Bethany Homestead

Bethany Homestead

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 20 and 21 May 2018 and was unannounced.

Bethany Homestead is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Bethany Homestead also provides the regulated activity of personal care to people living in their own homes within the grounds of Bethany Homestead.

Bethany Homestead is registered to accommodate up to 38 people. At the time of our inspection 38 people were living at the home. The service supports older people and people living with dementia. Bethany Homestead was also supporting three people with personal care needs who were living in their own homes within the grounds of the home.

Both regulated activities were looked at during this inspection; however, the focus throughout the report is on the care home.

At the last inspection in December 2016 this service was rated good. At this inspection the service is rated as requires improvement. This is the first time the service has been rated requires improvement.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was not always sufficient staff deployed in the home to meet the needs of people.

The systems in place to ensure there were always enough staff deployed to meet the needs of people who used the service had an impact on people's dignity. The registered manager and provider lacked oversight of the day to day culture in the home and failed to address issues relating to the management of staff attitude, behaviours and code of conduct.

Staff followed the procedures for safeguarding people from the risks of harm or abuse. Risk management plans were in place to safeguard people's personal safety and manage known environmental risks.

People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff had comprehensive induction training and on-going refresher training that was based on following current best practice.

Care plans contained information about peoples assessed needs and their preferences and people and their relatives were asked for feedback on improving the service.

All staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs.

The service had a complaints procedure in place. This ensured people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Events such as safeguarding matters, accidents and incidents had been reported to the Care Quality Commission (CQC) and other relevant agencies as required.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was not always enough staff deployed to ensure people received care and support to meet their needs.

Staff had received training in safeguarding and knew how to report any concerns they may have.

Risk to people had been managed effectively.

People's medicines were always appropriately managed and safe recruitment practices were in place.
Risk to people had been managed effectively.

People's medicines were always appropriately managed and safe recruitment practices were in place.

Is the service effective?

Good

The service remains good

Is the service caring?

Requires Improvement

The service was not always caring.

The systems in place to ensure there were always enough staff deployed to meet the needs of people who used the service had an impact on people's dignity.

Staff knew people's preferences and people were involved in planning their care.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The was a lack of oversight by the registered manager and

provider in the day to day culture of the home.

People had the opportunity to provide feedback regarding the service, and action was taken in response to this.

Audits, which were carried out, ensured that the safety of the service was maintained.

Bethany Homestead

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 unannounced inspection was undertaken by one inspector and one inspection manager on 20 May 2018 and one inspector and one inspector assistant 21 May 2018.

This comprehensive inspection was undertaken in response to concerns raised with the Care Quality Commission about inadequate staffing levels at the home and the impact this was having on people living at Bethany Homestead. This inspection examined those concerns.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events, which the provider is required to send us by law.

During our inspection we spoke with nine people who lived at the home, four relatives, ten staff including care staff and senior care staff, one housekeeper and the registered manager.

We spent some time observing care to help us understand the experience of people who lived in the home.

We looked at care plan documentation relating to eight people and three staff personnel files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

People were not supported in the residential home by sufficient numbers of staff to meet their needs. Concerns about the staffing numbers in the home had been raised with the Care Quality Commission prior to our inspection. The registered manager informed us that on a morning shift there should be ten to eleven staff allocated to work to safely meet the needs of people. On the first day of our inspection there had been eight staff supporting people on the morning shift, on the second day of the inspection there was nine staff on the morning shift. The registered manager informed us that an evening shift required five to six members of staff to effectively meet the needs of people. On occasions, the evening shift only had three members of staff supporting people.

All the staff we spoke with told us that the home was regularly short of staff. One member of staff said, "Most days we are short staffed, it can be worse at the weekends." Another member of staff told us, "The staffing situation is quite bad, staff ring in sick or just don't turn up and we don't have access to an agency to have additional staffing." Another member of staff told us, "It's awful when we are so short staffed, I have to tell the residents that I don't have time to talk to them because I am too busy." One person living at the home told us," Sometimes they [staff] will answer my call bell but they tell me I have to wait because they are already busy with other people."

