

Bethesda Eventide Homes

Bethesda Eventide Homes - Ipswich

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Bethesda Eventide Homes -Ipswich provides care for up to 26 older people. At the time of this unannounced inspection of 25 January 2019 there were 23 people who used the service. Some people were living with dementia.

At our last inspection on 1 December 2017, we found five breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed with assessing and mitigating risks to people, safe management of people's medicines, consent to care and treatment, how people's dietary needs was managed, staff training and how the quality of the service was monitored by the provider. We rated the service overall requires improvement. The key questions safe, effective, caring, responsive and well-led were rated requires improvement.

At this inspection we found that improvements had been made and were ongoing. The provider was no longer in breach of any regulations. We were encouraged by the progress made by the management team to turn the service around and the overall rating has changed from requires improvement to good.

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.

Bethesda Eventide Homes-Ipswich 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. The service does not provide nursing care.

Bethesda Eventide Homes-Ipswich provided a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse, falls and with their medicines. Staff understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs. Staff were available when people needed assistance and had been recruited safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People were cared for in a caring way by staff who understood their care needs. People and relatives were complimentary about the care provided and the approach of the management team and staff. Staff had developed good relationships with people. Staff consistently respected people's privacy and dignity and promoted their independence.

People and their relatives where appropriate were involved in the planning of their care and people's care records reflected their personal preferences. The care records were reviewed regularly and updated when people's care needs changed.

People enjoyed a positive meal time experience and were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and to access healthcare services. Input from other professionals was sought where concerns were identified about a person's health or wellbeing needs. Information about people's healthcare needs was shared appropriately with other professionals to ensure continuity of care.

The registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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 service support this practice.

People were supported to pursue their hobbies and participate in activities that they chose. People knew how to complain and share their experiences. Their feedback was valued, acted on and used to improve the quality of the service.

There was visible leadership in the service. Improvements had been made and were ongoing to the systems for monitoring the quality and safety of the service provided and with implementing person-centred plans. Recording, auditing and documentation in these areas had improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of staff who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner.

Staff had received training in infection control and food hygiene and understood their responsibilities relating to these areas.

Is the service effective?

Good 

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's dietary needs were met and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

Is the service caring?

Good 

The service was caring.

People were supported by compassionate staff who were attentive to their needs.

People and their relatives, where appropriate, were involved in making decisions about their care and these choices were

respected.

Staff promoted people's independence and cared for them in a way that maintained their dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People's care records were person centred, regularly reviewed and amended to meet changing needs.

People were encouraged and supported to pursue their hobbies and to participate in activities of their choice.

People's concerns were responded to appropriately and in a timely way.

People's preferences about their end of life care were documented.

Is the service well-led?

Good ●

The service was well-led.

Improvements had been made and were ongoing to the systems and procedures to monitor and improve the quality and safety of the service provided.

The registered manager was approachable and had a visible presence in the service.

Staff were encouraged to professionally develop and understood their roles and responsibilities.

The service worked in partnership with other agencies.

Bethesda Eventide Homes - Ipswich

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.

This inspection took place on 25 January 2019 and 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.

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. This was received from the provider.

Providers are required to notify the Care Quality Commission (CQC) about matters relating to people's safety and the running of the service. We reviewed the notifications the provider had sent us. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the Local Authority and members of the public.

We met and spoke with ten people who lived in the home. We observed the interactions between staff and people. We spoke with the management team which included the registered manager, and quality manager. We spoke with eight members of staff and a visiting health care professional. We received electronic feedback from ten relatives and four health and social care professionals regularly involved with the service.

To help us assess how people's care needs were being met, we reviewed five people's care records. We also looked at records relating to the management of the home, recruitment, staffing levels and systems for monitoring the quality of the home. Information we requested to be sent following our visit to the service

was received on time.

Is the service safe?

