

Bethany House Care Home

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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 with nursing that provides accommodation and personal care for 15 people living complex health needs. At the time of the inspection the service was full.

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

People told us that they were happy living at Bethany house and felt safe there. They and relatives of those less able to communicate their needs spoke positively about the support and kindness shown by staff towards people. People and relatives thought that staff had a good understanding of people's individual support needs and respected their preferences for how they wanted their support to be delivered.

The atmosphere in the home was quiet and relaxed. There were good easy-going relationships and communication between people and staff. Staff were observed interacting well and spontaneously with those people that required more support to engage and make their wishes known. Risks were managed well and took account of people's ability to experience positive risk taking.

There were enough staff available to support people's needs. A safe system of recruitment helped ensure all required suitability checks on new staff were carried out. Staff were provided with a broad range of training to inform their knowledge and understanding of people's complex needs. Staff ensured people received their medicines regularly and safely.

Relatives told us that staff kept them informed about their family members health and wellbeing. Staff monitored people's health, helped them access appointments and sought advice from health professionals as needed. People's care plans were personalised to reflect their specific support needs and individual preferences, and they and relatives were consulted and involved in reviewing these. Care plans were kept updated to reflect changes. People told us they enjoyed their meals and relatives spoke positively about the good quality of meals provided that catered for people's specific dietary needs.

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.

Staff showed people kindness, compassion, respect and upheld people's rights to privacy and dignified care. People and relatives felt able to raise concerns if they had them to the registered manager and staff and felt confident these were acted upon.

Opportunities for stimulation and activity were provided and this was responsive to people's individual abilities and preferences. The hydrotherapy pool was important for people's exercise and stimulation. Staff understood how people liked to communicate their needs and how they best received information about the service or their own care and support.

A system was in place to protect the confidentiality of people and staff. Staff felt valued by the registered manager and able to contribute ideas and suggestions and be listened to. Monitoring and audit systems were in place to routinely check service quality. People, relatives and professionals were surveyed for their views about the service and their feedback was used to inform future service development.

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 (Report published 29 June 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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bethany House Care Home

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 was conducted by one inspector.

Service and service type

Bethany House is a 'care home' with nursing. 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

We looked at the information we had received about the service since the last inspection. This included details about any accidents or incidents that the provider must notify us about, such as safeguarding alerts, serious injuries or incidents that effect the operation of the service. 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. Before the inspection we also invited feedback from the local authority commissioning and safeguarding teams. We used all this information to plan our inspection.

During the inspection

We spoke with four people living in the service who could tell us about their experiences. We observed staff engagement with other people with more complex needs and limited communication, so we could understand their experiences. By observing these interactions, we could determine if people were comfortable with the staff supporting them. We spoke with the registered provider and the registered manager, and three care staff. We also spoke with the maintenance person and a member of the housekeeping staff. We met and spoke with two visiting relatives.

We sampled a range of specific information from two care plans across the care home which told us about people's specific care needs and how these were managed. We also looked at two staff recruitment files, made observation of medicine administration and sampled medicines administration records. We reviewed staff training, supervision and appraisal information. We looked at accident and incident records, premises checks and equipment servicing, complaints information and the quality assurance checks and audits carried out to provide assurance that the service was operating safely.

After the inspection

We continued to seek clarification from the provider to validate evidence found by requesting contact details of other professionals and relatives who visit the service, we contacted and received feedback from three health professionals and four relatives. We also received clarification around a gap in the employment history of a staff member.

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

- People told us that they felt safe and well cared for. Relatives of people unable to communicate with us said they were satisfied that their relatives were safe living in the service. One relative said, "I feel she is safe." Another told us "If I wasn't happy with it he wouldn't be there"
- "Staff were trained to recognise and respond to any suspicions of abuse. This training was kept updated. Staff understood people's characters and styles of communication so could recognise when people were unhappy or upset and would look to the causes of this.
- Staff said they felt able to raise any concerns with their registered manager and felt these would be acted on. They were aware of other agencies they could refer to if they were not satisfied action had been taken.

Assessing risk, safety monitoring and management

- People lived in a safe well-maintained environment where regular tests, checks and servicing of equipment used for people's support and fire safety precautions were conducted. Staff attended fire drills to ensure they understood how to evacuate people safely.
- People with capacity were enabled to take positive risks for example one person was able to go out to the town in their electric wheelchair, others were able to go outside into the garden area on their own and to go into town accompanied by staff. These activities were supported by appropriate risk assessments to ensure all risk reduction measures were in place.
- People were protected from risks associated with their conditions or from the environment because assessments were in place to identify potential issues or hazards. For example, measures were in place to minimise the risk of some people choking by introducing a softer or pureed diet. Assessments were reviewed and updated to respond to changes, and ensure they remained effective.

