Christadelphian Care Homes

Bethesda

Inspection report

25 Croft Road Torquay

Tel: 01803 292466

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Ratings

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

Overall summary

The inspection took place on the 27 and 28 January 2015 and was unannounced. Bethesda provides care and accommodation for up to 23 people. On the day of the inspection 18 people were living in the home. Bethesda provides care for older people who may have age related conditions such as dementia and restricted mobility. The service had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At our last inspection on the 16 September 2014 we found breaches of legal requirements relating to consent to care and treatment, care and welfare, staffing, quality monitoring of the service and handling of complaints. The provider sent us an action plan, which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now meets the legal requirements.

People spoke highly about the care and support they received. Comments included; "It is lovely, all the staff are kind and respectful", and "The staff do just what I need and respect my privacy".

Summary of findings

During the inspection people and staff were relaxed, there was a calm and pleasant atmosphere. We saw people enjoying an afternoon drink in the siting room and listening to a visitor play the piano. People told us there were always lots of activities in the home and these were planned around what people requested and particular interests.

People told us they felt safe. Staff undertook training to ensure they understood how to recognise and report abuse. All the staff said they would not hesitate to raise any concerns and felt confident they would be listened to and taken seriously. However, some aspects of the service needed to be improved to ensure people's safety and well-being. The home's recruitment processes did not in all cases question gaps in employment history or ensure references were sufficient to demonstrate staff were suitable for employment. Plans were not sufficient to ensure people were safely evacuated from the building in the event of a fire. These issues were discussed with the registered manager at the time of the inspection and we were told they would be addressed as a matter of priority.

People's risks were managed well and monitored. People were supported to maintain their independence and to live a full and active lifestyle. Staff were employed in sufficient numbers and received on-going training. This helped ensure people were supported in a way that met their needs and kept them safe.

People had their medicines managed safely. People received their medicines on time and in a way they chose and preferred. People were supported to maintain good health and to access specialist healthcare support as well as routine health checks. Systems were in place so staff could recognise changes in people's health and take prompt action when required. People said they enjoyed the food in the home and were supported with any specific dietary needs.

Staff understood their role and the correct procedures had been followed when it had been assessed people did not have capacity to make decisions themselves. This helped ensure people's rights were protected.

Support plans were personalised and ensured people received care and support in a way they chose and preferred. Clear and detailed documentation of people's needs ensured people received good, consistent care when they moved between services.

Staff spoke highly of the provider and management. Comments included; "I feel well supported", and "There is always someone available if you need any support or help". Staff were clear about the values of the service and said they felt people were well cared for and safe.

There were effective quality assurance systems in place. The registered manager had worked hard to address areas of concern and to drive improvement in the home. Incidents were recorded and audited so that any learning for future practice could be considered. Feedback from people, relatives and other agencies had been encouraged and used to further improve the quality of the service.

Summary of findings

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

Some aspects of the service were not safe.

Information was not available to ensure people would be safely evacuated from the building in the event of a fire.

Recruitment practices did not in all cases check gaps in employment history or ensure references were sufficient to make sure staff were suitable to be employed in the home.

People were protected by sufficient numbers of skilled and trained staff.

People were protected by safe and appropriate systems for handling and administering medicines.

Is the service effective?

Good

The service was effective. People received care and support that met their needs.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to have their choices and preferences met.

People were supported to have their health and nutritional needs met.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Staff had a good knowledge of people they supported and had formed positive, caring relationships.

People were kept informed and actively involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. Care records were personalised and detailed people's specific care needs and personal wishes. Staff knew how people wanted and chose to be supported.

Activities reflected people's needs and interests and people were supported to maintain relationships with people that mattered to them.

People were supported to raise any concerns about the service or their care arrangements. Systems were in place to ensure that complaints or concerns were addressed appropriately and in a timely manner.

Summary of findings

Is the service well-led?

The service was well- led. Staff understood their roles and responsibilities and were well supported by the management team.

Staff had opportunities to question practice and were motivated to provide high quality care.

Quality assurance systems drove improvement and raised standards of care.

Good

Bethesda

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.

The inspection took place over two days on the 27 and 28 January 2015, and was unannounced. Two adult social care inspectors undertook this inspection.

During the inspection we spoke with 12 people who lived at the service, two relatives, the registered manager and nine members of staff. We also contacted two health and social care professionals who had supported people within the home.

We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team.

