

Haven Care Centres Limited

Bethel House

Inspection report

St Bees Road
Whitehaven
Cumbria
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Tel: 01946695557

Date of inspection visit:
10 September 2019

Date of publication:
17 October 2019

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

Bethel House is a residential care home on the outskirts of Whitehaven. It is an older property that has been extensively adapted to provide accommodation for up to 62 people with dementia or other mental health needs. One part of the building provides nursing care for up to 31 people and the other residential care for up to 31 people. All rooms are single occupancy and there are suitable shared facilities and secure garden. At the time of the inspection there were 60 people living there.

People's experience of using this service and what we found

People told us they felt safe living at Bethel House and relatives expressed confidence in the staff and management to keep their relatives safe and happy. Staff were kind and caring towards people and had developed mutually respectful relationships with them, knowing their histories, likes and dislikes. We observed the daily routines and practices within the home and found people were treated equally and their human rights were being promoted.

There was an effective safeguarding policy and staff had undertaken safeguarding training and could explain the process. The staff team were confident in reporting any concerns about a person's safety or the wellbeing of anyone in the home.

Staff assessed and reviewed people's physical, mental health and social needs and people received support to maintain good nutrition and hydration. Risk assessments had been developed to identify and minimise the potential risk of harm to people during the delivery of their care.

People's healthcare needs were well understood and met promptly and people received their medicines in a safe manner.

Staff worked collaboratively with other agencies and professionals to support people's health and well-being.

Staffing levels were flexible to meet changing needs and staff recruitment procedures were thorough. The staff team worked well together and had the training, skills and experience required to support people with their care and social needs.

People's communication needs were assessed and understood by staff. This helped to support people's communication needs and the Accessible Information Standard (AIS).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider continued to work to improve the environment to better meet the needs of people living with dementia. This made the home a more interesting and stimulating place for people to live. The building was being well maintained and was a clean and homely place for people to live.

People had access to a range of organised and informal activities. Relatives told us that they were welcomed in the home and their views and feedback were encouraged.

Systems were in place to deal with any complaints or concerns raised about the service. The registered manager treated complaints as an opportunity to learn and improve the service.

The registered manager displayed knowledge and understanding around the importance of openness and working closely with other agencies and healthcare professionals to make sure people had good care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28.3.2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service remained caring

Details are in our caring findings below.

Is the service responsive?

Good 

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service remained well-led.

Details are in our well-led findings below.

Bethel House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who has used this type of service.

Service and service type

Bethel House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our planning considered information we held about the service. This included information about incidents the provider must notify us about, such as abuse allegations. We looked at records of complaints and how the service responded to them. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We reviewed records relevant to the running and quality monitoring of the service, the recruitment records for seven new staff employed in the last year and new policies and procedures. We looked at training and supervision records. We looked at eight people's care records in detail and multiple records of medication administration, medicines storage and management. We also checked the building to ensure it was clean,

hygienic and a safe place for people to live.

We spoke with ten people who lived at Bethel House, six visiting relatives, seven members of nursing and care staff and three visiting health care professionals for feedback on their experiences of the service. We spoke with the registered manager, who was present throughout the inspection, the deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data and staffing rotas. This was received and the information was used as part of our inspection.

We obtained further feedback from two relatives who were not at the home during the inspection. They contacted us by email after the visit to give us their positive experiences of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in line with local authority guidance to protect people from harm and abuse.
- People told us they felt "safe" and "secure" living at Bethel House. One person told us, "The girls are marvellous they can't do enough for me, I was falling at home and I didn't want to come in here, but I am so glad I did, they can't do enough for me." A relative told us, "I am happy [relative] is safe and I'll go away on holiday now, the first time in seven years because I know [relative] will be alright."
- The registered manager understood their responsibility to report suspected abuse to the local authority and work with them to keep people safe.
- Staff knew how to recognise and report abuse to help protect people from risk and had received safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly to keep people safe if they reported any concerns.

