

Gospel Standard Bethesda Fund

Harpenden Bethesda Home

Inspection report

201 Luton Road
Harpenden
Hertfordshire
AL5 3DD

Tel: 01582761359

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29 March 2019
31 March 2019

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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? | Good ● |

Summary of findings

Overall summary

About the service: Harpenden Bethesda Home is a care home and provides accommodation, care and support for up to 25 older people. At the time of the inspection, there were 10 people living in the home.

People's experience of using this service:

People continued to feel safe living at the service. Risks in relation to people's health, safety and welfare had been identified and action taken where appropriate. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed. There were systems in place to monitor incidents and accidents and learn from these.

Staff were competent and knew the people they supported well. People's care, health and cultural needs were identified so staff could meet these. People had their nutritional needs met. People were supported to maintain good health. Staff made referrals to health professionals when required. Staff worked within the principles of the Mental Capacity Act 2005 and ensured people consented to their care.

People continued to receive care from staff who were kind and caring. People's privacy and dignity was protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences. One relative said, "[name] is very happy living at Bethesda and moved a long way to live here because their reputation is excellent as a care home."

People received care that met their needs. Care plans gave details of how people would like their needs met. People took part in a range of group and one-to-one activities depending on their preferences. Information was displayed on how to make a complaint. Relatives also told us they knew how to complain.

People, relatives and staff told us the service was well managed and had an open and friendly culture. Staff said the service had a family atmosphere and they felt well-supported. The current registered manager and staff worked in partnership with other agencies to ensure people got the care and support they needed. This included local health and community services, such as district nurses and speech therapists.

Rating at last inspection: Good (report published 21 March 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

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.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.
Details are in our Well led findings below.

Good ●

Harpenden Bethesda Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection over the course of two days.

Service and service type: Bethesda- Harpenden is a care home. People in care homes receive accommodation and personal care. 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: This inspection was unannounced.

What we did:

Before the inspection we used our planning tool to gather relevant information and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sends us saying how they are meeting the regulations and any plans for improvement.

During the inspection we:

Spoke with one representative of the management team

Gathered information from three care files which included all aspects of care and risk.

Spoke with two people who lived at the service.

Spoke with three care staff employed by the service.

Looked at three staff files including all aspects of recruitment, staff support and supervisions, and training records.

Health and safety records.
Records of accidents, incidents and complaints.
Audits and surveys.

Following the inspection, we reviewed further evidence sent to us by the provider.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The staff received training on safeguarding adults and abuse awareness. A staff member said, "The training here is good and gives us the knowledge and understanding that we need to make sure we know how to identify any safeguarding concerns and how to report them." One relative told us that they felt their family member was safe at Bethesda and if they had any concerns, they would approach the registered manager, and call social services if they ever had concerns about abuse.

Assessing risk, safety monitoring and management.

- The manager and senior staff wrote, reviewed and updated detailed risk management plans.
- The manager and senior staff directly communicated changes in people's care needs to staff to ensure understanding through daily handover sessions and through regular staff meetings. A staff member confirmed, "We had a fire drill in September 2018. Procedure guidelines for fire are on view in the office and we have been trained what to do in the event of a fire or the fire alarms sounding."

Staffing and recruitment.

- The provider had robust recruitment policies and processes in place to ensure that staff were suitable for the role.
- Staffing levels were based on people's assessed needs and were sufficient to meet people's needs. Staff vacancies were being filled with permanent staff doing additional hours and on occasions regular agency staff. At the time of this inspection the home was fully staffed with no staff vacancies.
- Staff had the right skills and experience for the role.

Using medicines safely

- The provider had detailed systems in place for monitoring and auditing safe management of medicines.
- Staff were trained and assessed in medicine administration and theory to ensure competence.
- Each care plan had information on the medicines used and known side effects to better inform staff. One person told us, "The staff take care of all my medicines which is what I like - it makes me feel safe and I don't need to worry about forgetting to take them!" We observed a senior staff member administering people their medicines on the day of our inspection. This was carried out in a competent and proficient manner. One staff member told us, "At Bethesda we use a PCS device for medication (Proactive Care System)." This a device that shows us which residents are due their medication with the designated times. We saw that all staff had completed medication training within the past 12 months. The registered manager told us, "The electronic system produces a daily report which is used to audit the administration of medication. This enables me to pin point which carer has administered medication at any time and highlights any errors at the earliest possible stage." One staff member told us "Insulin and end of life medication are administered by the District Nurse. I updated my medication training in March 2019. Recently the manager has observed

and checked my knowledge."

