Beth-Ezra Trust

Beth Ezra

Inspection report

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Date of inspection visit:
11 May 2017
12 May 2017

Date of publication:
14 September 2017

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?	Good

Summary of findings

Overall summary

This inspection took place on the 11 and 12 May 2017 and the first day was unannounced.

Beth Ezra is a residential care home that provides accommodation and personal care support for up to 18 older adults. People living at the home had a range of needs and some people were living with dementia. There were 18 people using the service at the time of our inspection.

At the last inspection in 2015, the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People continued to feel safe and well cared for at Beth Ezra. Relatives shared similar confidence in the service. Assessments were undertaken to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and knew what to do to keep people safe. They understood their responsibilities to report any concerns they had about people's care and welfare and how to protect people from abuse.

The environment remained well maintained and comfortably furnished. People had the equipment they needed to meet their assessed needs. Health and safety checks were carried out to make sure the premises and equipment was safe.

Medicines were managed safely and people had their medicines at the times they needed them. People were supported to maintain good health and attend routine health care appointments. The service involved other professionals when this met an identified need. For example, when people became unwell or required additional services.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and staff took prompt action when people were at risk of poor nutrition or dehydration.

The service remained responsive to people's individual needs. People were involved in their care planning, and staff respected their choices and promoted their independence. Care plans were updated to reflect any changes and ensure continuity of their care and support.

Activities were varied and arranged according to people's needs and interests. The home employed an activity coordinator who supported people to take part in activities either individually or in groups.

People experienced positive, caring relationships with the staff and this extended to relatives and other visitors. Staff treated people with respect and kindness and maintained people's privacy and dignity.

The provider continued to follow safe recruitment practices and people felt there were enough staff to support their needs. Staff received an induction and ongoing training to support people with their care

needs and develop their knowledge and skills.

People's care records recognised their rights and were person centred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

The registered manager continued to provide effective leadership. People and their relatives were comfortable to raise any issues and felt they were listened to. Staff felt supported and had regular opportunities to discuss and review their development and performance.

The provider had good oversight of the quality of the service. People were involved in reviewing and providing feedback on the care and support they received. Where improvements were needed or lessons learnt, action was taken.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Beth Ezra

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 checked 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we reviewed the information we held about the service. This included the previous inspection report and any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 11 and 12 May 2017 and the first day was unannounced. The inspection was carried out by 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.

We spoke with eight people using the service and six of their relatives or representatives. Some people living at the home were unable to speak with us due to their needs. We spent time in the communal areas observing how their care was delivered.

We spoke with the registered manager, four members of care staff, the activities co-ordinator, chef and office administrator. We reviewed care records for six people using the service. We checked staff records for three staff members recruited in the past six months. We looked around the premises and at records for the management of the service including quality assurance systems, audits and health and safety records. We also reviewed how medicines were managed and the records relating to this.

Following our inspection, the manager also sent us information we had requested about quality assurance findings and contracts for people.

Good

Is the service safe?

Our findings

People continued to feel safe, secure and comfortable living at Beth Ezra. One person told us, "I definitely feel safe here and I've been very happy." Another person commented, "Oh yes, I feel perfectly safe in this place" and "I have complete freedom." Relatives and visitors told us they had confidence their relatives were safe living at the service. One relative said, "Yes, without doubt, they are all safe here."

People remained protected from the risk of abuse and harm. Information about reporting such concerns was displayed in the home. Staff knew what action to take if they had concerns about a person's welfare or safety and completed safeguarding training every year to keep up to date with best practice. The registered manager understood their responsibilities to report suspected abuse to the local authority and the actions they needed to take to keep people safe from harm. We saw that some people kept valuables in their rooms and were provided with lockable drawers for safekeeping. During our inspection we saw one person was unsure where they had placed their items of value. We were concerned because some people may be more at risk from financial abuse or exploitation and need additional staff support to ensure their valuables were safe. Although inventory records were completed, we did not see sufficient information about risk in this area and what support people may need. We discussed this with the registered manager who confirmed that personal risk plans would be put in place. Shortly after our inspection the registered manager told us this had been addressed.

Risk assessments were undertaken to make sure people received safe care and to help promote their independence. These were kept under review when people's needs changed or in response to any accidents or incidents. Examples included risks associated with falls, nutrition, skin care and accessing the community. Staff were aware of the risks associated with people's individual needs and knew what action to take to minimise these.