Our findings

During our last inspection in December 2017, we found that the service was not always safe for people and it was therefore rated 'requires improvement' in this area. We found a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, due to concerns with safe management of people's medicines and how risks to people were managed and monitored.

During this inspection we found that previous shortfalls with assessing and mitigating risks to people and safe management of medicines had been addressed and the rating was good at the time of the inspection.

Risks to individuals were well managed. Improvements had been made to people's documentation and showed detailed up to date risk assessments to guide staff in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to the skin. People who were vulnerable because of specific medical conditions such as diabetes, types of cancer and dementia had clear plans in place. These informed staff as to the appropriate actions to take to safeguard the person concerned. The care plans included where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were cared for safely.

Medicines were managed safely. There were systems for ordering, administering and monitoring medicines. People's medicines were stored securely and records were completed correctly. People told us they received their medicines as prescribed. One person commented, "My tablets are always on time, twice a day. If you have gone to your bedroom they [staff] will bring it up to you." Staff had received training in medicines administration and regularly had their competency checked to ensure their practice was safe. Staff were knowledgeable about people's medical needs and preferences and these were recorded for reference.

Where people received medicines 'as and when required', there were guidelines in place about the reason it was required, when it could be given and the potential side effects. Staff took time with people and were respectful in how they supported people to take their medicines.

We saw that people were safe in the home and comfortable in the company of the staff who supported them. Staff safely assisted people, where required with their mobility. This included helping them to transfer using appropriate equipment and ensuring they had access to their walking frames to reduce the risks of falls.

All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service. Equipment, including hoists, lifts, portable electrical appliances and fire safety equipment, had been serviced and checked so it was fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. People who used the service had a personal emergency evacuation plan in place. This plan detailed the support that each person would require to safely evacuate the building in the event of a fire.

People told us that there were sufficient numbers of staff to meet their needs. One person said, "There is plenty of staff, always someone around if you need something." Our observations showed people were supported by sufficient numbers of staff. People's requests for assistance were responded to in a timely manner. Staff told us that they had time to meet people's needs and to spend quality time with them. A relative told us, "I think there are probably enough staff, they do seem to have time to spend with residents, and there is always someone around."

A dependency tool was used by the management team to calculate the number of staff required based on people's individual needs. The registered manager told us that this was reviewed regularly with systems in place to cover any unplanned staff absence such as sickness. They shared with us recent examples of how they had increased the levels of staff to support people when needed, for example following a discharge from hospital, attend healthcare appointments, activities within the home and accessing the community. Wherever possible to support continuity of care existing staff were used to cover shifts. One person told us, "I haven't seen any agency staff for a long time." Conversations with staff, information received from health and social care professionals plus records seen confirmed this. This showed that effective measures were in place to ensure that there were sufficient staff consistently available to meet people's assessed needs.

Systems were in place to check that staff were of good character and were suitable to care for the people who used the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this. Gaps in an applicant's employment history had been explored during the interview process. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). A DBS check verifies whether applicants have any criminal records and whether they are barred from working with vulnerable people.

The environment was clean and hygienic and cleaning schedules were in place. One person said, "It is spotless the cleaners work hard and keep on top of it." Feedback from a healthcare professional who regularly visited the service stated, "The home is clean, warm and homely." People were protected from infection by good control and preventive measures. Staff had received the training they required and knew what they should be doing and who to inform if there was a notifiable outbreak of any description. There were systems in place to reduce the risks of cross contamination.

Incidents had been recognised with action taken to make improvements. Staff we spoke with demonstrated an understanding of accident and incident reporting procedures. The registered manager was open and transparent in communication. Although no recent concerns had been reported, the registered manager said if any occurred they would review the actions they had taken to improve the quality and safety of the service provided to reduce the likelihood of them happening again.

Is the service effective?

Our findings

During our last inspection in December 2017, we found that the service was not consistently effective and it was therefore rated 'requires improvement' in this area. We found breaches of Regulation 11: Consent to Care and Treatment and Regulation 18: Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that previous shortfalls with the service not acting in accordance with the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been addressed and staff had received the training they needed to meet people's needs. The rating was good at the time of the inspection.

