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Bethany House

Inspection report

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 21 and 22 April 2016. The first day of the inspection visit was unannounced, the second day was announced. At our last inspection on 17 and 18 February 2015, the service was found to be requiring improvement. This included recruitment checks, medicine management, risk assessments, restrictions on peoples' liberty and ineffective systems to identify where improvements were required to the service. We found there had been some improvements made.

Bethany House is a home providing accommodation and residential care for up to 30 people. The home also provides short stay interim beds for people that require respite care. At the time of our inspection 26 people were living at the home.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection it was found the provider had not always recognised when the care being offered had put restrictions on people's ability to choose and move around freely. There had been an improvement. People had access to equipment to help them move freely around the home and measures had been put in place to ensure the provider was meeting the legal requirements to protect people's human rights.

Systems were in place to monitor, audit and assess the quality and safety of the service but they had not always been effective at identifying the issues we found during this inspection and required improvement.

People felt safe living at Bethany House. Staff understood their responsibility to take action to protect people from the risk of harm because the provider had systems in place to minimise the risk of abuse.

There were sufficient numbers of staff available to support people. Suitable staff had been recruited and had received training to enable them to support people with their individual needs.

People felt supported to take their medicines.

People were able to choose what they ate and drank and enjoyed their meals and given the opportunity to join in different activities if they wished.

People were supported to receive care and treatment from a variety of healthcare professionals and received treatment if they were unwell.

Staff demonstrated a positive regard for the people they were supporting. People felt staff were caring and kind. Staff understood how to seek consent from people and how to involve people in their care and

support.

People felt happy living at Bethany House. There was a complaints process in place and people felt they could raise concerns. Feedback on the service provided at Bethany House was sought from people living at the home, their relatives and professionals.

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.

People felt safe living at the home.

People were protected from the risk of abuse because staff were aware of the processes they needed to follow.

Risks to people were assessed and people were supported by adequate numbers of staff on duty so that their needs would be met.

People were supported with their prescribed medicines.

Is the service effective?

Good

The service was effective.

People felt they were supported by skilled staff who knew their care needs.

Staff were recruited through improved recruitment practices.

There were arrangements in place to ensure that decisions were made in people's best interest and people's rights had been protected.

People enjoyed the meals provided.

People received support from health care professionals to meet their care needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity.

Individual staff demonstrated kindness and compassion.

Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and

dislikes.

Is the service responsive?

Good

The service was responsive.

People and relatives felt they received a service that was based on their individual needs.

People were supported and encouraged to participate in a activities if they wished.

People and relatives felt they could raise concerns and that the service would be responsive to their requests.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The processes in place to monitor, audit and assess the quality of the service being delivered were not always effective.

People felt happy with the service they received.

People were given the opportunity to feedback on the quality of care and support.

Bethany 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 unannounced inspection took place on 21 April 2016 and the inspector returned for a second day which the provider was aware of on 22 April. The inspection team consisted of one inspector.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts that the provider is required to send to us by law. We contacted the local authorities who purchased the care on behalf of people, to ask them for information about the service and reviewed information that they sent us on a regular basis. We had received information about risks to people which also informed our inspection planning.

During our inspection we spoke with six people, three relatives, five staff members and three healthcare professionals. The registered manager who was also the registered provider of the service, was unavailable during the two days of the inspection due to circumstances beyond their control. However, the provider had engaged the services of a private consultant to assist them with the continued development and management of the service. The consultant was available to speak with us, on site, during the inspection. Because most people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records in relation to four people's care and five medication records to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment and training files. This was to check staff were recruited safely, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service.

Good

Is the service safe?

Our findings

During our last inspection, the service had been found to be requiring improvement in managing risks, medicine management and staff recruitment. We found there had been some improvement. We saw people were moving freely around the home and garden and staff we spoke with showed an understanding of supporting people's independence whilst protecting them from risk of harm. One staff member told us, "We try to prevent accidents and keep people safe, we try to make them aware of what they are doing to make sure they are safe." Staff showed they had an understanding of the risks posed to people, their health and care needs. For example, one person had recently been diagnosed with epilepsy and a staff member's prompt action had prevented the person from going to hospital. The action required to be taken was detailed within the care plan and had supported the staff member to keep the person safe. We saw risk assessments had been completed for people and for the use of specialised equipment. For example, we found pressure relieving mattresses and cushions were in use to support people who were at risk of developing skin damage.

