

Quality Homes (Midlands) Limited

Bethrey House

Inspection report

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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

This inspection visit took place on 08 February 2019 and was unannounced. At the last inspection completed in April 2016 we found the provider was meeting legal requirements. The service was rated as 'good'. At this inspection we found improvements were needed and the rating of 'Good' had not been sustained. However, legal requirements were met.

Bethrey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bethrey House accommodates up to 19 older people. At the time of the inspection there were 16 people living at the service, many of whom were living with dementia.

A registered manager was in post. 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.

People were not supported in an environment that had been developed in line with best practice guidelines around dementia friendly environments. People's rights were not always fully upheld by the effective use of the Mental Capacity Act 2005 (MCA). People did not have access to an appropriate range of leisure opportunities and activities. Governance and quality assurance systems were not consistently effective.

Staff understood how to protect people from abuse and harm such as accidents and injuries. Sufficient numbers of care staff were in post who had been recruited safely.

People received their medicines as prescribed. People were protected by effective infection control processes. People enjoyed the food and drink. People had regular support from a range of healthcare professionals and their day to day health was maintained.

People were supported by a staff team who were kind and caring. People were supported to make choices. Their privacy and dignity were respected and their independence promoted.

The care people received met their needs and preferences. People were involved in the development of their care plans and people's changing needs were reviewed regularly.

People were happy with the management of the service. They felt they had a voice and could raise concerns when required. People were supported by care staff who felt motivated and well supported in their roles.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported by care staff who understood how to protect them from abuse and harm.

Sufficient numbers of staff were in post who had been recruited safely.

People received their medicines as prescribed. People were protected by effective infection control processes.

Good ●

Is the service effective?

The service was not consistently effective.

The environment did not meet people's needs. People's rights were not always upheld by the effective use of the Mental Capacity Act 2005 (MCA).

People enjoyed the food and drink. People had regular support from a range of healthcare professionals and their day to day health was maintained.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by a staff team who were kind and caring. People were supported to make choices. Their privacy and dignity were respected and their independence promoted.

Good ●

Is the service responsive?

The service was not consistently responsive.

People did not have access to an appropriate range of leisure opportunities and activities in line with their preferences.

People's care met their needs. People were involved in the

Requires Improvement ●

development of their care plans and people's changing needs were reviewed regularly.

Is the service well-led?

The service was not consistently well-led.

Governance and quality assurance systems were not consistently effective.

People were happy with the management of the service. They felt they had a voice and could raise concerns when required. People were supported by care staff who felt motivated and well supported in their roles.

Requires Improvement ●

Bethrey 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 visit took place on 08 February 2019 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with eight people who used the service and three relatives. We spoke with the registered manager, the deputy manager, the cook and two care staff. We also spoke with two healthcare professionals. To help us understand the experiences of people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received. We reviewed records relating to people's medicines, three people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "Yes I feel very safe I have the staff here to help me". Relatives also told us they felt safe. One relative said, "We know she is safe she doesn't fall any more". Care staff we spoke with understood how to protect people from the risk of harm such as accidents and injury. We saw risk assessments were in place that identified risks to people and outlined how to protect them from harm.

Care staff we spoke with also understood how to protect people from the risk of potential abuse or mistreatment. The registered manager told us no recent safeguarding concerns had been identified. We saw systems were in place to ensure concerns could be reported to the local safeguarding authority and investigated appropriately to enable people to be protected from further harm.

We found sufficient numbers of care staff were in place to ensure people were safe within the service. Care staff had been recruited safely with appropriate pre-employment checks completed prior to them starting work. We found checks included identity, references and Disclosure and Barring Service (DBS) checks were completed. DBS checks enable employers to review a staff member's criminal history to ensure they are suitable to work with vulnerable people.

People told us they were happy with the support they received with their medicines. One person told us, "You can almost time them to the minute". People's medicines were stored safely and securely. We found the administration of people's medicines was recorded on medicines administration records (MARs). The amount of medicine stored within the service matched the quantities recorded on people's MAR. People received their medicines safely and as prescribed.