We found the service remained a safe place for people, staff and visitors. The building was well maintained as were the external grounds. Maintenance was carried out when needed and equipment regularly checked by external contractors. There were evacuation plans and procedures in place to ensure people's safety in the event of a fire or other emergency at the home.

People were protected from unsuitable workers. The required recruitment checks were completed to make sure staff employed were of good character and had the right skills and experience to support people. These included checks with the Disclosure and Barring Service to ensure applicants were not barred from working in care. There was also evidence of identity documents, references, full employment histories and training qualifications.

People and their relatives told us there were enough staff on duty and staff responded to any requests for support. One person said, "When I call, they always come quite quickly." One person told us they might sometimes have to wait for assistance if staff were busy helping others but they felt they were safe. A relative told us, "Staff act swiftly if (name of person) needs assistance. Staffing levels were arranged flexibly and according to people's level of dependency. To support the care staff, the provider employed additional

ancillary staff, including three cleaners, two cooks, an activities co-ordinator and two maintenance staff. Throughout the inspection we saw staff met people's care needs and spent time chatting and enjoying each other's company. Some people chose to remain in their room and staff regularly checked on their wellbeing.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People had individual medicine cabinets in their bedrooms and clear information about how they needed and preferred their medicines to be administered. Where people wished to manage their own medicines they were supported to do so.

People we spoke with confirmed that they received their medicines when they needed them. One person told us, "The staff are very careful with my medication". Staff were knowledgeable about people's conditions and the medicines they required. They completed training and their competency to administer medicines was checked every year to make sure practice was safe. Records we checked showed that people received their medicines as prescribed.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. People were supported by a team of well trained staff. Their comments included, "Staff do know what I need in the way of care", "I think the staff are trained well, they have training sessions sometimes" and "staff seem well trained." A relative told us that the home had organised a training session for staff on sensory awareness and this gave staff a better understanding of their family member's needs.

The provider had a training and development programme of required learning. Staff confirmed the training offered was relevant to their role and regularly updated. New staff told us they completed a structured induction before they worked on their own. Staff told us they received the training they needed to care for people. This included dementia awareness and practical training sessions on moving and handling so they knew how to move people safely and comfortably. The registered manager used an electronic training record to monitor the training staff received and check they were up to date.

Staff told us they felt supported and met regularly with their supervisor or the registered manager. One to one staff supervision meetings were held every three months. Supervision records included discussions about people's care and support as well as individual learning or development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service continued to work within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met.

People confirmed that staff always consulted with them before care and support was provided. Relatives said they felt involved in important discussions about people's care. Care plans explained where people were able to make decisions for themselves or if best interests' discussions would be needed to support them. The registered manager had liaised with appropriate professionals and made appropriate DoLS applications for people where needed. For example, one person was unable to access the community unaccompanied as they needed constant staff supervision to keep them safe.

People could choose to have lunch in the dining room or in their rooms. People told us they liked the food and there was variety. Comments included, "We have a good choice and they will do an alternative", "The cooks are very accommodating, they do salads for me as I like salads" and "The meals are good."

We joined people in the dining room for lunch and found the mealtime experience quiet and unhurried. The majority of people did not require support with their meals but staff were available to offer this if needed. People were given a choice of meals and drinks. Staff gave people individual support where they needed assistance to eat and encouraged them to eat at their own pace. People who required it were shown two plated meal options and a trolley of desserts to assist them with their choice.

Where there were concerns about a person's hydration or nutrition needs, staff maintained records to monitor how much they were eating and drinking. When required, records were kept of people's weights and positional changes to prevent pressure sores. Staff told us they would contact the GP if they noted any significant changes. The chef showed good knowledge about people's dietary needs, food preferences and how to prepare meals correctly for those who required soft diets.

People were supported with their healthcare needs and able to access relevant services for routine checks, advice and treatment when needed. One person told us, "When I need to go for a hospital appointment, someone will go with me." Another person said, "The doctor visits once a fortnight, unless it's an emergency." People's health needs were monitored and prompt action taken to address any concerns or changes. For example, some people were receiving support from the district nurse team to monitor their skin care. Staff maintained accurate records about people's healthcare appointments, the outcomes and actions required.

Good

Is the service caring?

Our findings

Beth Ezra continued to provide a caring service for people. People gave complimentary feedback about the staff and how they were treated. Comments included, "The staff are very good, respectful, kind and attentive", "All the staff are delightful" and "The staff are nice. I like it here." Relatives we spoke with shared similar views. Their comments included, "The care is exemplary", "Staff are lovely with (my relative), so good" and "The staff are caring and nice with residents."