We looked at the care records of eight people who lived at the home. These records included support plans, risk assessments, health records and daily monitoring forms. We looked at policies and procedures associated with the running of the service and other records including maintenance reports, fire logs and auditing records. We looked at four staff files, which included information about recruitment, training and supervision.

Prior to the inspection we spoke to representatives from the local authority who had been involved in the planning and commissioning of placements for people at Bethesda. We were told that following the previous inspection in September 2014 the local authority had been working closely with the provider to look at quality and to address areas of concern found during the inspection. The registered manager had welcomed this support and had been working hard to address the concerns found and to improve the quality of the service.

Prior to the inspection we also reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on the 17 September 2014 we found a breach of legal requirements in relation to staffing. We found staff had not been employed in sufficient numbers to meet people's needs and to keep people safe. The provider sent us an action plan, which explained how they would address the breach of regulation. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

People were not fully protected by the service's recruitment practices. We looked at the recruitment records of four members of staff including two staff who had recently started working in the home. Although we saw most required checks had been undertaken before staff started work, the provider had not in all cases requested references from relevant previous employers and had not always checked any gaps in employment history. We spoke to the registered manager at the time of the inspection about these issues and we were told they would be addressed as a matter of priority.

We spoke to the registered manager about how the service ensured people's personal finances were kept safe. We were told some people chose to manage their own money and others requested or needed the provider to support them. We saw clear records were kept of people's finances and expenditure and facilities were available for safe storage. However, these arrangements were not documented as part of people's support and care plan arrangements. We discussed this issue with the registered manager at the time of the inspection and they said this would be added to people's support plans as a matter of priority.

Information was not sufficient to ensure people were safe in the event of a fire in the building. We saw documents were in people's files to detail the support people would require to evacuate the building in the event of a fire or other emergencies. These documents were called 'Personal emergency evacuation plans'. One of the documents we looked at stated the person would not understand verbal instructions and would need support to evacuate the building. However, the support this person required had not been documented as part of this plan. The registered manager told us a plan was in place to personalise evacuation plans for each person in the service.

People told us they felt safe. Comments included; "We are well looked after and safe", and "We are safe and secure". A relative commented, "Increased staffing levels has had a big impact, the care feels safer".

Records showed staff were up to date with their safeguarding training. Guidelines were available for staff about what they must do if they suspected or witnessed abuse within the service. Staff were confident they knew how to recognise possible signs of abuse. They felt any reported signs of abuse or unsafe practice would be taken seriously and investigated thoroughly. Comments from staff included "There is an open culture and a safe environment to raise concerns".

There were enough skilled and competent staff to help ensure the safety of people. Care and support was given in a timely manner. For example, two people required two members of staff to assist with personal care needs. There were enough staff on duty to attend to these people's needs and requests, whilst also ensuring that other people in the home remained safe and supported. People told us that there were sufficient numbers of staff to meet their needs and to keep them safe. One person said " The staff always answer the call bell quickly", and,

"Although staff are busy they always take time to sit and chat with us". Staff said there were enough staff on duty to support people, and the staffing levels in the home had improved. They said this had a positive impact on people's care and safety. Comments from staff included; "Staffing levels are much safer, I can concentrate on the task I am doing so I do it in the right way and I get time to spend time with people".

The registered manager told us since the last inspection staffing levels had been reviewed to ensure they continued to meet people's need and kept people safe. They said staffing levels were regularly discussed within staff meetings and changes were made when required. For example, staffing levels at night had been increased when some people started choosing to get up at night, this had been reviewed again as people's needs and wishes changed.

Requires Improvement

Is the service safe?

People were supported to take everyday risks. We observed people moved freely around the home and were supported to go out when possible. People made their own choices about how and where they spent their time. One person told us; "I like to get up early and walk into the town, I go out most days". Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, one person had been assessed as at high risk of falls. A pressure mat was in place to alert staff to any incident, whilst also allowing the person their independence and privacy within their home. One person told us, "I like to be independent with washing and dressing. The staff respect that and just check to see if I am ok".

Medicines were managed, stored, administered and disposed of safely. People told us, "I have been here a few years, no problem with my tablets so far", and "Pretty good here, my medicines are on time and when needed". A detailed medicines policy covered the medicines legislation such as the Medicines Act 1968 and Misuse of Drugs Act 1971, the administration of homely remedies and covert medicine administration. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff said "We have medicines training every year, observe medicines rounds and the manager checks practice".

