

Preston Bethany Care

Bethany House

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

About the service

Bethany house is a residential care home providing accommodation for persons who require personal and nursing care for up to 26 older people. At the time of the inspection 23 people were living in one purpose built building over one floor. A number of the bedrooms were ensuite. Two communal lounges and a dining room were available as well as communal bathrooms and a shower room. The home was situated close to public transport links and a range of amenities were close by.

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

All people we spoke with felt safe at the service and staff understood what to do if they were concerned about people's safety. Staff had been recruited safely, and a range of training had been provided. Relevant servicing and checks were completed. Although medicines were safely administered, we made a recommendation in relation to the safe storage and administration of medicines.

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. Evidence that consent was sought was seen. Records confirmed and people and professionals we spoke with supported they were involved in supporting people's individual health needs.

People received good care and people's likes, dislikes and choices were considered. People told us they were happy living at the service. Care files reflected people's needs. These were updated to ensure they contained detailed information about how to support people's individual needs.

A range of activities were provided to people. No one was in receipt of end of life care but guidance and procedures were available if people required end of life support.

A procedure for dealing with complaints was in place; positive feedback was seen about the service. A range of audits and monitoring was taking place. We received very positive feedback about the registered manager and the support she provided.

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 overall (published on 22 April 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bethany 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 one 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.

Service and service type

Bethany 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at the information we held about the service. This included any feedback, concerns, safeguarding investigations or statutory notifications which the provider is required to send to us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

To understand people's experience using the service we spoke with seven people who were living in the service, two visiting family members and two professionals visiting the service during the inspection. We also spoke with seven staff members. These included, two care staff, one house keeper, two members of kitchen staff, the care manager and the registered manager who took overall responsibility for the service.

We reviewed a number of records. These included, three care records, two staff files, training records, accident and incident records, meeting minutes and records relating to the operation and management 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 now remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were being managed safely. People we spoke with raised no concerns about the way the service managed their medication. They told us, "I get my medication without fail" and "The medicines are given out every day at about the same time and, "They watch all the residents [people who used the service] taking their tablets."
- Medicines administration records had been completed and evidence of audits of the records were seen along with actions required from their findings. Where one record seen had a gap in the recording, the registered manager took immediate action to investigate. Temperature records confirmed these were being completed daily. However, we noted fridge temperatures were outside of the recommended guidelines. We discussed this with the registered manager who took immediate action. A new fridge thermometer was purchased which confirmed the medicine had been stored at the correct temperature.
- Observations of one of the medicines administration round noted people were given their medication safely. We saw two staff members checking the stock levels for controlled medicines. However, one of the staff was not employed as part of the care team. We discussed this with the registered manager who took immediate action to ensure all staff responsible for checking the stock numbers of medicines had the required training and skills to do this safely.

We recommend the provider seeks nationally recognised guidance to ensure medicines are stored and administered appropriately.

- Staff had completed relevant training and medicines competency checks had been undertaken. Up to date policies and procedures were in place to support staff in administering medicines safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service had developed systems which ensured any allegations of abuse were investigated and acted on appropriately. Policies, procedures and guidance was available to support staff understanding about how to deal with allegations. Staff we spoke with confirmed the actions they would take if abuse was suspected. Where investigations had been completed, records demonstrated the actions taken which supported lessons learned going forward.
- All of the people and relatives we spoke with told us they felt safe living in the service. Comments included, "The girls all make me feel safe, they sort my problems out if I have any" and "I am very safe here as they are good carers."

Assessing risk, safety monitoring and management

- The registered manager ensured risks were assessed and managed appropriately. A range of

environmental risk assessments had been developed which identified risks in the service and how to manage these safely. Relevant fire checks had been completed and personal emergency evacuation plans demonstrated how to evacuate people from the service safely in the event of an emergency.

- Individual risk assessments were in place which ensured staff had access to information about how to support people safely. Where we saw some risks for people, records required further information. The registered manager took immediate action to ensure risk assessments reflected people's individual needs.
- Systems to record, investigate and act on incidents and accidents had been developed. Records included information about the incidents and the actions taken to support lessons learned going forward. Incident logs and analysis records had been completed. These supported analysis of any incidents for themes and trends. Policies and guidance were available to support staff in dealing with any accidents or incidents.

Staffing and recruitment

- The provider had developed safe systems which demonstrated staff were recruited safely to the service. Relevant checks had been completed. These included, proof of identify, references from previous employers and completed application forms.
- People who used the service and relatives mostly raised no concerns in relation to the staffing at the service. Comments included, "There are lots of carers around to support everyone" and "There are always staff around all the time." However, one person said, "Generally there are enough staff, though they can be short at the weekends."
- During the inspection we noted staff visible in the public areas of the service attending to people's needs. Call bells were answered promptly.

Preventing and controlling infection

- The registered manager ensured people, visitors and staff were protected from the risk associated with infection. Infection control audits were completed. These included details of their findings as well as the actions to be taken.
- The service was clean and tidy and a range of personal protective equipment was available for staff to use. No one raised any concerns about the cleanliness of the service. One person told us, "My room is kept very clean and the lounge is as well."