Preventing and controlling infection

- Appropriate measures were in place to protect people from the risk of infection.
- Staff had access to personal protective equipment.
- Regular checks were completed to ensure people lived in a clean environment and that personal care was delivered in line with best practice. One staff member staff told us, "We use PPE (Personal Protective Equipment) such as aprons and gloves. Hand gel and frequent washing of hands. We dispose of clinical waste in the appropriate yellow bags and use red bags for soiled items for washing. We clear up spillages immediately."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- There were thorough systems in place for conducting initial assessments prior to people moving into the service. Each person we spoke with told us that staff who cared for them always met their needs. One person told us "I like to start my day in a certain way and the staff all know this and make sure I have everything I need, this includes what toiletries I like and the clothes I like to wear."
- Assessments covered aspects of choice, preference, beliefs, health and wellbeing.
- Staff wrote people's care plans and risk assessments in line with their assessed needs.

Staff support: induction, training, skills and experience.

- A robust induction program was in place for new staff which included shadowing experienced staff and being observed and assessed as competent before they worked unsupervised. One staff member commented, "I had a full induction before I started here and also shadowed a more experienced member of staff before I worked on my own."
- Staff were provided with training in all areas required for their role.
- The registered manager assessed staff's skills and experience against people's needs using a person matching form. This helped to show if staff had the suitable skills, experience and training for supporting the people they delivered care to.

Supporting people to eat and drink enough to maintain a balanced diet.

- People's weights were monitored and any special dietary needs were provided. When required, health care professionals were referred to for guidance; for example, when people were at risk of choking. One person told us that they found the food both nourishing and plentiful. They said, "Its proper home cooked food, all very nice. If I want anything different they provide this to me."

Supporting people to live healthier lives, access healthcare services and support

- There was clear evidence of referrals being made to a range of health care professionals and their guidance was included in the planned care needs. The GP practice was close to the home.
- Relatives told us they felt informed when healthcare advice was obtained. One relative said, "The home arranges for (name) to see the doctor if necessary. It's all very well organised." One staff member told us, "We have a good relationship with the GP who regularly visits every Wednesday and always responds to any of our requests straight away. We also have a regular chiropodist and we can make appointments for both the dentist and audiology. For those residents unable to get out, we can arrange domiciliary visits."

Adapting service, design, decoration to meet people's needs

- The home had a variety of communal areas which people can access. We saw that these areas were well

maintained and decorated to a good standard. This helped create a homely and welcoming environment for people in which to live. Specialist chairs and equipment had been obtained following an assessment undertaken by health professionals.

- People were able to personalise their own bedrooms with items of furniture and memorabilia that they had brought with them when they moved into the home.

Ensuring consent to care and treatment in line with law and guidance

- People confirmed that staff asked for their consent before any care was given. One staff member told us "We would never commence any personal care or support before making sure we have the person's consent."

- People currently using the service could make their own decisions in relation to how they spent their time, who they wished to provide their personal care needs and administration of their medicines and these were respected. We saw consent had been obtained and recorded for this within the person's plan of care.

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 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 when this is in their best interests and legally authorised under the 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. Where people did not have capacity to make decisions, they 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 service supported this.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. For example, we observed one person who was attempting to access the garden but appeared unsteady and anxious. We observed a staff member approach the person in a calm and gentle manner and ask permission to assist them. We saw this person appeared relieved and happy to accept the staff member's help. The registered manager stated they currently had two DoLS application awaiting authorisation.

Is the service caring?

Our findings

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Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were always met.

Good: People's needs were met through good organisation and delivery.

Personalised care

- Staff knew people's likes, dislikes and preferences. They were able to explain how a person liked to spend their leisure and social time. One staff member told us, "All our residents' care plans are person-centred. Their likes and dislikes are recorded. Their families also have an input where communication may be difficult. At present each resident has a relative or friend who can give information and give support. There is an information book about the home for residents."