Staffing and recruitment

- Relatives, people and staff thought there were enough staff to support people's needs.
- People who were able to spoke positively about the support they received from staff and their availability when needed, which made them feel safe.
- People were protected by a safe system of staff recruitment that checked the suitability of new staff and conformed to regulations.

Using medicines safely

- People were protected because their medicines were managed safely by staff trained to administer. Staff training was kept updated and their competency monitored.
- Arrangements for the ordering, receipt, storage and recording of medicines remained appropriate.

Medicine records were completed well.

- People who received prescribed medicines for use as and when required had guidance in place to inform staff when these should be offered. Some additional personalisation of this information was discussed with the registered manager who agreed to take this forward.
- No one had covert medicines, but some people had medicines with their food or drink and guidance was in place to inform staff. We observed that staff made clear to people when they were adding medicine to their food or drink.

Preventing and controlling infection

- People lived in a clean, odour free home. Housekeeping staff were employed and worked to cleaning schedules to ensure all areas were maintained to a good standard.
- Staff had been trained to understand good infection control and were observed using gloves and aprons for various tasks during inspection. Supplies of these were readily available.
- The laundry was suitably equipped, and staff understood how to maintain a safe separation of clean from soiled laundry.
- Good food hygiene was maintained. The service had been awarded a five-star rating for its kitchen from environmental health.

Learning lessons when things go wrong

- The registered manager kept a record of all incidents and accidents. Although occurrences were minimal they analysed these for any trends or patterns that may inform the need for changes to support or environment.
- Lessons had been learned because of a recent safeguarding, this had prompted discussion and informed future practice to reduce the likelihood of a similar occurrence.

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

- People being considered for the service had their needs assessed by the registered manager. This helped to gain an understanding of whether their personal needs, complex health conditions and any cultural, religious, or sexuality needs could be met by the service. Additional information was gathered from health and social care professionals to inform the decision-making process.
- People's needs were routinely assessed and reviewed to inform their plan of care and ensure this remained effective and appropriate for their needs.

Staff support: induction, training, skills and experience

- People and relatives told us that staff understood people's needs and had the right attitudes and skills to support people. New staff received an induction to their role that included working alongside experienced staff before working unsupervised.
- Staff completed an ongoing programme of routine training, this gave them the basic knowledge and skills needed to support people safely. Training updates also made staff aware of any changes to guidance or legislation that affected their support.
- Some specialist training relevant to the needs of individual people in the service such as epilepsy and diabetes were provided to give staff a better understanding of the condition and how to support people.
- Staff told us that they felt well supported and could speak with the registered manager or senior staff at any time. Staff received supervision and appraisal but frequencies of supervision was an area the registered manager was looking to improve, along with recording the observations made of staff work practice.

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

- Relatives and some people we spoke with told us that they received good quality nutritious food suited to their specific dietary needs. One person who received most of their nutrition through a tube to their stomach called a PEG, said they could also have tasters on a spoon. We observed the cook discussing with the person what they would like.
- Our observations showed that people who needed support at mealtimes received this in a patient and kindly manner with staff attentive to everyone. Staff were encouraging and laughed with people they were supporting to make mealtime stimulating. People who could make the choice could eat either in their rooms or communally with other people. One person told us that they were going for a shower and would eat later.
- Staff understood people's individual food preferences and made sure they received things they liked to eat. Plate guards and adapted cutlery were used to enable people to be more independent with their meal taking

- Where there were concerns about people's nutrition or hydration appropriate referrals were made to dietitians for advice and guidance. For example, poor appetite, and dietary advice. A relative told us that they were very happy with the support their family member had received to reduce weight.

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

- People told us staff supported them with their health appointments. Relatives said they were happy with the support their family members received around their health care needs. Relatives said they accompanied people to some appointments when able to. They felt staff kept them informed.
- A health professional commented, "They are always very amenable to my requests for information regarding the residents and accompany me when I visit each resident."
- People were supported with physical exercises by a physiotherapy assistant, one person told us "I see them every day for my legs." A hydrotherapy pool was also available onsite to help people with exercising their limbs and providing stimulation and relaxation.
- Staff monitored people's health needs and referred them appropriately to health professionals as and when needed.
- A health professional told us, "I recently worked with {Name}} and their team to provide dental assessments for the majority of the residents at Bethany House." About staff they said, "They seemed to have a good understanding of oral health care and were keen to take any advice on board." and "I have no concerns at all."