We saw the provider had an improved recruitment process in place to make sure they recruited suitable staff. Staff told us before they started to work at Bethany House all checks had been completed. Three staff files showed the pre-recruitment checks required by law were completed, including a Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people

People we spoke with told us they were happy with the support they received from staff with their medicine. One person said, "I take my medicine regularly." Another person said, "The staff help me with my medicine." Medicines were stored in a locked room in order to keep them secure and maintain their effectiveness and prevented unauthorised people accessing the medicines. The room was untidy and some medicines were not locked in cupboards but kept together in open containers that were placed on worktop surfaces. We were told by the senior care staff member that there was not enough space in the cupboards and cabinets to store all medicines. However, we saw the medicines were labelled with individual people's names for identification purposes. We also saw that processes were used for ordering and returning unused medicine to the pharmacy. We saw all medicines were safely disposed of when no longer in use.

People we spoke with told us they felt safe, one person said, "I feel very secure and safe here." Another person told us, "I do feel safe, the staff are very good." A relative said, "[Person's name] came here on respite, loved it so much and settled quickly that we decided to make it permanent, they keep him safe and well, which I can't do anymore." There were a high number of people living at the home who were not able to tell us about their experience. One staff member said, "We can tell if somebody is upset by their body language, the sounds they make or the expressions on their face." Another staff member told us, "You do need to be on your guard and always check people for any unexplained marks, document everything and if there was anything I was worried about I'd go straight to the senior staff or manager." A health care professional explained they felt people were 'quite safe.' We saw that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff knew how to escalate concerns about people's safety to the

registered manager and other external agencies for example, the local authority and Care Quality Commission. Throughout the inspection, we saw people were at ease in the presence of staff, which demonstrated to us that people felt relaxed with the staff at the home.

Safety checks of the premises and equipment had been completed and were up to date. Staff explained what they would do in the event of an emergency. We saw from one care plan that a person had been involved in a serious choking incident. The prompt action taken by staff had effectively contributed to the person not being admitted to hospital and making a full recovery. The provider had safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

People, staff and relatives felt there were sufficient numbers of staff available. A staff member explained the provider was in the process of recruiting additional staff to provide cover for planned and unplanned leave. They also confirmed the provider did not employ agency workers and instead existing staff would be asked to cover so that people had continuity of care. We saw that requests for assistance were answered in a reasonable length of time and there was sufficient staff on duty to meet people's needs.

Good

Is the service effective?

Our findings

At our last inspection, the provider was not meeting all of the legal requirements associated with the Mental Capacity Act 2005 (MCA), particularly in relation to the Deprivation of Liberty Safeguards (DoLS). The 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. We found the provider had improved. People we spoke with told us the staff always asked them before supporting them. One person said, "The staff do ask me first if it is alright". Staff we spoke with told us that they asked people's permission before they provided support. A staff member said, "We do ask people first but some don't have the capacity to understand so sometimes a decision is made in their best interest". We saw throughout the day staff offering people choices and asking their permission before they provided any support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with were able to explain their understanding of DoLS and they all identified people who they felt could be put at risk if they were not restricted, for example, from leaving the home unsupervised. One staff member told us, "[Person's name] would be in real danger if they went out on their own, it's sad but we have to restrict them for their own safety." We saw that people were closely supervised and most people living at Bethany House had been subjected to a restricted practice, in their best interest, to prevent injury to themselves or others. Applications to deprive people of their liberty, in their best interests, had been submitted to the 'supervisory body' for authority to do so.

People we spoke with felt they received support from staff that was trained to carry out their roles. One person told us, "I think the staff have the right skills to care for me, some are better than others but they are new and will learn." A relative told us, "There has been quite a high turnover of staff in the last few months but the ones they have now are very good, I'm confident the staff have the correct skills to support [person's name]." Staff we spoke with felt supported in carrying out their roles. We saw the provider had an ongoing training programme to support staff development and had a detailed induction programme for new members of staff. One staff member told us, "My induction was very helpful, it prepared me for my job."

Staff told us they had received supervision. One staff member told us, "We do have supervision and if I am worried about anything, I can talk to the senior staff or manager." Another staff member said, "We have daily handovers and staff meetings, we are all happy to approach the manager or the senior staff if we feel the need to." We saw records that showed staff supervisions had taken place. Staff told us they felt the senior carers and registered manager were approachable. One staff member said, "[Registered manager] is firm but fair." Another member of staff said, "[Registered manager] is very approachable, I feel supported."

