working on a training needs analysis and had started to plan training for the year. She said that she had focussed on reflective practice, competence and supervision of tasks but that training was being developed. Staff told us they had attended updates to a variety of skills including moving and handling, medicines management and person centred planning.

We asked staff about their understanding of the Mental Capacity Act 2005. We saw that staff had received recent training on this and that they had a good working knowledge of their responsibilities. The new manager and her management team were fully aware of their responsibilities under the legislation. They were applying for Deprivation of Liberty Authorities. Several of these had been granted and more

applications were being worked on.

We also saw evidence to show that 'best interest' reviews had taken place, that staff were aware of which relatives had legal power of attorney and that Do Not Attempt Cardio Pulmonary Resuscitation paperwork was up-to-date. During the day we saw staff persuading and re-orientating people who were living with dementia. Staff did their best to gain people's consent. When we looked at records and discussed the issue of restraint with staff we were told that restraint was not used in the service. We saw in care plans that distraction, reorientation and other techniques were used when people had difficulties managing their emotions or behaviours.

The inspection team observed meals times during the two days of their visit. We saw that people were offered a cooked breakfast and that they received a light lunch. On the second day lunch was home-made soup and home-made bread, sandwiches and a selection of cakes. People ate these with enthusiasm and told us that they enjoyed their meal. Dinner was now served in the evening and staff said people ate well since the meal arrangements had been changed. Drinks were available through out the day

We went into the kitchen and saw that there were suitable stores of nutritious food in the home. We also met with the new cook for the home who had been in post for a little over a month. We could see that this person was trained and experienced in managing a large kitchen. She was skilled and knowledgeable in the provision of nutritious, well presented food. She was aware of the special dietary needs of people in the home because nurses and senior carer staff made sure that any individual needs were communicated to the kitchen. We checked on individual records and saw that nutritional risk assessments had been completed and new nutritional plans were in place. Staff called on the services of speech and language therapists and dieticians when necessary. This meant that the previous breach of Regulation 14: Nutrition and hydration had been met.

At our previous inspection in August 2015 we had been concerned about the environment and the home was in breach of regulation 15: Premises and equipment. At this visit we judged that the home was no longer in breach of the regulation. The provider had purchased new chairs for one sitting room, had upgraded décor in several areas and had provided new specialist flooring in the residential unit. One lounge had been redecorated and a fireplace had been put in as a focal point. We also noted that staff were taking care of the environment in a much more proactive way. The home was bright, clean and orderly in all areas. Signage in the residential unit had much improved and we judged that this was important for people living with dementia who were still very mobile. We heard plans from the staff team about how they hoped to make the environment even more "dementia friendly" in the future. The new manager had plans to develop different areas in the home. One of the ideas was to have a pop up pub. One of the male service users told us that he was looking forward to that as he liked to have a "pint and sing."

Good

Is the service caring?

Our findings

When we visited in August 2015 we judged that the service was in breach of Regulation 10: Dignity and respect because the staff team did not always talk about people in a dignified and respectful way. At this visit we judged that this aspect of the service delivery had been dramatically improved. During the two days we heard staff talking to people with kindness and sensitivity. We noted that the way staff treated people took into account the cognitive impairment, disorientation and distressed that comes about when people are living with dementia.

We had evidence in supervision notes, team meeting minutes and in other information kept on staff files that staff had been spoken to about their attitude and approach. We learned that the management team had led this change by working on the floor and leading by example. We heard staff speaking appropriately and respectfully to older adults living with dementia. We also heard staff using humour and affection in an appropriate way. People in the service responded well to those who cared for them. We also heard staff who were in ancillary roles talking with people and about people in an appropriate manner.

We heard staff explaining proposed interactions to people in the home in a patient and clear manner. Care plans explained in detail how staff needed to help people understand interventions. The care plans talked about the fact that some people found retaining complex information difficult. Staff told us that the plans helped them to do this in a simple way that would help people to make their own decisions.

The people we met on both days were relaxed and comfortable because staff paid good attention to their general well being. This meant that people were dressed appropriately and their needs, preferences and wishes were being met. The inspection team judged that this had come about because of the good monitoring of care delivery provided by the management team. We also judged that individual members of staff who had always treated people in a kind and caring way had encouraged other staff to develop appropriately.

We observed people being helped to move, be supported with care and helped to choose options. Staff ensured that this was done in privacy and with as much dignity as possible. We heard staff helping people to be as independent as possible. This was also included in care plans. For example we saw different ways to help people to manage to eat and drink independently which allowed them to retain dignity.

We spoke with a visiting professional who told us that there had been some end of life care in the service prior to our visit and this person told us that they were more than satisfied with the way this had been dealt with. "They were absolutely lovely with (a person) who was at the end of their life. I was very impressed with the kind and caring attitude." We had evidence to show that end of life care was managed appropriately.

Requires Improvement

Is the service responsive?

Our findings

We spoke to staff who could talk about what person centred thinking, person centred planning and person centred care was all about. We saw that this was working in practice because people were being supported to dress appropriately, given options and choices and the staff understood individual preferences in all aspects of their lives. We judged that staff were much more confident and competent in helping people to have the kind of responsive care and support they wanted and needed.