People were protected by effective infection control practices. We saw personal protective equipment (PPE) was in place and used appropriately. The service was cleaned regularly and the registered manager was aware of the national guidelines around effective infection control practices.

The registered manager had systems in place to ensure the building was safe and that appropriate emergency plans were in place. For example, a system had been developed ensure people would be evacuated safely in the event of a fire. A 'fire box' was in place that contained everything that would be needed in an emergency, including evacuation plans and emergency contacts.

Is the service effective?

Our findings

At our previous inspection completed in April 2016 the provider was found to be 'good' for this key question. At this inspection we found the rating of 'good' had not been maintained and some improvements were needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We found where people had capacity, care staff always sought their consent and involved people in decision making. One person told us, "If there's something I don't understand, they explain it". Where people did not have mental capacity to make decisions and provide consent, the registered manager did endeavour to make decisions in people's best interests. However, we found that decision making processes were not recorded around specific decisions as required by the MCA. For example; one person was being restricted from going to their bedroom against their will in order to protect their health and wellbeing. The provider had not ensured the steps of the MCA were followed to ensure this person did not have capacity to make this choice and that the decision was made in their best interests. Care staff we spoke with did not have a good understanding of the MCA and how they needed to apply the law to uphold people's rights. Care staff also did not understand which people had a DoLS in place and what this meant in terms of any restrictions that should be placed on people. The registered manager gave assurances the knowledge of care staff and processes would be improved. We will check to ensure this is done at our next inspection.

People told us their needs were assessed and that care staff had the skills required to support them effectively. One person told us, "The staff are absolutely brilliant. They couldn't look after me any better". However, some staff had not received the training they needed to be effective in their roles; in particular care staff recruited within the 12 months prior to the inspection. For example, a staff member who had started work in August 2018 had not received training in areas such as, the MCA. They did not have sufficient knowledge in this area when we spoke with them. They did not know how to assess people's capacity in line with the Act and make decisions in their best interests. Care staff did receive regular supervision and felt supported by management.

People were supported in a service that had not been adapted to reflect best practice guidelines in caring for people living with dementia and the environment. We found the use of the environment had not been considered to maximise the quality of life and enhance the experience of people. We found where people were smoking outside, the smell of cigarette smoke came into the lounge area where mostly non smokers

spent time. We also found the conservatory stacked with furniture and with a leak meaning water was entering the service. The registered manager gave assurances that these concerns were being addressed as a matter of urgency.

People told us they were happy with the food. One person told us, "The food is good. If there's something I don't like I say and they find me a replacement". We saw people were offered choices around the food and drink available to them. We saw people's views on the food were sought through forums such as meetings which enabled any changes to menus to be made. People's special dietary requirements were known and understood.

People's day to day health needs were met and appropriate intervention was sought from health and social care professionals when required. We saw people had regular involvement with professionals such as doctors, nurses, the optician and chiropodist. An optician was present during the inspection and told us they visited the service regularly. We also spoke with another visiting healthcare professional who gave very positive feedback about the support people received from care staff.

Is the service caring?

Our findings

People told us the staff team were kind and caring. One person told us, "Everyone is kind here". Another person took time to tell us about one member of the staff team who really stood out for them. They told us, "[Staff member's name] is nice. She is dedicated to her job. She is very thoughtful for other people, but they are all considerate". Care staff told we spoke with knew people well and showed kindness and consideration towards them.

People told us care staff gave them choices and supported them to make decisions about their day to day lives. We saw people were given choices including what they wore, what they ate and how they spent their time. One person told us how care staff took time to explain things to them if they did not fully understand which enabled them to continue making choices for themselves. We saw support was in place for people from care staff and relatives where appropriate. Relatives were able to visit at any time and without any unnecessary restrictions.