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 so that they can 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).

Improvements had been made to people's care records and identified people's capacity to consent to their care and treatment. Where required there was guidance to staff on how to support people to make decisions based on their individual needs. Staff and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that staff had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office. We saw that best interest decisions were carried out with relevant people and DoLS were applied for when deemed necessary.

People told us and our observations confirmed that staff consistently sought people's consent before they provided any support or care, such as if they needed assistance with their meals or medicines, and if they wanted to participate in activities. Where they were able, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service.

Conversations with staff and records showed that staff were provided with the provider's mandatory training to effectively meet people's requirements and preferences, including regular updates. Training was linked to the specific needs of people. For example, diabetes, dementia, nutrition and hydration. Systems were in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

People and relatives told us the staff were competent and knew how to meet their needs. One person said, "The staff have a good manner about them. They are well trained and well-informed." A relative added, "I think they are well trained, they always seem to know what they are doing."

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. Lunchtime in the dining room was a relaxed and sociable occasion. We saw good interaction from staff, they were attentive and supported people who needed help. People told us they enjoyed their meals and said they always had enough to eat and drink. People described how they were involved in discussions and decisions regarding the menu options and could choose what they wanted. If people did not want one of the main menu options, they were able to choose something completely different. One person told us, "You get some very nice food; some meals are better than others. There is not a big choice of meals, but if you ask for something you usually get it." A relative commended, "Mum is very pleased with the food and has a varied diet. The staff always ask mum where she wants to eat her meal."

People were supported to maintain good health. They had regular access to relevant healthcare professionals and records were maintained regarding who had visited and any action taken. For example, one relative told us that the speech and language therapy team (SALT) were involved in their family member's care. They said the service, "Called the SALT team as soon as they first became concerned about his choking." Another relative commented, "The manager is very good. He arranged for an occupational therapist to come the other day and that was good for mum."

The registered manager and staff had a good working relationship with external health professionals. Feedback from one health care professional stated, "Whenever I have visited the home my experience has always been positive as to the welcome, atmosphere and interactions I happen to have seen." Records demonstrated that the staff and management team were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. A visiting healthcare professional told us, "We have no issues with the home. I visit weekly and the staff are very good at listening and acting on the advice given. They make appropriate referrals. Know the residents well. They are on the ball; always get the information I need."

The environment was homely with an accessible layout that met people's needs. The premises were generally in good repair, with a choice of spaces to spend time with others or to have private time alone if desired by people. Activities boards were displayed which showed people the range of activities available. Appropriate signage was in place to enable people to move safely around the service and to aid orientation. Corridors were well lit and had hand rails to assist people to move about safely. Some people had good signage and indicators for their personal rooms, but others did not in one part of the service, the registered manager advised us that this was a work in progress.

Is the service caring?

Our findings

At our last inspection in December 2017, the key question caring was rated as requires improvement. People did not consistently receive a caring service. At this inspection, we found people were happy living at the home, they were complimentary of the staff and management team, felt well cared for and their choices and needs were promoted and respected. The rating at this inspection was good.

People told us the staff treated them with kindness. One person said the, "The staff look after you very well, they do their best for you." Another person added, "Staff know me pretty well I think. They are very good they are always there to give you a hand. They are lovely, not one of them has been nasty. I find it very good, if I need a hand I only have to ask, they always try to help you."

Relatives were equally complimentary about the caring nature of staff. One relative shared their positive experience with us, "I find the staff very caring. They make a point of getting to know the residents and treating them as individuals. For Christmas they all got individual presents. Dad's an Ipswich Town fan and he got an Ipswich Town gnome. Staff found a picture of Mum in the files, they printed it out and framed it for him. The residents were all given a Christmas tree to decorate. We did his as an Ipswich Town tree and a member of staff made a star from the Club's flag to put on the top."

