

Objectquest Limited

# Bethany House Care Home

## Inspection report

Village Close  
Woodham Way  
Newton Aycliffe  
County Durham  
DL5 4UD

Tel: 01325300950

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21 January 2020

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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 nursing home providing personal and nursing care for up to 31 older people. At the time of the inspection there were 30 people living at the home, some of whom were living with dementia. The home is one large building with people living on two floors.

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

At our last inspection people's safety was not managed. Quality assurance systems were not robust and had failed to identify the areas of concern found. At this inspection we found we found improvement had been made.

People told us they were happy. They said, "It's home from home here, nice and friendly."

Medicines systems were organised, and people were receiving their medicines when they should. Minor improvements were required to records for the administration of controlled drugs and people's food supplements. The provider was following national guidance for the receipt, storage, administration and disposal of medicines.

Staff were skilled and knowledgeable in the care and support people required. The provider had a recruitment system in place, however some long-term staff required their DBS renewing. The staff team was consistent with some staff working at the service for many years. Staff worked with family members and a range of professionals to ensure people received the care and support they required.

People told us they felt safe whilst being supported by staff. Relatives were confident family members were well cared for. There was a proactive approach to assessing and managing risk which allowed people to remain as independent as possible.

The provider promoted person-centred care which was delivered through the assessment and planning of people's individual and specific needs. Care plans were detailed and informative. They identified the specific care that people required.

People were involved in decisions about the care they received. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and staff had access to, and support from a management team who had improved quality monitoring of the service. People, their relatives and staff had their views on the service sought and told us if they were worried about anything they would be comfortable to talk with staff or the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 28 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### 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 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

One inspector, a specialist advisor (nurse) and an Expert by Experience inspected the service. 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, deputy manager, a registered nurse, care workers, an activities coordinator, housekeeper, the cook and the maintenance officer.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess and monitor risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) and regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and regulation 17.

- Systems and procedures were in place to help protect people from the risk of abuse.
- People told us they felt safe. One person said, "I'm safe and secure, I don't lock my things away as know they are safe."
- Staff told us they would not hesitate to report any safeguarding concerns to the management team and were confident action would be taken to keep people safe.
- The management team worked closely with other relevant authorities to make sure people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess and monitor risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) and regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and regulation 17.

- Risks were assessed and monitored.
- Care records were regularly reviewed to ensure they reflected people's current needs. Staff were provided with clear guidance of actions they should take to manage and support people with health conditions such as diabetes.
- Checks were carried out to make sure the building and equipment were safe.
- Where accidents and incidents occurred, the management team learned lessons from them and ensured any changes were shared with the whole staff team.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely. Some minor shortfalls were found with the recording of controlled drugs records and supplements added to people's drinks. The registered manager acted on these immediately.
- People were happy with how their medicines were managed. One person said, "I'm happy with how I get my tablets. I get three on a morning and staff give them to me in a little pot and with a glass of water."
- The home was clean and well maintained. A system was in place to help reduce the risk of cross infection. However, minor improvements to staff dress code were required to comply with good practice guidance.

#### Staffing and recruitment

- The provider's recruitment process helped minimise risks to people.
- Appropriate recruitment checks had been made. However, some long-serving staff DBS' required renewing. The registered manager acted on this immediately.
- There were enough staff to meet people's needs. One relative said, "Staff have time for people. They [people] are not just left. I'm very impressed."
- Staff told us they worked flexibly and, "As a team," to respond to changes in people's needs.

# 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's needs were assessed before they came to the home.
- Care records clearly set out people's needs and preferences for how they wished to be supported.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their specific needs. One relative said, "Staff definitely have the right skills."
- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff.
- The management team were approachable and available when staff required advice or support.
- There was a supervision and appraisal system in place. Staff told us they felt supported.

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

- People's eating and drinking needs were met.
- Staff supported people with their nutritional needs as required.
- Kitchen staff had completed training to meet people's needs. The cook was fully aware of people's individual dietary and nutritional needs.
- People told us the food was home cooked, nutritional and they had a choice. One person said, "The food is lovely, all home cooked. I've enjoyed everything, and I've eaten more than I did at home."
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care plans were updated following assessments by a speech and language therapist (SALT) to reflect any recommendations needed to minimise risks for people.