Medicines Administration Records (MAR) were all in place and had been correctly completed. Medicines were locked away as appropriate and people who self-administered their medicines had their own locked cupboards. Where refrigeration was required, temperatures had been logged frequently and fell within the guidelines that ensured the quality of medicines were maintained. Body charts were used to indicate the precise area creams should be placed and contained information to inform staff of the frequency at which they should be applied. Staff were knowledgeable with regards to people's individual needs in relation to medicines. For example, one staff member told us how one person, because they had swallowing difficulties, had medicines that needed to be consumed in liquid form to help minimise the risk of choking. People's disabilities were considered in the way medicines were administered. For example, people with poor eye sight had labels with larger print, and people who managed their own medicines had bottles with caps they could easily open.

Good

Is the service effective?

Our findings

People felt well supported by knowledgeable, skilled staff who effectively met their needs. Comments included; "The staff are lovely and I feel well looked after". A relative said "I have seen a big difference, staff seem to have more time to do what they need to do and are attending to tasks more appropriately".

The provider made sure staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. New staff shadowed experienced members of the team until it was considered that they were competent to work unsupervised. New staff we spoke with said " I shadowed for 8-9 shifts, day and night, and was able to go through everything to prepare me for my role" and " The induction was good, I looked at policies and procedures and had time to learn about equipment and people's needs".

On -going training was planned to support staffs continued learning and was updated when required. A member of staff told us "There are lots of opportunities for training and training needs are regularly discussed in meetings and supervision".

Staff were well supported by management and their colleagues. Comments included "There is always someone to speak to if you are unsure about anything" and "We have supervision with the manager, but we can speak to them at any time".

Research and training was used to promote best practice. For example, one staff member was a designated dementia champion.They attended specialist dementia courses, which they then rolled out to staff in the service. As a result of information obtained from this training, equipment had been purchased. For example, to assist people living with dementia with their eating needs. Changes to the environment had also being considered. Two staff were also due to attend an end of life training programme and as champions of this area of care would be providing this training within the service.

People where appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people, who are, or may become, deprived of their liberty. The registered had a good knowledge of their responsibilities under the legislation. Care records showed people's capacity was assessed and DoLS applications had been made following the correct procedures.

Management and staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. For example, we saw one support plan, which detailed the person would consent verbally to daily decisions such as what they wanted to eat and wear, and that this needed to be supported by staff. A staff member told us how they gave people time to make simple day to day decisions, " I make sure that (…) is sitting so that they can see their wardrobe and choose their clothes, they know what they like and what colour they like to wear".

People were supported to make decisions about what they would like to eat and drink. Comments included; "Food marvellous" and "We get a menu every week and have a full choice of meals". A list of people's likes and dislikes were available and people were regularly asked to give their views on the quality of the food.

We observed practice during lunch. The dining area was warm and welcoming and tables had been laid attractively. This ensured a comfortable and appropriate place for people to enjoy their meals. Meals were attractively presented and served at a good temperature. People were able to eat their meals at their own pace, whilst enjoying friendly conversation with staff and friends. People who required support were assisted appropriately and discreetly, whilst people who were independent were able to serve themselves if they chose to do so. Care records highlighted where risks with eating and drinking had been identified. For example, one person had a high calorie diet and supplements due to identified health risks. All staff were aware of these risks and supported the person to have their needs met.

People were supported to maintain good health and when required had access to external healthcare services. One person told us "The staff always check I am ok, and arrange any appointments that I need". People's support plans included information about their past and current

Good

Is the service effective?

healthcare needs. Information was available about other healthcare involvement such as district nurses and GPs. A record was kept of regular appointments and health checks. Care records detailed where a health care professionals advice had been obtained. For example, a continence assessment had been requested for one person who had shown signs of an infection and staff had undertaken daily monitoring checks as advised by the continence nurse advisor. A relative said “The staff have been really good at undertaking the daily healthcare checks that are needed”

Good

Is the service caring?

Our findings

People spoke highly of the quality of care they received. Comments included; “Staff are really lovely”, “The staff respect that I want to be independent”, “The girls are always polite and respectful”, “Staff come and ask me if I would like a hot drink at night, they are very kind”.

Staff interacted with people in a caring, compassionate way. For example, staff sat with people and asked them if they were happy and comfortable. We heard one staff member ask a person about their plans for their day and if they required any assistance.