Relatives told us they were happy and appreciated the personalised care and support provided to their family member. One relative said, "I visit regularly and always find (name) is well presented, clean and comfortable. This gives me great peace of mind."

- The home serves a group of people who follow a particular spiritual and cultural ethos which included an opportunity for people to join in daily prayers which were delivered within the main communal area of the home. People also told us they had opportunities for social interaction, this included attending regular religious services held both within the home and in the local community. The home is also supported by a group of volunteers who visit the home on a regular basis to provide social outings and activities within the home. During our inspection, we observed people enjoyed chatting with each other in the communal lounge or reading newspapers. The general atmosphere was one of calmness and contentment.

Improving care quality in response to complaints or concerns:

- Complaints were responded to in line with the providers complaints policy. People were given regular opportunities to discuss any issues or concerns they had. People told us they had no complaints about the service. However, they said they knew how to complain if they had any concerns.

- People's relatives told us that they thought the management team were responsive and they dealt with any concerns promptly. One relative said, "I think the staff and manager do listen if I have a concerns or an issue and I feel that I can always pick up the phone and I will receive a prompt response and resolution. However, I have never had to complain in all the time [name] has been here."

End of life care and support

- There were systems in place to support people to have a comfortable, dignified and pain free death. In addition, people's records, where people had chosen to discuss it, detailed their end of life wishes. This included if they wanted to be resuscitated and advance care planning where people had chosen to do these. Professionals would be involved as appropriate. We reviewed two end of life care plans which were written in simple terms and provided clear guidelines for staff to follow with regard to how to best support the person to meet their wishes.

- Staff understood people's needs, were aware of good practice and guidance in end of life care.

- The service was able to access specialist equipment and medicines at short notice to ensure people were

comfortable and pain free.

- The service supported people's relatives and friends as well as staff, before and after a person passed away. There were no people living in the service that required this level of support at the time of this inspection.

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

The service was managed and well-led.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider had a registered manager.
- Everyone we spoke with told us that the home was well managed. Staff felt the registered manager was approachable and had an open-door policy. One person said, "All the staff are very kind, caring and professional. The manager walks around the home every day." A relative said, "The manager is approachable, and their door is always open if we have a question or concern." One staff member said, "The manager is very hands on and you will see them out and about in the morning supporting people."
- Staff felt listened to and were well supported by regular supervisions.
- Staff echoed the manager's vision and values about providing personalised care and support to people.

The registered manager and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care:

- The registered manager felt supported by the board of trustees. They also received updates through the providers network of emails and senior meetings.
- The registered manager completed regular audits. There were audits and checks completed by the quality assurance team. Issues identified had action plans in place and these were reviewed to ensure actions were completed.
- Staff at Bethesda had clearly defined roles. Staff had responsibilities to effectively manage all aspects of the service. The registered manager had an overview of the service and staff worked well as a team.
- Staff felt valued and listened to by the registered manager. Staff received one to one support appropriate for their job roles. All staff had handovers at the start of their shift and received any important updates.
- Learning from incidents and accidents was used to improve the service. For example, the registered manager confirmed they reviewed for patterns in incidents such as falls to see what measures could be taken to keep people safe.

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. One person said, "This is a lovely place to live out my days, its quiet and we are encouraged to remain as independent as possible."
- Surveys were sent out annually to people, and relatives to gather feedback about the quality of the service provided. Results of the most recent survey showed that people who responded were happy with the quality of the care provided. One person who lived at the home stated, "This is a place which radiates peace and love to everyone involved here." A relative said, "The manager and staff have created a very homely place in which (name) can live peacefully and cared for in a kind, respectful and a place where they can follow their

religious beliefs which has been their lifelong passion."

Working in partnership with others

- The provider used the resources at their disposal, including CQC and the local authority quality assurance team, as well as local forums for peer support. The provider told us that they had recognised that there are a lot of resources available to help them and would be continuing to access these.
- Relationships with a variety of health and social care professionals were good and staff worked well with them. Inaccurate records needed to be reviewed to ensure they accurately documented the guidance and advice given by other professionals.