People were relaxed in the presence of staff and the management team. We saw members of staff checking on people's wellbeing, asking if they wanted a drink or a snack. During the lunch time meal, a member of staff spotted one person without their glasses and offered to go and get them from their bedroom. The person smiled and said to us, "See how thoughtful they are here."

Staff knew people well including their preferences for care and their personal histories. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This contributed to the positive atmosphere in the service and wellbeing of people.

People and where appropriate relatives told us they were involved in planning the care and support and could make choices and decisions which the staff respected. People were encouraged to express their views and opinions. We observed throughout our inspection that people expressed their wants and needs. Within people's care plans we saw that they had been involved in their development. One relative said, "Dad has a care plan and it is reviewed. I met with his key worker and everything was discussed."

People's independence was encouraged and respected. One person told us, "The staff don't force themselves upon you, they let you keep independent. Your clothes are in your wardrobe and you chose what you want. I choose when I get up." Staff shared examples of how they promoted dignity and independence when caring for people. For example, supporting people to undertake tasks that they could manage themselves and offering assistance only when it was required. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted.

People were cared for in a way that upheld their dignity and maintained their privacy. One person told us, "Staff are very good, they don't lose their temper with you, they always ask before they do anything and they knock on your door before they come into your room." This was confirmed in our observations, we saw staff consistently knock on bedroom doors before entering. They ensured bedroom and bathrooms doors were closed when supporting people. When staff were talking with people about their personal care needs, such as if they wanted to use the toilet, this was done discreetly so could not be overheard by others.

Feedback from healthcare professionals involved with the service was complimentary. Electronic feedback from one stated, "We visit on a weekly basis and have found the staff to be receptive to changes, very caring, willing to explore new ways of improving the systems we have in place to ensure we keep up to date with all the necessary reviews needed."

Is the service responsive?

Our findings

During our last inspection in December 2017, we found that the service was not always responsive to people's needs and it was therefore rated 'requires improvement' in this area. We found a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that previous shortfalls with inconsistencies in people's care records had been addressed and the rating was good at the time of the inspection.

Improvements had been made to people's care records. Care plans were detailed, kept under regular review and were kept secure. Where they were able, people had contributed to the planning of their own care. The service had worked with relevant professionals in developing people's care plans to make them more individualised and person centred. One health care professional commented, "We work closely together and have been actively reviewing care plans and medications."

People's care records provided guidance to staff on their preferences regarding how their care was delivered. This included information about their hobbies, life history and the people that were important to them. The records covered all aspects of an individual's health, personal care needs and risks to their health and safety. There were instructions of where the person needed assistance and when to encourage their independence. There were also prompts for the staff to promote and respect people's dignity. This information enabled staff, especially newly employed staff to get to know people quickly and to care for them in line with their wishes.

Where people needed support with behaviours that may be challenging to others, their care records guided staff in the triggers to these behaviours and to the level of support they required to minimise the risk of their distress to themselves and others. This included prompts for staff to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them.

We sampled some daily record entries for people and found they were task led and did not always reflect language that was enabling to people. The registered manager advised us that as part of continual development of the service, they were working on ensuring people's daily records consistently reflected people's experiences, mood and well-being and used language that valued people. This included specific training for staff on documentation and record keeping.

Staff were observed to be responsive to people's needs. Call bells and people's requests for assistance were answered in a timely manner. During the lunch time meal another member of staff went to get a jumper for a person who had said they were feeling cold.

Staff supported people to pursue their interests and hobbies and to engage in meaningful activities. There were photographs displayed around the home of people taking part in activities together. This included arts and crafts, quizzes, knitting, gardening and external trips in the community. Daily activities were in place for those that wished to participate. This included visiting entertainers, board games, bingo and themed quizzes. Information was displayed in the home about the activities on offer. One person told us, "We have a

range of activities, its mental and physical so they keep us alert." People's wish to not participate in group activities was also respected with one person telling us, "It's not for me. I will join the other residents at meal times for some company but prefer to stay in my bedroom or go out with my family when they come to see me."