We had evidence to show that every person in the service had their needs re-assessed. Some of the re-assessment had been done with social workers and with health care professionals. We also noted that where other professionals were not involved the staff had reviewed the care and support needed. This had been done, where appropriate, with relatives or friends. The staff were building up a picture of the person as they were before they had developed dementia.

We saw that all of the care plans had been amended and adjusted once this process of re-assessment had been completed. Some care plans still needed to be re-written but we judged that enough work had been done to show that this service was no longer in breach of Regulation 9. We saw that more than 50% of the care plans were now in a new format. These were easy to read and were written in a person centred way with individual needs and wishes in place. We also saw that a shorter, one page plan was in place in addition to the more complex plan. This gave a quick outline of strengths and needs and also gave an impression of the personality of the individual. The new manager said that they put this into place to supplement the care plan. The staff said that this short biography was really useful to just remind them of the service user as an individual with strengths and needs.

We recommended that care planning continue to be updated and amended in the service.

The home employed an activities organiser for 30 hours per week. We saw that this member of staff did both group and individual activities in both sides of the home. Time was spent with very frail people so that they had attention on a one-to-one basis. The staff had started to give chair and bed-bound people interesting things to hold and touch. The manager told us that they hoped to appoint another person when numbers rose in the service. We saw that there were different forms of activities on offer including craft and reminiscence work. The home had its own transport and people were taken out where possible. We noted that activities were beginning to be more individualised and that preferences were written into care plans. Several people enjoyed going to the day centre that was attached to the home. More 'dementia friendly' activities were being planned.

There had been no recent complaints about the service but we had evidence to show that staff listened to any concerns that people in the service had. The manager worked with one person during the day who had an issue and we later learned that the manager felt this person needed more input into planning their future. We judged this meant that concerns and complaints were listened to and ways to resolve them considered. We had evidence to show that previous complaints were dealt with by the provider and previous managers in an appropriate way.

The new manager was working closely with the local authority and with health care commissioners to make sure that everyone was suitably placed in the home. She was ensuring that any person who needed nursing support was re-assessed so that people would get the right levels of support. No one had moved from the home but staff were aware that initial assessment had to be tempered with the re-assessments they were completing.

Requires Improvement

Is the service well-led?

Our findings

This service had been without a registered manager for some time. A new manager had been appointed some three months prior to the visit and she was in the process of applying to be the registered manager. We had evidence that the new manager was a suitably qualified and experienced person to manage the care home. She had previously managed a residential service for people with dementia. In August 2015 the provider had also appointed a new deputy manager who was responsible for running the residential unit. The manager was being supported by a clinical lead who was managing the nursing team. She had been in post since the beginning of December 2015. These three people were the new management team.

Staff told us that all three of them were very clear about the culture and values in the home. The staff we spoke to were enthusiastic about the way the new management team was developing the home. Staff had started to talk about "person centred care" and said that they had been observed and supervised when delivering care. Several members of the team said that they felt good care practices were being embedded into the work of the entire team. One person said "I feel I have always worked well but I have been made to think about my practice my values. There have been a lot of discussions about the right way to do things." Staff told us that the new management team was "Very hands-on and they know how to give good care."

The new manager had developed systems in the home which delegated responsibility to specific members of the team. Senior care staff had been delegated specific tasks. Individual care assistants were allocated to a senior member of staff who would give them formal supervision. Each care assistant had been allocated as a "key worker" to people in the home. Maintenance, housekeeping and catering staff said that they were fully aware of their roles and responsibilities. We had evidence to show that deployment of staff was under consideration so that efficient systems were in place in relation to staff roles and responsibilities.

We saw that the original quality monitoring system had been updated and amended. Some policies and procedures, for instance the sickness policy for staff, had been updated in line with legislation and effective working. The manager told us that she would continue to work on systems and procedures in the home. Quality monitoring was in place for administration, housekeeping, maintenance, catering and care delivery.

The management team had introduced a new daily quality monitoring system in relation to the delivery of direct care. There was a single page record that staff were expected to complete on each shift. This recorded delivery of personal care and was countersigned by a senior carer during each shift. Senior staff completed a room check document on each shift to ensure that everyone had a tidy and clean room and that linens and clothing were fresh and well cared for. We judged that these were very effective in monitoring the quality of care.

We also saw that there were daily quality monitoring checks on medicines. The manager completed the monthly audit of medicines in the home and also did unplanned 'spot checks'. Where there were any discrepancies this had been taken up in supervision.

There were existing systems in place for fire and food safety. We noted that these were being audited by the

manager and by the provider. Where there had been difficulties these were being resolved. The accounting system for people's money had been improved and again there were regular audits of this in place.

During our two days we noticed that recording systems had been improved. Information was easier to access. A visiting health care professional commented on how much tidier the office spaces were. The new manager had started to archive some information that was no longer current. The nursing unit had a 'nursing station' in the hallway. The manager and the clinical lead for nursing were encouraging nursing and care staff to use a more secure area for updating records and making phone calls.

A senior care assistant told us that these systems were working very well. They said "I feel the home is a much better place for our service users."

We judged that although major improvements had been made and we saw good outcomes during our inspection, further evidence of sustainability was necessary to rate 'Well-led' as 'Good'. The manager also needed to be registered with the Care Quality Commission.