We saw that staff supported people to access snacks and drinks throughout the day which encouraged people to eat and drink enough to keep them hydrated. One person told us, "I like the cake." At lunch time, we saw people had the option of two main meals and two puddings. People were not rushed and staff assisted people who required support to eat at a pace that suited them. Everyone we spoke with were complimentary about the food. One person said, "You are given a choice". Another person told us, "The food is good." A relative said, "I have my Sunday lunch here every week, it's lovely." Lunch looked appetising and was presented to people in an appealing way. The home's cook explained meals were freshly prepared and cooked every day and we saw peoples' dietary needs were catered for.
We saw there were four people that had consistently lost weight. Staff had requested the input of healthcare professionals. However, we could not see from records if people had been referred to a Speech and Language Therapist (SALT) to determine if there were other health related conditions that could contribute to the weight loss. The senior care staff member explained they would discuss the matter of SALT referrals with the healthcare professionals.

People we spoke with said they were seen by the doctor and healthcare professionals such as, the dentist, optician, district nurses and podiatrist. One person said, "I'm lucky I don't need to see the doctor very often, but when I do the staff call them for me." A relative told us, "Any problems or concerns they [staff] will get the doctor in." Staff spoken with were knowledgeable about people's care needs and how they preferred to be supported. We saw during our inspection two healthcare professionals visited people and delivered medicine. A relative said, "I'm very happy with the home and [person's name] is very happy here." Healthcare professionals had told us there had been some concerns about staff not contacting them quickly enough when people's needs had changed. However, they also said there had been an improvement in the last few months and confirmed staff would now contact them more frequently, which supported people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People living at the home and their relatives we spoke with told us the staff were caring and kind. One person said, "They [staff] are kind to me." Another person told us, "[Staff name] in particular is absolutely lovely, she is always here, always helping us." A third person said, "I'm treated like a lord, I'm very happy here." A relative told us, "From what I have seen, the staff are very polite and kind to people." Another relative said, "I can't thank the staff enough, everyone is lovely and kind." There were a number of people living at the home with dementia and we saw staff responded to people in a caring and calm manner and their approach was flexible to meet people's individual needs. We saw from the expressions on people's faces and their body language that they were happy with how the staff were supporting them.

People we spoke with told us they felt they were listened to by staff. Staff explained how they supported people who could not express their wishes. Staff told us that once they got to know people, they could tell by facial expressions and body language whether the person was happy with their support. Alternatively, staff could also identify from a person's reaction when they were not happy. Staff said they would make sure they could deliver care in a way the person was happy with. If the person was not happy, staff told us they would find different ways to support the person. Staff told us and we saw people were treated with kindness and empathy; we saw staff understood people's communication needs and gave people the time to express their views, listening to what people said. Staff were able to demonstrate they knew people's individual needs, their likes and dislikes and this assisted staff to care for people in a way that was acceptable to them. We saw and heard staff respond to people in a patient and sensitive manner.

We saw that people's privacy and dignity were promoted. One person told us, "All the staff treat me with respect and observe my dignity." Another person told us, "The staff are very respectful." We saw that staff referred to people by their preferred name and were polite and courteous.

People who could, chose to walk freely around the home. A number of people were supported to walk by the staff at a pace suitable for the person. We saw one person helped staff to lay and clear the dining tables. People we spoke with confirmed that staff would support them to do what they could to maintain some independence. One person said, "I do what I can but can get tired quickly so the staff have to help me." Another person told us, "It does take some getting used to because I used to be able to so much, but now I have some help when I need it." Staff gave us example of how they supported people to maintain some independence. One staff member told us, "We try to encourage people's independence where we can, like brushing their hair." Another staff member said, "[Person's name] will let you do everything for them if you let them so I try to encourage them to do some things on their own and I'm there if they need any help or become tired." We saw the interactions between staff and the people were respectful. People were dressed in their individual styles of clothing that reflected their age and gender.

People had been supported to maintain relationships with family members, friends and church members they said were important to them. A relative told us "We visit at different times and days." During our inspection, we saw a number of relatives and friends visiting their family members. There were opportunities for relatives to meet in one of the three lounges, in the person's bedroom or, weather

permitting, the garden giving people the opportunity to meet in private.