Assessing risk, safety monitoring and management

- Accidents and incidents were recorded and monitored including environmental risks as well as those associated with health, wellbeing and lifestyle choices.
- There were individual risk assessments in people's care plans, such as, skin integrity, falls, nutrition and for the use of equipment.
- Records available showed that systems and equipment had been serviced in accordance with manufacturers' recommendations and a range of internal checks had been conducted, to ensure they were fit for use.
- Risk assessment and procedures were completed outlining the action staff needed to take in the event of fire. Individual personal emergency evacuation plans had been developed for everyone who lived in the home to show how they should be helped from the building in the case of an evacuation being necessary. These systems helped to protect people from harm. The registered manager confirmed they were currently updating their fire risk assessment with an external specialist to make sure it was up to date and thorough.

Staffing and recruitment

- There was an appropriate level of staffing on both residential and nursing units during the day to meet people's needs. We examined staff rotas for the previous four weeks and observed staff deployment during the inspection. The registered manager reviewed dependency levels at least monthly. People told us, "They [staff] come and help you if you call, there are always girls around" and "I am so happy, especially at night as I know I only have to buzz and they [staff] come."
- There was an on-call system to access management support during the night and outside normal working

hours.

- The provider had policies and procedures in place to support safe recruitment. The registered manager had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.

Using medicines safely

- Medicines management was safe and staff had undertaken appropriate training in medicines administration. All staff administering medicines had training from the supplying pharmacy and a minimum of yearly competency checks.
- Arrangements were in place for the checking in, return and safe disposal of medicines and excess stock was kept to a minimum. Quantities of medicines were being carried forward for stock monitoring.
- We looked at the handling of medicines liable to misuse, called controlled drugs and found these to be safely managed and stored.
- Regular checks and audits took place of the medicines system to make sure it continued to be managed in a safe way.

Preventing and controlling infection

- The environment was well maintained, clean and hygienic throughout.
- A recent boiler malfunction had resulted in flooding in part of the laundry damaging the floor. The registered manager had arranged for the floor to be repaired so it was easily cleanable again.
- Staff were trained in and followed infection control practices, by wearing gloves and aprons when providing personal care.

Learning lessons when things go wrong

- CCTV was used in all communal areas and overseen by the registered manager. This has been used to look at unwitnessed falls so staff can look at what could have prevented it or could be changed to reduce the risk of reoccurrence.
- Medication audits had highlighted when recording errors had been made and action had been taken to help prevent reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- The provider had systems to make sure people received care which met their individual preferences and needs.
- Senior staff completed an assessment prior to admission to help make sure the service was appropriate for the person and could meet their needs.
- The assessment of needs and people's wishes continued after they came to live at Bethel House as their care plans were developed with them. Appropriate, clinically accepted tools were used to make assessments.

Staff support: induction, training, skills and experience

- Evidence of training and supervision was recorded and there was a programme of induction and shadowing for new staff and refresher training throughout the year.
- Staff told us they had received training in managing behaviour that can challenge the service and how to support people living with dementia. This helped them be more aware of the needs of people living with dementia and inform the support and communication provided.
- There was a strong emphasis on learning and development and supporting staff to achieve their potential and provide a high standard of care. Some staff had taken on the roles of 'champions'. For example, the home had three end of life champions to act as a resource to other staff. Staff told us they were well supported with supervision and through their training and updates.

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

- Staff supported people to have a balanced diet, they assessed people's nutritional needs and any risks to be aware of.
- Difficulties in swallowing had been assessed and management that followed the advice of speech and language therapists. People had their weight monitored for changes so medical action and referrals could be made if needed.
- People told us the meals were usually good with plenty of choice and they could choose where they took their meals. People commented, "The food is good, they come and ask me what I want and a girl comes and sits down and helps me to eat which is wonderful" and "It's very good, it's uplifting to have a good meal."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked collaboratively with other agencies and made referrals appropriately so people could access the healthcare and treatment they needed.

- People were satisfied with their access to other services. We were told, "I see my GP more now than I did at home, you could never get him, truly I couldn't fault my care here."
- Information about visits was in people's care plans, including the mental health team, speech and language therapists, chiropodists, specialist and district nurses and occupational therapists.
- Healthcare professionals we spoke with during the inspection told us staff were "very receptive" to advice and guidance and worked hard to implement new ideas and practices. We were told staff had managed some complex and challenging people and had "Made a difference where others had failed."