Staff and the registered manager were often seen chatting and reminiscing with people about the past or talking to people about things they were interested in. A volunteer visitor to the service spoke with people in the morning about a range of topical issues. For one person living with dementia they talked about past local events in the present tense, the volunteer went to that time and engaged with them. This was good practice in dementia care.

People's views were actively encouraged through regular meetings with their key worker, care reviews and annual questionnaires. Where appropriate independent advocates were involved in the process to promote the voice of the person who used the service. A complaints policy was in place. Complaints which had been received, had been investigated and where required, action taken to prevent re-occurrence.

No one at the time of our visit was receiving palliative care. However, care records showed us that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Staff could tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us that staff were provided with end of life training which included advance care planning (ACP). ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care. One relative shared with us the support the service provided to them and their family during a sensitive time, "Mum died here, she had a lovely peaceful death here. They [staff] were fantastic. Since Mum died they have supported Dad so well through it."

Is the service well-led?

Our findings

During our last inspection in December 2017, we found that the service was not consistently well-led and it was therefore rated 'requires improvement' in this area. We found a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made and were ongoing to the systems and procedures used to monitor and improve the quality and safety of the service provided. The rating was good in this area at the time of the inspection.

The registered manager was active and visible in the service. They were supported by the training and quality manager and team leaders. The management team had worked closely with relevant health and social care professionals to implement an action plan for developing the service following our last inspection. We saw that improvements had been made and were ongoing to people's care records and the systems and procedures used to monitor and improve the quality and safety of the service provided. Regular checks were carried out with incidents, accidents, complaints, falls and people's medicines monitored and analysed. This supported the management team to take appropriate action to reduce further reoccurrence.

In addition to their own internal checks the provider has carried out an external quality audit to ensure the service continued to develop. Outcomes from this had provided the management team with the governance and oversight needed to identify any shortfalls and to act to address them.

People and relatives told us the management team were available and approachable. One person said, "The manager is very helpful, you can speak to him anytime. I feel it is a very well-run home." A relative commented, "[Registered manager and Training and quality manager] work very well together. It has a reassuring calmness here. Management team are approachable. Once I was here when someone wanted to go to the toilet and the manager just stepped in and took them."

People and where appropriate their representatives were regularly asked for their views about their experience of using the service. This included opportunities through regular care review meetings, 'resident meetings' and quality satisfaction questionnaires where people could share their experiences about the service they were provided with, anonymously if they chose to. One person told us, "I go to the resident's meetings, it is about telling us what is happening. We get a copy of the minutes, they [management] take note of what you are thinking and saying." We saw that people's feedback was positive had been acted on for example suggestions had shaped the current menu and activities provided. A relative shared with us, "We have questionnaires regarding the service. The manager is approachable, it's a good management team. What is good is the manager [will also provide care to people]; will muck in if he has to."

There was an open and inclusive culture within the service. Staff morale was good. The management team and staff were clear on their roles and responsibilities. Staff said they felt supported and there was effective leadership in the service. One member of staff said, "I love working here. The people are amazing and it's a great staff team; pull together."

Staff told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They described how their feedback was encouraged and acted on for example, in team meetings, supervisions and in daily handovers. Staff meeting minutes showed that they were encouraged to share their suggestions about improving the service. They were kept updated with the ongoing developments in the service. Staff told us they were committed to the improvements being made and to providing a safe quality care to people.

Where relevant the management team submitted appropriate notifications to inform us of any issues. The service worked in partnerships with various organisations including the local authority, hospital, community nurses and GP surgeries to ensure they were following correct practice and providing a quality service. One health care professional commented favourably about the positive working relationship they had with the service. They told us, I have found the home to be positive in their commitment to development and to working with other organisations on projects."