On the second day of the inspection, the registered manager told us that they didn't use a recognised dependency tool to assess how many staff were required to safely meet the care and support needs of people; but they were confident that the staffing levels, when the home was fully staffed, was sufficient to meet the needs of people. However, since the inspection, evidence has been received which shows that a dependency tool is in use; which confirms the staffing ratio of ten or eleven staff in the morning and five or six staff in the evening. This evidences that it has been recognised that a minimum of five staff are required to safely meet the care needs of people in the evening and on occasions there was only three staff providing care and support which put people at risk of not receiving care in a timely manner.

There was a written procedure in place for staff to follow in the event of there not being enough staff to safely manage people's assessed care needs; however, staff were unable to tell us what the procedure was. Senior staff informed us that they would try to cover the vacant shifts with 'bank' staff [staff that are not on permanent contracts] but sometimes it was impossible to find cover and there was no agency contracted with the home to request further staff from.

The provider and registered manager failed to ensure that there were sufficient numbers of staff deployed to meet the needs of people using the service. This was a breach of Regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about our concerns with the levels of staffing in the home and they offered assurances that four staff had recently been recruited and were awaiting the appropriate recruitment checks. They also told us that they would contact recruitment agencies to ensure that the appropriate staffing numbers could be maintained.

The people who received support with personal care in their own homes within the grounds of Bethany Homestead were happy with the support they received from staff and said that staff were always on time. One person told us, "I don't need a lot of support but I do in the mornings and the staff are always on time and I have the same carers."

People told us they felt safe living in Bethany Homestead and within their own homes. One person said, "I feel safe here; the staff are lovely and I feel safe in my room." Another person told us, "The staff can be a bit rushed sometimes but I do feel safe with them." Another person told us, "I feel safe living in my bungalow, the staff are all friendly and I am safe with them." We observed that people appeared comfortable with the support staff were giving them.

We talked with the staff about safeguarding people from harm, and they were all clear on the correct procedures to follow. One staff member said, "I would report anything I was concerned about to the registered manger or the local authority." We saw that staff had been trained within this area, and safeguarding concerns had been investigated by the registered manager.

People's needs were regularly reviewed and risks to people were identified and steps taken to mitigate these risks whilst supporting people's independence. One relative told us, "[Family member] has risk assessments in place, especially because they are at risk of falling, we all have to keep reminding [person] to use their walking frame." Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, falls and skin integrity. One staff member told us, "[Person's name] is at risk of falls. We have a risk assessment in place to make sure the risks to [person's name] are reduced as much as possible. Staff told us that risk assessments were reflective of people's current needs and guided them as to the care people needed to keep them safe.

People were protected from the prevention and control of infection. At the appropriate times, staff were using personal protective equipment (PPE) such as gloves, hand gel and aprons. One person told us. "The place is always clean. The staff do a marvellous job." We viewed infection control audits, which detailed how infection control was managed in the home, and staff we spoke to were knowledgeable about infection control.

Safe recruitment practices were followed. One staff member said, "I was not allowed to start until they had both of my references back and all the other checks." Records demonstrated that checks completed included two reference checks, criminal records checks, visa checks and a full employment history review. There were up to date photographs, health declarations and proof of identification for each individual.

People were supported safely with their medicines. One person said, "I get my tablets on time; I like to have my painkillers at the same time each day and the staff are good at remembering that." The staff completed medication administration records (MAR). We checked the MAR and saw that they were filled out accurately, and signed for every time. Appropriate storage and disposal methods were being used, and regular temperature checks took place within the storage area. We looked at stock levels of several medicines, and saw they were accurate.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made.

Good

Is the service effective?

Our findings

People were supported by a staff team who had the knowledge and training to provide the care they required. Staff told us the level and range of training they received kept them up to date with good practice. For example, staff received regular refresher training in moving and handling. The service's training matrix showed a range of training as described by the staff team. It included, safeguarding, moving and handling, equality and diversity, first aid, pressure ulcer prevention and end of life care.

Newly employed staff were required to complete an induction before starting work. This included, training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate, which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own. One member of staff told us, "I am currently on my induction and I am not working on my own yet, I feel confident shadowing staff and learning about the residents."