People’s needs in relation to their disability were understood by staff and met in a caring way. For example, consideration had been given to support one person to move to a downstairs bedroom. The registered manager said they had plans to discuss this option with the person concerned as they felt it would further enhance their wellbeing and independence.

People needs and wishes in relation to their culture and religion were understood and respected. People were supported to attend religious services in the local community and arrangements were also made for people who were unable to leave the home. Comments included; “Daily prayer meetings are available but people can choose whether or not they want to attend”.

Staff had a good knowledge of people they cared for and were able to tell us about people’s likes and dislikes. Comments included “We have time to sit with people and get to know them”, “We are encouraged to spend time with people, this is considered as important as other tasks”. Staff were able to use their knowledge of people to prevent them becoming agitated or distressed. Staff told us about one person who liked to talk about where they once lived and referred to this as the present time. The staff recognised these memories were important for this person and spoke with them in a way that ensured the person remained happy and contented.

People told us their dignity and privacy were respected. Comments included; “The staff always knock on my door” and “The staff know I like to be independent and respect my privacy”. Staff provided support to people in a dignified and respectful manner. For example, staff spoke quietly and discreetly to people about their personal care needs. This ensured people’s privacy and dignity was protected. We saw staff respected people’s choice to spend time in their rooms and checked on people in an appropriate and respectful way. Comments from staff included; “We always make sure that we shut curtains and have something to cover people with to protect their dignity when providing personal care”.

Good

Is the service responsive?

Our findings

At our last inspection on the 17 September 2014 we found a breach of legal requirements in relation to complaints. We found the service did not have a policy and procedure in place to inform people of what action they would take when a complaint was raised. The provider sent us an action plan, which explained how they would address the breach of regulation. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

People were involved in planning their own care and making decisions about how their needs were met. For example, one person had made particular preferences in the type of room they wanted when they moved into the home, as they wished to remain as independent as possible. These specific requests had been noted and were being met by the service.

Care records contained detailed information about people's health and social care needs. Support plans included people's specific wishes about how they chose and preferred to be supported. For example,one support plan stated the person liked to choose their own clothing each day. Staff were aware of this information and said they ensured the person was able to sit in a position where they could see their clothes and make choices.

Records included a 'This is me' form, which included very specific information about people's likes, dislikes, history and particular interests. Staff said that getting to know people was very much encouraged and seen as an important part of their job. People commented that they felt the staff did know them and worked hard to ensure people were able to do the things they liked and enjoyed.

Support plans were reviewed on a regular basis to ensure information remained accurate and up to date. We observed discussion during a shift handover meeting which confirmed people's needs were discussed on a daily basis and any concerns or changes were noted and addressed promptly. For example, it had been noted one person's mood had been low following a visit from a healthcare professional. Staff had agreed they would monitor this person closely to help ensure any ongoing concerns would be addressed.

People were supported to participate in a range of social and leisure activities inside and outside the home. The layout of the home allowed people to relax and enjoy a range of different activities. Two large sitting rooms were available with a range of comfortable seating, music, TV and library facilities. A weekly activities timetable was available, which included activities such as music sessions, reading, bingo and flower arranging. People said they had the opportunity to help plan activities as well as make suggestions for new activities people could enjoy. We saw people spent time in the communal lounge enjoying a glass of sherry and listening to some piano music. People said they enjoyed spending time relaxing and chatting with their friends, family and staff. People told us they also liked trips out of the home and these were organised by the home's welfare committee. The welfare committee consisted of members of the local Christadelphian church who provided voluntary support and companionship to people who lived in the home.

People were able to maintain relationships with those who mattered to them. Relatives said, "We are able to visit at any time and made to feel welcome". Staff spoke to visitors and made sure they felt welcomed and comfortable while they were in the home. We were told the service had been particularly supportive to a relative when they had been unwell. This demonstrated the staff recognised the importance of extending their role in relation to others that mattered to people they supported.

The provider had a policy and procedure in place for dealing with concerns or complaints. This was available to people, family, friends and other agencies. The policy was clearly displayed in the entrance hall and an easy read document was on the main notice board. People knew who to contact if they wanted to raise a concern or make a complaint. People told us; "I can speak to the manager or staff about any problems" and "It would get dealt with straight away". People also said they had regular residents' meetings when any issues or concerns could also be discussed.