People's privacy and dignity was respected and promoted. We saw examples of people's dignity respected during the inspection, for example, where people required support with personal care this was done quietly and discreetly. One person told us where they had issues with care staff respecting their dignity, the registered manager ensured this was corrected promptly. People were encouraged to remain independent by doing basic tasks for themselves. People were supported to wash and dress themselves wherever possible with support from care staff adjusted according to people's individual needs.

Is the service responsive?

Our findings

At our previous inspection completed in April 2016 the provider was found to be 'good' for this key question. At this inspection we found the rating of 'good' had not been maintained and some improvements were needed.

People told us there were not sufficient activities and leisure opportunities available to them within the service. One person told us, "There isn't anything to , I get fed up. I wouldn't mind a magazine". A relative told us, "There is nothing to do. They just sit here watching TV". We saw that some activities were made available to people although these were minimal and had not been planned around people's individual preferences. We saw from activities records that a high number of people had refused to participate in scheduled activities, although, this had not prompted the provider to review the leisure opportunities made available to people. Where people did choose to participate the activities were enjoyed and we saw the registered manager arranged celebrations for special occasions to enhance the quality of people's lives. For example one person told about a party that had been arranged for their 80th birthday. They told us, "There was a garden party, they took me outside. It was a day I will never forget".

People told us the care they received met their needs effectively and that care staff understood their needs and knew them well. One person told us, "The staff know what they are doing with me they are well up with everything. I know I have a care plan they talk it over with me sometimes and I sign a paper." Healthcare professionals told us care staff understood people's needs well and were proactive in raising any concerns and identifying people's needs may be changing. We found care plans were in place that outlined people's needs and these were reviewed on a regular basis. Where there were changes in people's needs these were updated and care provided was revised to ensure it continually met people's needs. Consideration had been made to people's basic wishes at the end of their lives. However, further work could be done to develop truly person-centred care plans that supported people in the final weeks and months of their lives.

People told us they felt they could raise concerns and complaints if they needed to. The registered manager was not aware of the Accessible Information Standard which is guidance around how information should be made accessible to people. While a complaints policy was in place, it was not available in an accessible format although people told us they knew how to raise a complaint. We found no formal complaints had been made within the 12 months leading up to our inspection.

Is the service well-led?

Our findings

At our previous inspection completed in April 2016 the provider was found to be 'good' for this key question. At this inspection we found the rating of 'good' had not been maintained and some improvements were needed.

The registered manager and deputy manager had developed a range of quality assurance checks and audit systems that were in use throughout the service. We found some positive examples of where improvements had been made as a result of issues identified. However, we also found examples of where governance systems were not working effectively. For example, safety checks on the hoist and bath hoist had not been completed prior to previous checks expiring. This was addressed immediately on identification and the provider forwarded evidence these checks were completed shortly following our inspection. However, this had not been identified prior to our intervention.

We found systems were not always robust around ensuring care staff had the knowledge they required in all aspects of their role. For example, care staff were not knowledgeable about the Mental Capacity Act 2005 (MCA) and insufficient training had been delivered in this area. Care staff were also not clear on what 'whistle-blowing' is or how they could do this. Whistleblowing is where care staff may report concerns outside of the organisation to bodies such as the local safeguarding authority, CQC or the police.

People gave very good feedback about the management of the service. People told us they felt able to raise concerns and they felt they were listened to and heard by the management. We saw people were consulted and regular meetings were held during which people were encouraged to share their views and opinions.

Care staff also told us they felt well supported by the management team. One staff member said, "If you've got any issues the door is always open". They told us they also felt heard and understood and that they were able to voice an opinion.

The registered manager and deputy manager were committed to making improvements within the service. They were receptive to feedback and begun to make plans around how they could improve the quality of the service during the inspection. They had developed positive relationships with external partners such as healthcare professionals and were committed to developing these further in order to enhance the quality of lives of people at the service.

The registered manager understood their legal responsibilities. They were submitting statutory notifications to CQC about significant events as required by law. The provider and registered manager had also ensured the rating from their last inspection was displayed as also required by law.