

Franklin Homes Limited

Bethany House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bethany House is a care home which supports people with mental health concerns and people who may also have a learning disability and/or autistic people. The service is registered to provide support for up to eight people. At the time of our visit seven people lived at Bethany House.

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

Elements of the service were not safe. Staff did not consistently wear the required personal protective equipment (PPE), and good infection control practices had not been promoted. Parts of the building were not clean and in need of repair. Assessments, and other documentation related to risks, had not always been updated to provide relevant information about the actions required to mitigate potential risks for people. The registered persons were responsive to the issues identified and began taking actions between the first and second day of inspection to address these.

The provider's system of governance and checks had not consistently highlighted the issues raised during the inspection. Areas for improvement had not been actioned by the provider in a timely manner to promote a quality service for the people living at Bethany House.

There was a consistent team of staff who were familiar with people's needs and their likes, dislikes and preferences. The provider used a dependency tool, to help determine the levels of staffing required to support people, which was not regularly reviewed. This meant the provider could not clearly demonstrate staffing levels were suitable to meet people's 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key question, Safe and Well-Led, the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The condition of the building did not always ensure barriers to independence were addressed and choice promoted. The service model did not clearly demonstrate how people would be supported as they aged. There was a focus on people's abilities and reducing restrictive practices was an inherent part of the

service's culture. This had been promoted by the registered manager. Staff supported people in a respectful way which promoted dignity. The service worked with other professionals, both internally and externally, to support people.

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 rating for this service was Good (report published 23 September 2017).

Why we inspected

We received concerns in relation to the condition of the building. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider had taken some actions to mitigate potential risks between the first and second day of the inspection. This work remains ongoing.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bethany House on our website at www.cqc.org.uk.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Safe care and treatment, Premises and equipment and Good governance.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bethany House

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.

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 undertaken by one inspector.

Service and service type

Bethany House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The first day of the inspection was unannounced. The second day of inspection was arranged in advance.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, support workers, director of operations for the north and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including maintenance records and policies and procedures were reviewed.

After the inspection

We requested recruitment information, which was not stored on site, and continued to seek clarification from the provider to further explain and validate evidence found. This included training data, quality assurance records and confirmation of actions taken. We requested feedback from professionals who worked with the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now 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

- Equipment used to monitor and alert staff if a person required support had not been working since April 2021 and remained broken at the time of our inspection.
- Environmental risks had not always been identified. For example, the risks associated with single paned glass windows had not been robustly assessed and the cupboard storing cleaning products was unable to lock. This was originally reported to the provider in September 2020.
- Parts of the service were unclean. For example, we found a room which smelt of urine, and mould and dirt in several of the bathrooms.
- The service had not been properly maintained which could have compromised people's safety. For example, there were broken radiator covers, a mattress which had a spring protruding through, and a washing machine which leaked.

We found no evidence that people had been harmed however the premises and equipment were not clean, or properly maintained. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the first day of inspection, the registered manager took actions to address the concerns about the environment and equipment.
- Staff had completed risk assessments for people, some of which were detailed. However, they were not in place for all identified risks or updated to ensure they provided the relevant information. Staff did however have knowledge and understanding of potential risks and were aware of the support people required.
- Recognised risk assessment tools were not used, such as a Malnutrition Universal Screening Tool to record and monitor people's weight. These evidence-based tools can aid staff in determining levels of risk and direct them towards additional sources of advice and support. This was highlighted by an inspector at the previous inspection.

Preventing and controlling infection

Staff did not always wear PPE in line with government guidance. For example, not wearing or keeping masks in place, or wearing the correct level of PPE when supporting people with close personal care. There were limited places for staff to put on and take off PPE. This is particularly important should there be an outbreak of COVID-19. COVID-19 risk assessments were not in place for all staff and / or people who used the service.

We found no evidence people had been harmed as a result of this. However, a failure to assess the risk of, and prevent the control of infection is a breach of regulation 12 (Safe Care and Treatment) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- People received their medicines, but elements of the recording was not robust.
- Protocols for 'as and when required' medication were not always in place. Those that were completed did not contain all the relevant information to guide staff about when these were required and when further medical advice was required.
- Risk assessments had not been completed for paraffin-based creams. These creams can increase the risk of people being harmed as a result of fire.

We found no evidence people had been harmed as a result of this. However, a failure to assess the risk of, and prevent the control of infection is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff undertook medication training and their competency was regularly assessed, to ensure they had the required skills and knowledge.

Learning lessons when things go wrong

- Accident and incident records were documented. These were not always fully completed to explain the actions taken, and to demonstrate these had been reviewed by the relevant people.
- An analysis of accidents and incidents was not in place, to aid understanding as to whether there were any themes or patterns to incidents which had happened.
- Staff were aware of the actions to take in the event of an accident or incident. This included reporting incidents to the relevant manager and agencies.

Staffing and recruitment

- Staffing levels were safe, but staff were busy. The provider used a dependency tool to help identify minimum staffing levels and staffed in accordance with this. The dependency tool had not been updated since November 2020, despite there being changes within the service. A staff member stated, "We can manage, but we are far away from having enough time."
- The provider continued to operate a safe recruitment system.
- There was a consistent team of staff supporting people.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken safeguarding training and were aware of the actions to take if they suspected a person had experienced or was at risk of abuse.
- Information about safeguarding was available throughout the service.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The audits and checks completed had not been effective in driving improvement and ensuring the quality of the service, which had led to breaches of regulation relating to the management of safety, the premises and infection control.
- Records, including medication and risk assessments, did not consistently contain up to date and relevant information.
- When actions were identified, these had not been addressed in a timely manner.
- Consideration was given to learning from events, and whether changes were required to the support people received. However, this was not always documented, and an analysis of patterns and trends was not in place.

The provider failed to ensure systems and processes were in place to assess, monitor and improve the service. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles and responsibilities.

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

- The service provided support to older people. Actions had not been taken to ensure the environment was suitable for people as they aged, which could prevent them from reaching their personal own goals and promoting independence.
- People who used the service interacted positively and had a good rapport with the registered manager. One person told us, "The place is managed by a caring human being" and went on to explain how they could approach the registered manager with any concerns.
- The registered manager and staff worked in a person-centred way. They were familiar with people, their histories and preferences. Staff spoke about how well the team worked together. For example, a staff member stated, "I do think the staff team really care. That's one of the things that made me stay here."
- Staff felt supported by the registered manager. A staff member stated, "[Registered manager] is very kind, very personable, very approachable."
- People who used the service and their relatives provided generally positive feedback about the service.

One person explained the significant positive changes they have seen as a result of the support provided.

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; Working in partnership with others

- Referrals were made to health and social care agencies when it was felt a person required further treatment or support. The provider also employed specialists who worked with people around different areas, such as behaviour or communication.
- The registered persons worked transparently with the inspector throughout the process and were keen to make the necessary improvements and seek support from the relevant agencies.

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

- People who used the service were invited to share their views about the service in the form of resident's meetings and questionnaires. Information from questionnaires was not evaluated to consider areas for improvement or what the service was doing well.
- Staff meetings were arranged and used an opportunity to share updates.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. The provider failed to assess and mitigate risks relating to the health and safety of service users. Medicines had not always been managed safely. 12(2)(a)(b)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 14 HSCA RA Regulations Premises and equipment. The provider had failed to ensure the premises and equipment used were clean, secure and properly maintained 15(1)(a)(b)(e).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance. The provider failed to operate effective systems to assess, monitor and improve the quality of the service and maintain complete and contemporaneous records. 17(2)(a)(b)(c)