Good

Is the service responsive?

Our findings

People's care plans, although some slightly differed from risk assessments, generally reflected the care and support people received. The care plans confirmed an assessment of people's care and support needs had been undertaken when they first moved into the home and these had been reviewed. Most of the people we spoke with told us they had been involved in updating their support needs. One person told us, "The staff do ask me if everything is ok." Another person said, "I'm not entirely sure but I think I have spoken to staff about my support." Relatives confirmed that staff supported their family member, in a way that was responsive to their individual needs. One relative told us, "I have been involved from the very beginning and they [staff] do try to involve [person's name]." Another relative said, "I am kept up to date on everything about [person's name]." We asked staff how they ensured people were involved as much as possible when assessing the person's needs. Staff told us they would speak slowly to people and give them time to respond. They continued to explain how they would show people, for example, different clothes offering them a choice. One staff member said, "When you get to know people, you know what they like by their expressions or sounds."

Staff we spoke with were able to tell us about people's individual needs, their likes and dislikes. People and relatives we spoke with told us staff would support them with their choices. One person said, "I choose not to go out I'm quite happy here thank you." Another person told us, "I ask the staff to lock my room because I don't like people going in when I'm not there and they do this for me." Staff knew how people preferred to be supported. We saw one person was becoming distressed and a staff member walked with the person reassuring them that everything 'was going to be okay'. We saw that staff responded to people that required support in a timely way and sought their consent before assisting them. One staff member told us, "We discuss the person's likes and dislikes and we do try and work to the person's preferences and choices." Another staff member said, "Each person is assessed by the senior carers when they first come to the home and we speak with their relatives." We saw that people's changing needs were kept under review. Care plans we looked at showed that when people's care needs changed, it had not always been consistently recorded in the 'update' section of the care plan. We spoke with a senior care staff member who agreed that some of the information should have been transferred across but assured us any changes were discussed through daily 'handovers'. Staff we spoke with confirmed daily handovers and any changes to people's needs were discussed with them and therefore no impact on the care people received was identified.

On the first day of our inspection the staff were preparing the home to celebrate the Queen's 90th birthday. There was bunting around the home and people we spoke with told us they were 'excited' about the party that had been planned for the afternoon. The atmosphere within the home was lively. One person said, "I'm looking forward to the party later." We saw the staff had worked hard to make the afternoon a pleasurable experience for people with party hats, songs and specially prepared food. An entertainer had been requested and they played songs that people joined in with. Some people were dancing with staff and the afternoon had been enjoyed by everyone we spoke with. Family members had also been invited to attend, one relative said, "Isn't it lovely and everyone has had such a great time."

During the second day of our inspection we saw some people had relatives visit. We saw that people were

walking around the home and garden freely, others were asleep in the lounge areas or watching television. One person told us, "I like to knit but sadly I can't see to do that anymore." Another person said, "I like to read." A third person told us, "I look forward to the bingo on a Monday." All staff shared the responsibility for providing activities for people to do. A relative explained how they had brought into the home a number of jigsaws. We saw people were provided with the opportunity to take part in a range of different activities, if they wished. For example, exercise to music, board games, ball games, skittles, cake decorating, card making, jigsaws, tea dances and monopoly. A senior care staff member explained they tried to encourage people to take part in activities but some people chose not to and others preferred to remain in the lounge areas to watch television.

People we spoke with and relatives told us they felt free to raise any concerns with staff at Bethany House. People we spoke with knew how to raise complaints and concerns. We saw information was available in public areas for visitors and the people who lived in the home. One person told us, "If I'm not happy with something they [staff] will know about it." Another person said, "I have no complaints but if I did I'm confident they would be dealt with." A relative told us, "Although I don't really know the manager, I have always found them polite and would feel happy to approach him if I wasn't happy with something." We saw that there had been seven complaints since the last inspection which had been investigated, responded to and resolved in a timely manner. We saw that meetings with people who used the service were held to gain their views about the service. This enabled people to express concerns about the service and gave the provider the opportunity to learn from people's experiences.

Requires Improvement

Is the service well-led?