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

- At the last inspection we recommended that the registered manager seek advice and guidance on how they could adapt the home's environment to facilitate the independence of people living with dementia. We saw that this had been done and the management and staff were using best practice guidance to make the changes required.
- There were appropriate signs around the home to support people to locate different rooms and décor had been improved in line with environmental good practice on supporting people living with dementia. Memory boxes were used for people to fill with personal items to prompt them and help them orientate themselves.

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw evidence of MCA assessments taking place and where the person was found to lack capacity to make a decision the best interest's decision-making processes were followed. Relevant family, representatives and professionals were involved in this process.
- The registered manager of the home had a good understanding of the Mental Capacity Act 2005, (MCA) and how to protect people's rights. Staff had received training in MCA and we observed they sought verbal consent for all interventions during the day to allow people the choice in their daily life.
- The registered manager completed DoLS applications when required and kept a record of those awaiting authorisation for regular follow up. Conditions applied to authorisations were included in how care was planned.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff were kind and compassionate and had formed positive relationships with people and knew them well.
- All staff spoke to people politely and with patience, allowing them time to respond. People were clearly comfortable with the presence of staff members and we noted a lot of warm and friendly interactions on both the residential and the nursing unit. People and their relatives spoke very positively about the care staff. We were told, "I like it here, it's good, the girls are nice" and "The girls are great with [relative] we can't fault it, we are very happy they are so well looked after."
- We observed staff were very aware of what people were doing and if they were becoming distressed or agitated. Staff acted promptly to engage with people to distract and divert them to other more positive activity. Staff were tactile with people, holding hands, giving appropriate hugs and engaging in chatting and friendly banter.
- Consideration had been given to the Equality Act 2010 and people were protected against any discrimination. The registered manager ensured equality and diversity policies and procedures were accessible to all. The registered manager ensured people's human rights, life style choices, religious and cultural and diversity were reflected in the care planning process.

Supporting people to express their views and be involved in making decisions about their care

- We saw staff respected people's individual choices and care plans contained information about people's preferred daily routines.
- People told us they felt they were listened to by staff. Relatives told us they were kept updated about significant events affecting their relatives. A relative told us, "They [staff] always tell us what's going on, they tell us about [relative's] medicines and how they have been eating and if anything is wrong."
- People using the service were often supported to express their views by their families or representatives, but advocacy services were available if needed or in an emergency. Advocacy services help people to access information, explore choices and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. We observed staff on both units knocking on bedroom doors and calling out before entering. Doors to bedrooms and toilets were kept closed when people were receiving personal care.
- Staff used equipment to aid some people with their mobility and independence. They used the equipment in a manner that promoted people's dignity and modesty and explained what they were doing with the

equipment.

- CCTV was in use in the communal areas of the home. A full consultation and privacy impact assessment had been done with people and relatives before this was installed to make sure they knew why this was being done and agreed its use.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences,