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 has 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 registered manager ensured people's needs had been assessed. This included initial care plans which ensured people's needs could be met in the service. People who used the service told us they had been involved in decisions about their care. They told us, "I have made my feelings clear about my care and I have told them I want to be as independent as possible. as I don't want to give up" and "I have been asked how I would like to be cared for."

Staff support: induction, training, skills and experience

- The provider ensured staff received the appropriate training to support effective care delivery to people who used the service. Staff told us, and records confirmed, relevant training had been provided. This included, first aid, infection control, health and safety and oral care.
- Staff told us they received training to support them in their role. They said, "We get enough training." All of the people who used the service were happy with the staff knowledge and skills. Comments included, "The staff are excellent, they all seem to be very well trained and know what they are doing" and "The staff are wonderful I cannot fault them and they are all well trained."
- Record confirmed staff received supervision and appraisals which supported staff in their role, as well as plans and personal development going forward.

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

- The registered manager supported people to receive appropriate nutrition according to their needs. Care files reflected people's likes, needs and choices in relation to their meal choices.
- People who used the service told us they were happy with the meals provided. Comments included, "There is always plenty to eat and I get provided with drinks and snacks throughout the day. On several occasions I have asked for something else rather than what is on the menu and they have provided an alternative" and "The food is good. There is lots of choice which is excellent and I get lots of drinks all day long. I can choose what I want to eat each day."
- We observed a positive meal time experience. Choices were provided to people. The kitchen was clean and tidy and plenty of food was available for meal preparation and choice.

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

- The service had been developed to support people's individual needs. All areas of the service had been decorated nicely and people's bedrooms were individualised with their own possessions.
- Communal areas were bright and accessible for people with limited mobility. Signage was noted with the use of pictorial information which supported people where the written word was difficult to understand.

- The service was located in a residential area of Preston close to local amenities and public transport links.

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

- The registered manager ensured people were provided with appropriate and timely support with their individual health needs. Records confirmed relevant professionals had been involved in meeting their health care needs. We saw two professionals visiting on the day of the inspection offering people who used the service and the staff team their annual flu vaccination. The registered manager and professionals told us they had developed good links with the GP service.

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.

- The registered manager had developed systems which ensured people were protected from unlawful restrictions, and the principles of the MCA were maintained. Records we looked at confirmed capacity assessments and best interests decisions had been completed. Deprivation of liberty applications had been submitted to the local authority. This ensured people were not being deprived of their liberty unlawfully.
- Staff we spoke with understood the principles of the MCA and DoLS. Training records confirmed staff had undertaken relevant training.
- During the inspection we observed staff seeking consent from people who used the service before undertaking any care or activity and knocking on doors waiting to be invited in. Consent had been recorded which confirmed people agreed to their care and treatment. People we spoke with confirmed staff asked permission from them. Comments included, "They always knock on the door before entering my room" and "Staff always knock on my bedroom door and ask permission to go in. They always ask me if they can support me too."

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People received good care. All of the people who used the service, relatives and professionals told us they were happy with the care they received at the service. Their individual and diverse needs were met and staff respected their privacy, supporting people's independence.
- Comments from people included, "The staff are all very kind, they treat me with respect and ensure I have dignity. They sit and chat and they have got to know me well. They shut my door if they are supporting me and they encourage me to be as independent as possible", "The staff are all wonderful, exceptionally kind and caring and they have a good laugh with me. My privacy and dignity are always respected. They close doors and curtains in my room when necessary" and "The staff are all kind and caring and show respect at all times. They will do their best and they all work as a very good team."
- Throughout the inspection we observed staff responding to people's individual needs in a timely manner.
- Care files had been developed to include people's like, dislikes and needs. 'All about me' records included information which supported people's needs.
- Care files and confidential information was stored securely in the office. Computer systems required individual passwords to access them. This demonstrated the services commitment to meet the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

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

- The registered manager had developed systems which supported people to make decisions and be involved in planning their care. People we spoke with confirmed they were able to express their views about the care they received. They said, "I make all my own decisions about my care" and "I do as much for myself as I can, I am my own person."
- Information in care files included what was important to people and how to support their needs. One person's care file stated that they had made the choice to move into the service.
- Advocacy information was on display in the public areas of the service. This ensured people had access to information to support them with important decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

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; 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

- The registered manager had developed systems which ensured people's needs were assessed. Care records had been completed. Whilst the records provided information about how to support people's needs, further information was required to ensure they contained detailed information about how to support them appropriately. The registered manager took immediate action to ensure detailed information was in place which supported people's individual needs.
- People mostly confirmed they had been involved in the development of their care files. They said, "I do have a care plan and I am happy with it" and "I am not sure if I have a care plan, but I am asked about my opinions."
- The service had developed systems to ensure people were enabled to take part in a range of activities of their choosing. An activities programme was on display along with evidence of previous activities which had been provided in the service.
- People told us they enjoyed the activity programme. Comments included, "Sometimes activities are provided and we get visitors who come to entertain us, including children from local schools. We are taken out on trips. I am going to Blackpool soon to see the lights and to have a chippy tea" and "There are lots of activities held at 2pm in the afternoons and people come and visit and entertain us. I attend all the Church activities; we have Sunday service and Monday service too."
- Technology was being used in the service. Care files were developed on a computer system which staff had access to. A range of audits and monitoring was taking place on computer systems. Wi-Fi access was available for people to use throughout the service.