The registered manager told us staff were encouraged to regularly check and ask if people were happy with their care. A new form had also been developed, which was used to check if people were happy when they were unable to voice their concerns. The checklist included visual checks of people's environment to help ensure they were comfortable, warm and well hydrated. People were also encouraged to share their views within welfare meetings, residents' meetings and questionnaires. The registered

Good

Is the service responsive?

manager said any concerns raised would be thoroughly investigated and then fed back to staff and people in the service to ensure improvements were made. There had been no written complaints received by the service.

People were supported to receive good quality and consistent care between different services. When people moved into the home a thorough admissions process was completed to ensure people's needs would be met. Comments from people who had recently moved into the home included: "It is perfect, everything we asked for and the staff are helping us just as we want". People were also supported to have consistent care if they went into hospital or needed to stay away from the home. The provider was in the process of developing 'hospital passports' which are considered to be best practice by the National Health Service. Hospital passports include important information about a person such as their dietary needs and communication methods, which would assist with supporting a positive stay in hospital.

Good

Is the service well-led?

Our findings

At our last inspection on the 17 September 2014 we found a breach of legal requirements in relation to the quality monitoring of the service. The provider sent us an action plan, which explained how they would address the breach of regulation. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

Staff said there had been improvements in the service particularly in relation to staffing levels and this improvement had a positive impact on people they supported. Comments included; "I have time to attend to tasks properly now, I am not rushed", and "We get time to sit and spend time with people".

People told us they felt listened to and were able to voice their views about the service. Comments included; "We are kept well informed of anything that is happening in the home and any changes". Minutes of residents' meetings confirmed people were kept informed about issues relating to the service,and their views were taken into account. For example, people were asked their views about staff uniform and information had been communicated about new members of staff and new residents.

Staff meetings were held to provide an opportunity for open communication. The registered manager said a range of dates were available so all staff had the opportunity to attend. Hand over meetings took place at the end of each shift to ensure staff coming on duty were aware of important information. Staff said communication within the service was good. Staff told us they were encouraged and supported to question practice. Comments included "We are listened to and valued as a member of the team". Staff said they were aware of the values of the service and these were regularly discussed and promoted.

The registered manager took an active role within the running of the home. There were clear lines of accountability and responsibility within the management structure. Staff comments included; There have been recent changes to the management structure and things are much better", and "Managers are always available if we need to speak to them".

Information was used to aid learning and drive improvement across the service. We saw a questionnaire had been developed for senior staff to check they had the skills and knowledge to oversee the service in the absence of the registered manager. A plan was also in place, which outlined ways of dealing with emergency situations such as, loss of power, flooding or an outbreak of infection. The registered manager said the aim of these questionnaires and plans were to help ensure the quality of care remained acceptable during an unforeseen or emergency situation. The registered manager informed us they attended meetings with other care providers to discuss quality issues and were also due to attend a training day focussing on the CQC's new inspection process and quality ratings for services.

The registered manager and deputy manager had recently attended a Torbay dementia action alliance group.This provided information and training to further improve the quality of care and service for people living with dementia. The registered manager said, as part of this group, all staff would be expected to complete a dementia knowledge training paper, which would then register the service as a dementia friendly home.

The provider promoted an open culture. The home had an up to date whistle-blowers policy, which supported staff to question practice and defined how staff that raised concerns would be protected. One staff member said "I would not hesitate to raise concerns, I think it would be dealt with quickly".

The local authority had recently conducted a quality assurance check at the service. Recommendations that had been made to improve practice had been started or actioned. For example, a recommendation had been made for the service to provide evidence that reviews of people's support plans were carried out monthly. As a result of this recommendation a form had been developed with dates the review had taken place as well as a date for the next review meeting. This demonstrated the provider listened to and acted on advice to improve the quality of the service.

There was an effective quality assurance system in place to drive continuous improvement within the service. Regular audits were undertaken of medicines, finances and the environment. The registered manager had undertaken spot checks of staff practice and this had included unannounced checks during the night to ensure the quality of care provided to people at this time was appropriate and met their needs. A call bell logging system was in place, which enabled the manager to audit if call bells were answered within a satisfactory timescale and if agreed

Good

Is the service well-led?

monitoring, such as hourly checks, were being undertaken as required. The registered manager had completed an audit of falls. They had contacted occupational therapy services for advice in relation to one person who had suffered a higher than usual number of falls. A representative of the registered provider also visited the home to undertake a quality audit and met with the registered manager to agree an action plan for any recommendations. This included issues raised following inspection from CQC and other regulators.

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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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.