- People and their relatives were involved in developing care plans. Some people could not tell us about this but their relatives told us that they had been involved in helping develop care plans and had been involved in reviews. One relative told us, "We did all the care plans together and they [staff] will let me know if anything is wrong."
- Staff we spoke with understood people's needs well and it was clear those who lived at the home were supported to make day to day choices. Care plans had been reviewed regularly to ensure current information was available for the staff team.
- The service made use of technology. Electronic person-centred care planning systems were being introduced so care records could be updated constantly to provide information and improve care monitoring. Staff were receiving training on this before its full implementation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans captured personal preferences and histories and the choices and decisions that people could make for themselves. We saw people taking part in activities of their choice.
 - We received positive comments on the range of activities provided. A relative commented "I couldn't be happier, they [relative] do things in the summer and they all get ice creams, they were all out in sunhats playing softball, it was grand to see. I know [relative] is content here and much more relaxed and involved so their behaviour isn't as bad, so overall I am very pleased."
 - There was a well-planned approach to developing the environment for people living with dementia. Research and planning had gone into making areas of the home more stimulating and interesting places for people. A shop was being created where people could shop for toiletries and everyday items. Local students, were working on a sensory garden, raised beds and a gazebo for people to use. There were secure themed areas and 'streets' for people to use and 'beach' areas with decking and deck chairs for people to relax in. One area had music playing from the 1960's and people were joining in and singing.
 - We saw some people going as a convivial group to the home's 'JK bar' that had been styled as a traditional 'pub'. Staff supervised and ran it and people came to watch sport, play dominoes and cards and have a drink sociably with others as they might have done previously. There was also a Friday night pub quiz and a fish and chip supper for anyone to join in. People told us they did not have to participate in any activity if they did not want to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff carried out assessments to support people's specific communication needs and the guidance on meeting them was clearly stated in care plans. Staff communicated well between themselves to help ensure people's needs were met, including during handover meetings at the start of shifts.
- People told us they were supported to stay in touch and stay informed. One person told us, "I can't fault it, I have all my things, [Alexa, iPad, telephone, television and a streaming service] and there are things to do if I want, they [staff] ask me what it is I want to do, and the manager comes to see me. My family comes in but I can speak to them anytime on this." [iPod]
- Staff used visual aids to help people access information, large print formats and picture cards showed choices for menu and activities information to help people understand what was available. The local newspaper was delivered both in paper and audio formats and a local society offered a Braille service. There was local training available for staff if sign language and Makaton was needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which gave timescales for how long it should take to address a complaint. Details were available of who to contact if people remained dissatisfied with the service. This information was displayed around the home.
- People told us they knew how to make a formal complaint. The service kept copies of all complaints and had systems in place to track complaints and concerns through to completion.

End of life care and support

- People were supported at the end of their life to be comfortable and free from distressing symptoms and pain. Staff had undertaken training to support people in the final stage of their life and were sensitive to the needs of people and families at the end of life.
- The home worked with local GPs, district nurses and the 'hospice at home' to help make sure appropriate care was provided as a person approached the end of life.
- Staff received regular updates from specialist palliative care nurses to maintain their skills and had access to e-learning. Nursing staff received training on the use of equipment used for symptom control.
- We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found there was a positive management culture within the service. The registered manager provided strong leadership and led by example. Relatives, staff and other agencies were positive about the leadership of the service.
- Healthcare professionals we spoke with told us the registered manager had made significant care and systems improvements in the last few years. These had a positive impact upon the lives of people living there.
- Staff told us they felt valued, listened to and well supported to develop in their work. We were told staff morale was "very good".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager and senior staff demonstrated an open and transparent approach to their roles and acted positively and promptly to all feedback provided during this inspection.
- The registered manager understood the requirements of their registration. They notified CQC of significant events and displayed the previous CQC rating prominently.
- Management and staff understood the importance of reporting accidents and incidents and changes in people's mental and physical health to the appropriate professionals and agencies and of keeping families informed. This indicated that the principles behind a duty of candour were recognised within the service's culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager used quality assurance systems to promote safety, quality and improvement and identify themes or patterns to take preventative actions and learn from. A relative commented, "They [registered manager] have managed to improve things so much and they are still trying."
- The registered manager updated their own knowledge and skills with recognised training in both practical and management skills. Staff told us the registered manager was "Very fair and approachable", "So supportive, we get good training and there has been unbelievable changes here, she [registered manager] wants the very best for everyone."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The registered manager and staff worked hard to create an open and inclusive culture and sought ideas and feedback from people and relatives both informally, at home meetings and using surveys. Relative's told us, "I go to all the relative's meetings, but it's only a few of us that go, I tell [registered manager] it's such a pity others don't bother", "We really can't find fault with the way this home is run" and "I get a questionnaire every six months or so and a sort of circular letter telling us what is going on."
- The service worked well in partnership with other agencies and had good links with local schools, charities and voluntary organisations. All of these played an important part in the life of the home. We received feedback from visiting professionals who told us of positive partnership working with the service.
- Staff said they were happy working at Bethel House, they had a good working environment and felt able to raise issues or concerns with the management team.