During this inspection, there was a friendly, welcoming atmosphere and we observed positive interactions between staff and people. Staff supported people with patience and kindness and communicated effectively with everyone. They frequently checked with people how they were feeling and if there was anything they needed. People looked well cared for and had been supported with their personal care, choice of clothes and accessories that were important to them.

People were encouraged to make decisions about how they wanted their care delivered, with support from their family if they wished. People were asked about their opinion of the home, and in their day to day lives. One person told us, "I feel we have choice to do what we want to." We saw staff consistently asked people what they would like to do, whether they needed any help and how they wanted to spend their time. Staff knew people well and were able to tell us about each person's individual needs and preferences. Information in the care plans supported what they told us. Plans were personalised and reflected people's background, interests and what made them happy. An example included, "I love cats and pictures of cats, these make me smile and feel good." Care plans included information about people's lives prior to living at the service. Relatives told us they were asked about their family members' personal histories and experiences.

Staff continued to support people to retain their dignity and independence. One person said, "I do feel they let me be independent" and another person commented, "I feel I have the freedom to make choices here." Care plans described the level of support required and gave staff guidance on how to promote people's independence. A member of staff told us there were plans to create an area in the conservatory for people to join in with daily household tasks such as preparing drinks and washing up.

People and relatives told us people's privacy and dignity was respected. One person said, "The staff are very respectful. They always knock and make sure you have privacy, like drawing curtains." We observed staff recognised people's need for privacy and quiet time and always knocked on the door or called out before entering people's bedrooms. People were assisted with their personal care needs in a way that upheld their dignity. Staff addressed people by their preferred names and were polite and courteous when speaking with individuals. Confidentiality was maintained when staff spoke with us about individuals' care and support needs and people's personal information was kept secure in the service.

The service was working towards the "Steps To Success" accreditation for end of life care in residential care homes. Training for staff was facilitated by the local hospice team to give them the skills and knowledge they needed to care for people appropriately. Information about people's advanced care decisions was

included in their care plans. This recorded if they wished to stay in the home or be transferred to hospital and meant that staff and their GPs were aware of how the person wanted to be supported at the end of their life.

Good

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their needs. People who were able to speak with us told us they were getting the care they needed and expected. Comments included, "I am happy here, they make it a bit like home", "We are all looked after very well", "The best thing here is companionship" and "They do check if I'm alright, especially at night." A relative told us their family member had "a new lease of life" since coming to Beth Ezra.

People's needs were fully assessed before they moved to the home. Following assessment, staff wrote person centred care plans (PCCPs) which explained what assistance people required with different aspects of their care and support. The PCCPs were individual and reflected people's needs. For example, one care plan for a person with a hearing impairment included the importance of how staff "need to be face to face and preferably eye level to ensure good communication." Another person's plan explained how living with dementia affected their life and how staff should support them.

People's care plans were reviewed at least monthly or more frequently where a person's needs had changed. This enabled staff to check people received care and support as they wished or needed. A more in depth review meeting was held every six months involving people, their family and other relevant professionals where necessary.

The registered manager and staff members we spoke with knew people well and could describe their preferences, likes and dislikes. They showed knowledge about what to do if people were unwell, unhappy or if there was a change in a person's behaviour.

Staff completed daily records for people and shared information at verbal handovers between shifts. This helped ensure consistency of care for people was maintained and any new concerns or issues relating to people's welfare were recorded and passed on.

The home had a designated activities co-ordinator who spent time with people on an individual basis and in groups. There were also volunteers to support people in the home and the local community. Activities were planned in advance with people and information about these was displayed and shared every week. Examples of events and activities included arts and craft, knitting, quizzes, keep fit, movie nights and board games such as 'scrabble.' Some people using the service were living with dementia and activities were arranged to meet their needs. One person enjoyed music and singing a particular nursery rhyme with staff. Another person liked to hold a baby doll and sensory items such as different textured materials for them to touch and feel.

People were complimentary about the activities and entertainment. One person told us, "There is enough to do here and I feel at liberty to take part or not." Another person said, "I think they cater well (activities) for all of us who live here" and "There is plenty to do, if you want to." People and relatives spoke favourably about the activities staff. When the activities staff joined people at lunch we heard one person say, "She's a joy" and a relative described the activities staff member as, "absolutely brilliant."