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Staff told us and records confirmed that staff received formal supervisions and annual appraisals; however, the general feedback was that staff thought they did not always feel listened to. Staff told us that this had led to a low moral within the staff team and was starting to impact on the people using the service.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. All staff and people using the service could access kitchenettes that were used to make drinks and had supplies of snacks available. One person told us, "I have more than enough food. The food is very good; there is always something that I enjoy." Some people required support with eating and we saw this was given in a sensitive manner ensuring the person's dignity and respect was upheld. Staff encouraged people to make healthy choices and supported them to have a balanced and nutritious diet that was in accordance with their individual needs.

People were supported to maintain their health and wellbeing and were supported to access health care services when they needed to. Staff told us if a person's health deteriorated, they would speak to the senior on duty straight away. One staff member told us, "I wouldn't hesitate to call NHS for advice or an ambulance if I thought someone was unwell." The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required.

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 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.

The registered manager and staff were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. All levels of staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests. We observed care staff checking for people's consent before undertaking tasks with them.

People were referred to their GP and dietician for further guidance when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing, they followed the health professional's advice to provide food that had been pureed or thickened their drinks to help prevent choking. All staff ensured people were provided with meals that met their nutritional and cultural needs.

Requires Improvement

Is the service caring?

Our findings

The systems in place to ensure there were enough staff to support people impacted on people's dignity and as staff were not able to respond to people's needs in a timely and appropriate way. Staff reported not having enough time to spend with people and having to tell people they were too busy to take them to toilet at the time of their request . One member of staff told us, "Sometimes we don't get time to help people have a bath and they have to go without." One person told us they sometimes had to wait when they wanted support from staff as they were busy. One relative told us, "On the whole [person] is treated with dignity but when staff can't help [person] to the toilet because they are busy with other residents I think they could do better."

Other people told us that most of the time staff treated them with dignity and respect. We observed staff knocking on people's doors prior to entering, and ensuring that doors were closed whilst personal care tasks were being completed. One person commented, "The staff knock on the door before they come in my room even though my door is usually open." Another person said, "All the staff are fantastic, I haven't been here long but they are always respectful." Staff could give appropriate examples regarding how they would maintain people's dignity during personal care tasks.

Staff could tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. Staff spoke positively about the people they supported, one member of staff said, "I've worked here for many years and I have got know the residents and their families really well." People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs.

People were actively involved in decisions about their care. One person told us, "I feel listened to here and I can change anything I want about how I am looked after." If people were unable to make decisions for themselves and had no relatives to support them, the provider had ensured that an advocate was sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. We spent time observing and listening to staff to see how they interacted with people they supported. We saw staff were attentive to people's needs and calls for assistance were answered promptly on the days of the inspection.

Each person who lived at the home had a room, which they were able to personalise according to their tastes and preferences. Some people had bought their own furniture with them, which made their rooms very homely. People who received personal care in their homes in the grounds of Bethany Homestead could furnish and decorate their property how they wished. People were able to see personal and professional visitors in their own homes, personal rooms or in communal areas.

People's views were sought on a regular basis on key topics, including in-house activities, menu choices, community activities and fundraising events. One person told us, "I am always involved in something and I feel listened to."

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. Relatives told us they were given regular updates about their family members and said they could visit and ring at any time. One relative told us, "They [staff] are really good at contacting me if anything happens; and if I telephone about something and they don't know the answer they will always find out for me." This showed the service supported people to maintain key relationships.

Good

Is the service responsive?

Our findings

People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.

The plans enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives. They were reviewed regularly and any changes communicated to staff, which ensured staff remained up to date with people's needs.

Care and support was personalised to meet each person's individual needs. We saw that care planning in place included people's likes dislikes and preferences. We saw that where people had a preference to be supported by a specific gender of staff, this was respected. People's personal and family history was documented so that staff could better understand the experiences of each person and their social and emotional support requirements.