End of life care and support

- The service had developed systems to support people at the end of their life. No one was in receipt of end of life care at the time of the inspection. Do not attempt cardio pulmonary resuscitation records had been completed to ensure people were only appropriately resuscitated. Staff had received relevant training and policies and procedures were available to support staff when someone received end of life care. Professionals confirmed the service supported people with end of life care where required.

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.

- The service had developed systems to ensure people's communication needs were met. Information to direct people in the communal areas of the service also included the use of pictorial aides where appropriate. Photographs were used to support people to access their own bedrooms independently. Some articles of guidance was on display. For example, the local authority safeguarding procedure was in easy read format. This supported people where they required alternative ways to communicate.

Improving care quality in response to complaints or concerns

- The registered manager ensured systems were in place to investigate and deal with complaints and concerns effectively. Up to date policies and procedures were available to guide and support staff to deal with any concerns.
- Complaints forms were in place to enable any concerns to be recorded. No concerns had been received for some time. Old records confirmed the actions taken to investigate and act on the concern.
- Positive feedback was seen about the service. Comments included, "Without exception the staff were friendly, attentive and available whenever needed, even going the second mile. [Members of staff] can surely be pleased and proud of such a high commendation", "Everything is better than good it is excellent" and "The care is amazing." All of the people who used the service and relatives we spoke with were happy with the service and knew who to raise a concern with if they wished. They told us, "If anyone had a complaint they could go straight to the manager as she sorts things out straight away" and "I have had no complaints at all, but I was told how to raise a concern when I first came here."

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

- The registered manager had developed a positive culture which was person centred and ensured that good outcomes for people were promoted. All members of the team were very supportive of the inspection process and any information requested from them was provided promptly. Feedback was received from the service promptly following our inspection to confirm the actions taken by the registered manager in relation to some of the concern highlighted earlier in this report.
- A range of certificates were on display in the communal areas of the service. These included, the certificate of registration, employers liability and the ratings from the previous inspection with the Care Quality Commission. We also saw a certificate recognising the provision of care for elderly people and an Investors in People certificate.

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 understood their responsibility for duty of candour. The registered manager was honest and open with people if things went wrong and made the necessary referrals to the appropriate teams.
- Audits were being undertaken in the service which confirmed it was monitored and safe for people to live in and staff to work in. An external company undertook a range of audits and developed action plans to support improvements in the service. Records confirmed the actions taken by the registered manager as a result of the findings. Senior management audits were being completed. Areas covered included, the environment, the views of people who used the service and staff feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and understood the operation and oversight of the service. All members of the team clearly understood their role and the individual needs of people living there. Where required, the registered manager submitted notifications to CQC so that oversight of issues could be provided and regulatory action taken as appropriate.
- All people, visitors, professionals and staff were positive about the registered manager and the support they provided. Comments included, "I know the [registered] manager well, she is lovely, very polite and helpful", "The manager is great very helpful. When I had a problem with my radiator, she got it fixed straight away" and "The manager is great. This is an unbelievable home. People who live here are so well looked

after." Staff told us, "I feel well supported by the manager. [Registered manager] is very approachable and friendly. I respect her. I feel we do a really good job and hope we can show you today how good we are. We have some amazing staff, who have been here years and who really do genuinely care about the people who live here."

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

- The registered manager had developed systems to engage and involve people who used the service and staff. People who used the service told us and records confirmed resident meetings were taking place. Records had been developed using the 'you said, we did' format. This identified the actions the service would take following meetings. Team meeting minutes were seen which identified a variety of topics were covered.
- Satisfaction surveys were being completed on a range of areas including, the catering and food, personal care and support, daily living, premises and the management. Positive feedback was seen including, "There's always an open invitation off everyone, I find the staff welcoming; making you feel at home" and "I'm also kept well informed on [persons] health and welfare."

Continuous learning and improving care

- The service demonstrated its commitment to continuous learning and improving care. A range of up to date policies, procedures and guidance was available to support the staff team and the delivery of care to people who used the service. Information and guidance were on display in the public areas of the home.

Working in partnership with others

- The registered manager had developed good partnership working with others. Health professionals regularly visited the service. These were used as an opportunity to review health conditions, medicines and ensure any changes in people's health were acted upon in a timely manner. A secure email system had been introduced with the local GP practice to support good communication between the service and the GP. The registered manager attended regular managers meetings in the local community. They told us they used this as an opportunity to share good practice and experience.