When we visited, staff were preparing for a cream tea party which people told us they were looking forward to. People took part in other activities including manicures and hair dressing. Where people preferred not to join in activities, we saw staff visited them throughout the day. Most people using the service were practising Christians and had chosen the home based on its religious ethos. Prayer services and bible classes formed part of the activities programme.

People were encouraged to maintain links with people who were important to them. The home had purchased two computer tablets to enable people to keep in touch with relatives by using email or technology such as 'Skype' or 'Facetime.'

Staff showed awareness about the risk of social isolation and loneliness people may experience. We were told how one person became reluctant to socialise and chose to spend more time in their room. The staff member described how they discussed this with the person and arranged to spend one to one time taking them for a walk in the garden or playing a board game.

People and relatives told us they knew how and who to raise a concern or complaint with. They felt confident that any complaints they had would be addressed. One person said, "No, I've never complained but would go to the manager" and another person told us, "If I had a grumble, I'd go to my named carer. I'd go to the manager for serious things." There was a clear procedure for investigating and reviewing complaints. Information about this was displayed for people to see and people were provided with an individual copy of the procedure. Records showed there had been few complaints since our last inspection. These had been investigated appropriately and in a timely manner, with all parties kept informed throughout the process.

The provider had received a variety of positive compliments from people or their relatives whilst living at Beth Ezra. One example included, "Thank you for arranging such a splendid birthday tea for (my relative)."

Good

Is the service well-led?

Our findings

The service continued to be well led and the same registered manager was in post since our last 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.

People and their relatives were positive about the registered manager and felt confident that she took account of their views. People's comments included, "The management's fine and staff are happy", "The management and staff are listeners" and "I think the manager is good, she is approachable." A relative told us, "I am asked quite frequently if everything is ok."

Staff told us there was effective communication within the team and they worked well together to provide people with good care. Staff felt able to raise concerns or suggest improvements. One staff member described the manager as "very professional and supportive". Meetings were held every two months and included discussions around the care provided, any changes in people's needs and the day to day management of the service. Staff also talked about learning and development and reflected on their practice and how this could be improved. Memos and guidelines about people's care needs or staffing matters were available for staff to read. Staff told us this was useful for keeping them informed of any important changes to people's care and support.

The quality of the service continued to be monitored. The provider sought people's views via meetings and surveys to help ensure people were at the centre of any changes in the home. One person told us, "We do have residents' meetings, minutes and actions and we have a chance to make comments." The provider had a quality assurance group who were independent of the charity that ran the home. We were shown their most recent report from July 2016 to February 2017 which included the survey responses and comments of people who used the service, their relatives or representatives and staff. The overall results showed that people were happy with the care and support they received at Beth Ezra and this had improved from the previous year's findings. The report was comprehensive and included information about everyone's feedback as well as suggestions for improvement. The registered manager had written a response to the few recommendations and an action plan was in place to address these.

One member of staff told us they had clear roles and responsibilities and the team had delegated tasks to help monitor service quality. This included checking people's care plans were accurate and that medicines were managed safely. The registered manager told us there were plans for staff to take on roles as champions in areas such as dignity, moving and handling and safeguarding.

Systems and audits were in place to monitor the safety of the service. There were ongoing checks on areas such as health and safety practice, cleanliness and presentation of the environment, laundry, food hygiene and call bell responses. Records were clearly maintained and showed what action was being taken in response to any shortfalls. The provider used learning from audits to make changes and improvements in

the service. Since our last inspection, the kitchen had been refurbished, a conservatory installed and the rear garden made more accessible with a new path and raised flower beds. People and relatives spoke positively about the improved environment.

Incidents and accidents were recorded and checked by the registered manager or senior staff. In some cases, we were not able to see what action had been taken in response to the accident or incident. Reports had been signed and dated but it was unclear whether a review of the person's care had taken place. The registered manager agreed to review all reports to check appropriate action had been taken and identify if there were any themes or trends.

Registered persons are required by law to notify CQC of certain changes, events or incidents that affect a person's care and welfare. Records held by CQC and the service confirmed that notifications had been submitted consistently aside from one person's DoLS authorisation. The registered manager acknowledged that this had been overlooked and submitted the relevant notification form during our inspection.

The returned PIR gave us good information about how the service performed and what improvements were planned. Our findings from this inspection corresponded with the PIR information.