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

- People were supported to access healthcare services and receive ongoing healthcare support.
- Care records showed staff monitored people's health and reported any concerns. One visiting health professional told us staff always, "Acted responsibly and sought appropriate advice and support for people."

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

- The design and décor of the home met people's needs. The layout of the building provided adequate space for people with mobility needs.
- The home was in the process of being refurbished. Two new passenger lifts had been installed and further

improvements were planned.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- People were asked for their consent before staff provided any care or treatment.
- The registered manager had submitted DoLS applications to the local authority.
- Staff followed the legal requirements of the MCA.
- Staff had considered the least restrictive ways of working. This had a positive impact on people's wellbeing.

# 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 were treated with kindness and their dignity and their independence was promoted. Comments included, "Staff are naturally helpful, they are so kind and encouraging" and "Kindness comes at the top of their list."
- Staff could clearly explain how they respected people's right to have their privacy and dignity promoted. One member of staff said, "I always treat people how I would want to be treated or how I would want my own family to be treated. I always ask permission and don't presume anything."
- Staff helped people to develop their independence. Care records reflected the steps staff should take to encourage people to be independent.
- The service had received many compliments about the support they provided. Compliments read, 'Although our [relative] was only with you for a short period of time we would like to thank you for the care and dignity she was shown at all times' and 'Thank you for getting me better, I will never forget all you have done for me.'

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

- People were involved in their care.
- Care plans documented that people and, where appropriate, their relatives had been involved in making decisions about their care. One person said, "I have a care plan. As long as I am cared for that's all I'm bothered about."
- Staff used appropriate communication methods to support people to be involved in their care planning and reviews.
- Information was available on how people could access advocacy services. Advocates can represent the views and wishes for people who are not able to express their wishes.

## Is the service responsive?

### Our findings

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

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

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

- People received care and support which met their needs.
- Care records showed people were involved in planning their care and changes were made when needs or wishes changed.
- Staff handed over information about people between each shift. This meant staff coming on duty had up to date information to support people effectively.

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's social needs were met.
- Staff supported people to establish and maintain friendships both within and outside of the home. Relatives told us they were always welcomed warmly into the home.
- The service employed a team of activities coordinators who planned a variety of activities each day. This included, quizzes, trips out, singers, therapy pets and 'Wrinkles and Dimples' play sessions with a local children's playgroup. A local church visited the home every Sunday.
- One relative said, "The activities coordinator has encouraged our relative so much. [Relative's name] now joins in singing, quizzes and a word games, its good fun for them all. I can see their brain trying to come up with answers."

End of life care and support

- End of life care was provided. Staff worked with health care professionals to ensure people received care which met their needs.
- Staff received end of life training to ensure they had the necessary skills and expertise to support people at this important time.
- Where people wished to discuss their end of life wishes, this information was included in care plans.

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 identified people's information and communication needs by assessing them.
- Information was available in different formats if this was required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- People felt able to share any concerns with staff and the management team and felt they would be listened to. One person said, "If I had anything to complain about I would go to the manager."

# 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 requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to robustly monitor the quality of the service people received to ensure their health, safety and welfare. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality monitoring systems were in place and used to monitor the service.
- People and their relatives told us the service was managed well. One relative told us, "The manager is as good as her word. She told me she would get [relative's name] a chair to support them coming out of their room and she's done exactly that."
- The management team carried out observations to monitor individual staff performance. This helped to ensure people received a consistent level of support. Staff told us the provider visited regularly and was, "Approachable", "Hands-on" and, "Always chats with people and staff to check everything is ok."
- Developments to the service were planned following good practice guidelines and health publications to enhance the care and support of people.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive culture of engaging with people, relatives and staff to improve people's care and outcomes.
- Communication within the service was good. One relative said, "I feel a bit of peace because in know if there are any worries about [relatives name] staff will ring me."
- The management team worked closely with a wide range of professionals to ensure all people's needs were met to the highest of standards.
- Close links were in place with local schools, community centres and churches to ensure people were involved in the local community.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and provider understood their responsibilities in relation to the duty of candour.
- Meetings were held for staff, people and relatives to involve them in the running of the home.
- Safeguarding incidents and complaints were analysed to identify any lessons learned so action could be taken to reduce the risk of any reoccurrence.