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

- The premises were adapted to maximise accessibility for people living in the service.
- People lived in a comfortable and well-maintained environment. Décor was to a good standard. Bedrooms, bathrooms and toilets were fitted with adaptations to make these easily accessible for people.
- People had been supported by their families to personalise their own rooms to reflect their interests and personal taste
- Communal areas were spacious, and people made use of these when they wanted to be with other people or could move elsewhere when they wanted to spend time alone. There was an accessible garden for people to use.

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. Which they were.

- Staff were working in line with the principles of the MCA. People said they could choose what they wanted to do each day, but they knew there were set activities on certain days that they could attend.
- Staff understood people methods of communication, so they could understand and help people make decisions each day about what they wanted to do.

- The registered manager and staff understood that where people lacked capacity some decisions could be made in their best interest. For example, discussions around invasive health treatments.
- Where people had been assessed as lacking capacity, appropriate applications had been made for DoLS authorisations. The registered manager maintained a record of these, and when they were due for renewal, so applications could be made in a timely way.

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

- People and relatives spoke positively about the caring compassionate care provided by staff. Comments included: "[Name] likes to respond to banter and fun, if I can see [name] smiling I am happy." Another relative told us, "They look after [Name] so well all the staff seem to love him." One person receiving care told us, "I love all the staff, nothing is too much trouble."
- Our observations showed that staff knew people well, their interactions with people were warm and people were relaxed in their presence and trusted their support. For those people who could converse with staff there was a good affectionate rapport between them and staff with banter and joking.
- Staff understood how people communicated their needs and wishes. Background history, information about likes and dislikes, and the important people in people's lives all informed how staff provided personalised support.
- People were supported to maintain important relationships with their loved ones and friends. Visitors were welcome at any time some relatives were frequent visitors, and they told us that they sometimes arrived unexpectedly. "They are not surprised to see you, it's not put on, I've never found any problems when I have been."
- Staff understood the importance of supporting people in ways that promoted equality and diversity. Policies, procedure and training guided staff in respecting people's lifestyle choices.

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

- People and relatives of people lacking capacity were involved in making decisions about the care and support offered, and whether this was working well.
- People and relatives were invited to share and express their views through meetings and surveys. A relative told us "if anything arises we can talk in a group or privately." Relatives felt listened to and confident that in most instances action was taken. Comments were used to inform improvements.
- For those people unable to express their views verbally care records contained guidance for staff about how individuals chose to express their emotions through body language, vocalisations and limited speech. For example blinking and arm raising. Staff demonstrated in their everyday practice that they could understand and interpret how people communicated their needs and emotions.

Respecting and promoting people's privacy, dignity and independence

- Everyone in the service required support to varying degrees around their personal care. This was carried out discreetly and respectfully by staff to ensure people's dignity was preserved. For example, we observed staff wiping people's mouths during and after meals. Staff supported people to maintain their appearance

with neat clean clothing and hair brushed or combed.

- People were given time to spend away from others, but staff were alert to their whereabouts and checked on their wellbeing. For example, one person liked to sit outside the front door, staff knew this was where they would be, they told staff if they were going out. Another person went to the sister home a few doors away to participate in activities when they felt like it.
- People who were able to mobilise themselves around the service did so without restriction whilst respecting another people's privacy.
- People and staff's confidentiality were respected. Paper records were stored securely, and all electronic records were password protected. Staff had completed training around information safety and General Data Protection Regulations.

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.

Good: 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

- People and relatives contributed to the development of care plans. This helped ensure people's care and support was delivered by staff in a personalised way and reflected people's differences and preferences for support. People and relatives were consulted annually through reviews as to how well care and support was meeting a person's needs.
- Staff were knowledgeable about people and were able to describe their needs and the support they required.
- A visiting health professional told us, "There has at each appointment appeared to be a good relationship between patient and carer. Staff were engaged in the progression of his care. I noted fun and engaging Christmas activities."
- An individualised programme of activities was provided for people that took account of their abilities and interests and their motivation or wellbeing on any given day. One person said they went to the pub in the local village and had plenty of friends in the community. Another said they liked to go to the village when staff were available to support them.
- Relatives told us that some people went to the cinema and bowling. They said that staff found alternatives for those who could not participate in these activities. One person told us about a favourite football team and that they enjoyed watching football on the TV.
- Some people preferred to spend time in their own room. One person told us "I went out yesterday and was hoisted into my wheelchair. They told us that when they are in their room "Staff come and talk to me," [Name] who is next door also comes in to visit me." Relatives and staff had helped the person decorate their bedroom for Christmas with decorations on the walls and ceiling.