Our findings

Bethany House was a busy home and all the staff were kept occupied. We were told by one senior care staff member they were responsible for the day to day running of the home. They continued to explain they reviewed the risk assessments and care plans, audited medicines and carried out their own care and support duties for people living at the home. The senior care staff member told us they had recently delegated some of their duties to other care staff within the home. For example the medicines audits. We found when auditing five people's medicine records, there were audit discrepancies and administrative errors on three of them. This included one person that required transdermal skin patches applied to their bodies. This method allowed the medicine to be absorbed through the skin. We found on one occasion the person had not received their skin patch as prescribed and this could lead to poor pain control for the person. The person was not able to easily let staff know they had not had their skin patch applied. This had not been identified by staff even though the senior care staff member informed us medicine checks were conducted regularly by night staff and this was the only person receiving medicine administered in this way. We also found when auditing medicines that were not contained in the monitored dosage system, there were some discrepancies between the quantity found and the quantity calculated from the medicine administration records. This indicated that not all records were accurate and from stocks balance deduced that another person had received more than/ less than was recorded. We also found there was a surplus of one person's medicine in stock. We spoke with the senior care staff member who agreed the recording errors should have been identified earlier. Medicine audits had not identified the errors we had found and the current audit processes required improvement.

Although we found recruitment processes had improved, there was one staff record that contained only one reference. The provider assured us they would normally employ staff only after receiving two satisfactory references and that this had been an exception. They informed us the staff member was known to them as they had previously been employed at Bethany House. The request for a reference was not responded to and the provider had used their discretion and re-employed them with only one reference, therefore not following their own recruitment process.

We found there was no formal recording process in place to consistently record nutritional intake of people at risk of losing weight. The senior care staff member told us they would only record people's nutritional intake when instructed to by health care professionals and use the forms provided by them. We saw people's weight was recorded and people had been referred to health care professionals. However, there had been no follow up on the progress of referrals by staff, when it had been identified that people's weight had continued to fall. The senior care staff member explained there could be other underlying health issues responsible for the peoples' weight loss. However, without the provider progressing the referrals with the appropriate health care professionals, this could not be confirmed. The process currently being used at Bethany House to monitor, review and audit the nutritional and fluid intake for people at risk of losing weight was not effective and required improvement.

There was a registered manager in place at Bethany House, who was also the provider, however due to unforeseen circumstances beyond their control, they were not available to speak or meet with us during the

inspection visit. People with spoke with told us they knew who the registered manager was. One person told us, "He seems a very nice person." Another person told us, "I see him [registered manager] around." A relative said, "We met with the manager when we first came here and he seemed very nice but I haven't spoken to him since." Health care professionals explained that during visits to Bethany House they had seen the registered manager on the premises although any discussions about people's care and support were with senior and care staff members.

Staff told us they felt supported by the registered manager and their colleagues. Staff explained they were able to raise concerns at staff meetings which were held monthly. One staff member said, "I do love working here." Another staff member told us, "You do get support from everyone, we really are like a family, everyone is very friendly and they have made me feel so welcome." All of the staff we spoke with told us they felt like they belonged in a team. They felt 'motivated' and committed to providing a caring service to the people living in Bethany House. One staff member said, "The manager is approachable and they will help out sometimes." A second staff member told us, "There is a nice feel to the home and everybody gets on well." All staff members we spoke with told us they enjoyed their role. Staff had confidence in the senior care staff members and the registered manager and felt they could raise any concerns.

At our last inspection the provider was found to be requires improvement with their legal obligation to inform us about events that occurred in the home in a timely manner. We found there had been an improvement. We had been notified about the events that the provider was required to send to us by law. There had been a recent safeguarding at the home that had been reported to us. There had been a full investigation and we saw the provider had worked well with the local authority to ensure the safeguarding concerns were managed. However, there had been a delay in notifying us the supervisory body agreement to deprive one person of their liberty in their best interests. The provider had apologised for this delay and assured us any further notifications would be submitted in a timely manner.

We saw that there were formal processes in place to obtain feedback from people, their relatives and professionals. Resident meetings were held every two months where a third of people living at Bethany House had attended. To ensure everyone was given an opportunity to feedback, we saw staff had completed 'resident weekly feedback surveys' with people, which involved them speaking with everyone living at Bethany House. People we spoke with told us they were asked regularly by staff if they were happy. We saw where any issues had been raised by people, with the support of staff and relatives where required, had been resolved in a timely way and to the person's satisfaction.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the senior care staff members and registered manager. Whistleblowing is the term used when an employee passes on information concerning wrongdoing. Staff continued to tell us if it became necessary they would also contact Care Quality Commission (CQC) or the police.