People were supported and encouraged to follow their interests. One person said, "I have a really busy life! I play carpet bowls, scrabble, make cakes, have trips out in the bus and I go to bible study every week." There was an activity timetable which was also available in an easy read format and this included a variety of activities. People living in their own homes in the grounds of Bethany Homestead were also able to participate in the activities on offer.

At the time of the inspection, nobody was receiving end of life care. The provider had plans in place for the staff to work sensitively with people to offer support to plan for future events taking into account people's wishes. Some staff had completed end of life care training and told us they were confident in supporting people at home at the end of their life if this was their wish.

If people were unhappy with the service, there was a complaints procedure in place. The complaints procedure was also displayed clearly in the home. There had been no recent complaints from people using the service but people told us they felt that any issues they raised would be addressed in a timely manner. At the time of our inspection, there had been a complaint received from a relative. This complaint had only just been received and we saw the registered manager pro-actively attempting to contact the complainant and viewing necessary records to be able to respond appropriately.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, information was available in easy read or large print for people.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and provider lacked oversight of what the day to day culture was like in the home. Most staff told us that morale was low; they did not feel listened to by the management team and felt the home lacked energy, positivity and direction. There was a culture where the service was 'staff lead' and was not managed effectively by the registered manager or provider. Staff could demonstrate and display unprofessional behaviour towards their peers and the management team and there was a lack of respect and trust at all levels.

We received mixed feedback from staff about whether people were cared for by staff who felt supported by the management team. One staff member told us "I don't always feel listened to; I have been raising my concerns that residents are not getting baths and have to wait sometimes for help but nothing changes." Another staff member said, "I am listened to but things never get sorted out, there always seems to be excuses why action hasn't been taken." Another member of staff told us, "I think the manager [registered] can't manage some of the staff so they do what they want and swap and change their shifts which leaves us short staffed."

To address some of the issues around the staffing divide, the registered manager had tried to make changes to the areas of the home where staff worked. Traditionally the staff worked on a particular floor or corridor and this was changed to incorporate staff working across all areas of the building. However, this failed to address the issues because some staff didn't move at all and others swapped their shifts to avoid working with staff they didn't want to work with. This situation added to the low morale and frustration in the team. One member of staff told us, "We have been told we are working in other areas of the building, but the 'rule' doesn't apply to everyone. It appears to be if you make a fuss and refuse to do something you can get away with anything you want." Another member of staff told us, "The atmosphere in the home can be awful some days, sometimes staff are asked to help in another area of the building but when they go to help, there are staff that refuse to work with them." Another member of staff told us, "I dread coming in to work; not knowing what the atmosphere will be like or whether there will be enough staff to meet people's needs."

It was clear that the registered manager and the provider were aware of the issues within the staff team; however, they had not taken appropriate action in a timely and consistent manner to address the issues or understood the impact it was having. We were given numerous examples of behaviours that staff had displayed which were contrary to the core values and standards expected of care staff. All the staff were aware of situations where staff had been unprofessional and there was a cycle of behaviours, gossip, staff fallouts, complaints and accusations which went unresolved and were not managed or addressed effectively.

The lack of oversight and management of the day to day culture in the home by the registered manager and provider was having a huge impact on staffing levels, staff morale and had culminated in a very toxic and negative atmosphere. There were accusations of bullying and harassment, favouritism, threats of violence and verbal abuse. Some staff had lost sight that their main purpose of going to work was to ensure that people received high quality safe and effective care; they had lost their focus and this influenced the care

that people received.

After the inspection we were informed by the registered manager that a structured approach to managing the staffing and the establishment were in the process of being put in place and were proving to be effective.

There were audits in place to monitor the effectiveness of the care delivered to people. For example, infection control, medication, care plans and monitoring of food and fluid charts. It was clear that where any issues had been identified these had been addressed in a timely manner.

The feedback from people's and their relatives was mostly positive. People's views about the quality of care were sought and the results of quality surveys indicated that people were pleased with the service they received. Comments included, "I am happy with everything" and "I feel relaxed living at Bethany Homestead."

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts had been raised with the local authority when required and the service had provided information as requested to support investigations.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager failed to ensure that there were sufficient numbers of staff deployed to meet the needs of people using the service. Regulation 18(1)