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.

- People were provided with information in formats suited to their needs.
- Staff showed that they were knowledgeable about individual people's methods of communication. A staff member described for us how some people blinked their eyes or raised an arm to make their needs known.
- Staff used objects of reference with other people to help them understand what support they were going

to be offered, so they could make a choice. For example, a bath scrunchy in the hand means a shower, an apron round the neck indicates mealtime.

Improving care quality in response to complaints or concerns

- A complaints procedure was clearly displayed. People and relatives said they were confident of using it if necessary but felt able to approach staff with issues.
- Relatives told us "If there had been anything I always go to the head nurse." Another told us "I can't fault the place, if I wasn't happy [Name] wouldn't be there. And another told us "If I see anything I am not sure about I talk to the staff member, if I feel it's not something to approach staff about I go to the registered manager". They reaffirmed that this was a rare occurrence
- No complaints had been received in the last 12 months although a small number of concerns had been dealt with. Three compliments had been received these focused on the care people were given and thanks for making people happy.

End of life care and support

- No one at the service was in receipt of end of life care at the time of inspection. Staff had received end of life training.
- Two people had 'Do not resuscitate' forms in place for them in the event they suffered a cardiac arrest. Another had an advanced decision recorded.
- People living in the serviced had complex care and health needs with conditions that could sometimes be life limiting. Arrangements were in place to ensure that if people became gravely unwell they would be supported in accordance with their preferences and experience a dignified and pain free death.

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 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; 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

- People and relatives spoke positively about the homeliness and culture of the service promoted by the provider and registered manager that instilled a quiet, calm and relaxed atmosphere. People, relatives and staff told us the manager was very open, approachable and accessible to everyone.
- The registered manager promoted a culture of person-centred care by engaging and including everyone using the service and their family members. A relative said, "I have had no problems with anything, if there are issues I ring [Name] the registered manager who deals with it immediately."
- The registered manager and staff shared a commitment to the service values of honesty, compassion, dignity, respect, equality and safety, they learned about these through the induction process. Our observations and feedback from people and relatives demonstrated staff upheld and utilised these values in their daily practice. This ensured people received high quality, individualised care and support to live the life they choose.
- The registered manager and staff understood their responsibilities to be open and honest when things went wrong. They listened to advice and acted to prevent the same or similar issues happening again.

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

- The registered manager worked alongside staff on shifts and was able to give staff direction to follow good practice guidelines.
- A range of effective audits such as medicines, cleaning, infection control were carried out to inform service quality and improvement. The provider had engaged an external provider to undertake a critical care analysis of the service and identify areas for improvement which were being worked through.
- The registered manager was aware of the need to notify CQC in the event of any serious events and notifications were submitted appropriately.
- It is a legal requirement that services display their current inspection rating. This was clearly displayed within the service and on the providers website.

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

- People, relatives, staff and professionals were asked for their views about the service, there was also a suggestion box for people to comment. Feedback was used to inform service development where there

were suggestions for improvement. A relative told us "Staff are always willing and happy to engage, they always tell me information about my relative and the outcome of any appointments.

- Staff understood people's individual methods of communication, this knowledge helped them to understand how people felt about the service they received, and guided staff in working to improve people's overall experience.
- Staff and relatives said communication was good and they felt listened to by the registered manager. Handover records and a message book helped ensure staff were kept informed of changes. There were regular staff meetings providing opportunities for both the registered manager, senior and support staff to share learning and experiences.
- A resident and relative meeting was held regularly, and a newsletter produced to keep people and their relatives informed about what was happening in the service and planned events.

Continuous learning and improving care; Working in partnership with others

- The manager had used learning from a recent safeguarding alert to help inform practice and find ways to improve. The issue had been discussed with the whole staff team to help identify ways they could improve how they worked with a person and people with similar needs to improve upon the care provided.
- Staff were kept updated by the registered provider and manager about changes in policy and procedure that impacted on their delivery of care and support. Attention was paid to information and guidance produced by organisations that promote improvements in care and staff practice such as the National Institute for clinical excellence (NICE) Skills for Care, and the CQC website for providers.
- The registered manager subscribed to several publications including nursing times and Care Quality Matters and used external training resources where necessary to help expand the knowledge and skills of staff, including utilising local CCG training courses and use of the internet for research and training purposes.
- Staff worked closely with the local GP and lead nurse from the surgery in addition to a range of professionals from different disciplines such as Diabetic nurse to ensure people received joined up care and support in the way they needed and preferred.