Gospel Standard Bethesda Fund

Brighton & Hove Bethesda Home

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

We carried out this unannounced inspection of Brighton & Hove Bethesda Home on 25 July 2017. We previously carried out a comprehensive inspection at Brighton & Hove Bethesda Home on 23 June 2015. We found areas of practice that needed improvement. This was because we identified issues in respect to the analysis of incidents and accidents. Incidents and accidents were not monitored and analysed over time to look for any emerging trends and themes, or to identify how improvements to the service could be made. The service received an overall rating of 'good' from the comprehensive inspection on 23 June 2015.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made the required improvements. We found improvements had been made. The overall rating for Brighton & Hove Bethesda Home remains as 'good'.

Brighton & Hove Bethesda Home is located in Hove. It provides accommodation with personal care and support to 22 older people, some of whom were living with varying stages of dementia, along with healthcare needs such as diabetes and sensory impairment. One of the conditions of residency is that residents are members of the Gospel Standard Churches, or that they regularly attend their chapels. The service is set over one floor. On the day of our inspection, there were 15 people living at the service.

Brighton & Hove Bethesda Home belongs to the organisation the Gospel Standard Bethesda Fund. The Gospel Standard Bethesda Fund is a Christian organisation standing by the distinct position of the Gospel Standard articles of faith, and aims to run its homes on Christian principles. The Gospel Standard Bethesda Fund has additional services in Harpenden, Hertfordshire and Studley, Wiltshire.

Accidents and incidents were recorded and analysed and people told us they felt the service was safe. People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider continued to have arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have 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. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People felt staff were skilled to meet their needs and provide effective care. Additionally, people enjoyed taking part in meaningful and appropriate activities both in the service and the community.

People remained encouraged to express their views and had completed surveys. Feedback received showed

people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs continued to be met and they reported that they had a good choice of food and drink.

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team and this was observed throughout the inspection.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. People and staff found the management team approachable and professional.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service is now rated as Good

There were effective systems in place to assure quality and identify any potential improvements to the service being provided. This included the analysis of accidents and incidents.

People and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Brighton & Hove Bethesda Home

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.

This inspection took place on 25 July 2017 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was an expert in care for older people.

We carried out this unannounced inspection of Brighton & Hove Bethesda Home on 25 July 2017. This visit was unannounced, which meant the provider and staff did not know we were coming. We previously carried out a comprehensive inspection at Brighton & Hove Bethesda on 23 June 2015. We found areas of practice that needed improvement. This was because we identified issues in respect to the analysis of accidents and incidents. The service received an overall rating of 'good' from the comprehensive inspection on 23 June 2015.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge / dining room. We spoke with seven people, four care staff, the chef and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People and visitors told us they felt the service was safe. One person told us, "Oh yeah, it's safe here. Absolutely". Another person said, "Yes, it's very nice, you're well looked after".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People felt there was enough staff to meet their needs. One person told us, "Yes, I mean you get the times where some are away, then it's a bit tight but thy will join together and work it out so we're covered all the time". Another person said, "Seems to be [enough staff], yes, I don't usually have to wait". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. A member of staff added, "We have enough staff. If anyone becomes ill then [registered manager] gets more. We have a good staff ratio".

People continued to receive their medicines safely. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "They have a little cupboard I think outside and when we are due for anything they unlock it, get it out, and lock it up again. They do all my medications". Another person said, "They're very good at all of that, it's all done properly". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Robust risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to mobilise around the service, access the

community, and make choices that placed them at risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Good

Is the service effective?

Our findings

People felt staff were skilled to meet their needs and continued to provide effective care. One person told us, "They're competent in their roles I would say". Another person said, "They're lovely [staff], I can't fault them. They are very attentive". A further person added, "They all go in for studying for their NVQs (National Vocational Qualification) and things of that sort. A new person goes round with some senior person for a while until they get used to it".

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. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People continued to receive consistent support from specialised healthcare professionals when required, such as GP's and community nurses. Access was also provided to more specialist services, such as chiropodists and speech and language therapists (SALT) if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us, "We can see the doctor if necessary and he'll come, so there's no hold ups there, which is good".

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control and health and safety. Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. One member of staff told us, "The training is good, and supervision is a good chance to discuss anything you need to".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. We observed lunch and saw that it was an enjoyable and sociable occasion. People enjoyed their meals and snacks throughout the inspection. One person told us, "The food is alright, if I want more I ask for it. I think there's plenty of choice, I'm not that fussy, there's always something nice to eat. I could probably go to the kitchen and ask them if they've got anything around when I'm feeling like a snack in between". Another person said, "The food is fine for me, no complaints".

Good

Is the service caring?

Our findings

People felt staff were consistently kind and caring. One person told us, "Yes, they're very nice, very caring and considerate". Another person said, "They are wonderful people, we're like a little family". A further person added, "The staff are very kind, they try and do what they can for you".

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. One person told us, "They [staff] spoil me quite often". Another person said, "Everybody treats me alright. If I need anybody to help me, I mean there are people here I can rely on". Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us, "Every day it is so friendly here. Staff and residents helping each other".

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time and follow their beliefs. One person told us, "They get to know you well here, so that's the main thing. We know what times we are supposed to be ready, so we can go at our own pace, there's no rush". Another person said, "What time I go to bed is up to me. Breakfast is at quarter past eight, so I'm ready by then, but if I wanted it later all I have to do is tell them". A member of staff added, "We always let people do what they want, it's their choice. For example, we always offer some residents different drinks. We know that they are always going to ask for tea, but we still offer something else". One of the conditions of residency at Brighton and Hove Bethesda Home is that residents are members of the Gospel Standard Churches. People were actively supported to follow their faith and are given choices as to whether to attend chapel, or alternatively practice their faith in the service.

People told us they remained involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. One person told us, "They knock on the door before they come in that sort of thing, unless of course it's an emergency and they charge in because they have to". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space. One person told us, "They do respect my privacy especially because I'm in bed".

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us, "I encourage people to do their buttons and the personal care they can do themselves. It can be time consuming, but it helps people when you encourage them to do things for themselves". People told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and able to continue to do things for themselves. One person told us, "They know us as individuals. I don't feel rushed because I can manage at the moment. When I wasn't well at the start of the year they helped me get washed and dressed, but as soon as I could manage myself I said thank you very much, but I don't need it anymore".

Good

Is the service responsive?

Our findings

People told us that staff remained responsive to their needs. One person told us, "I'm treated very well, as good as it can be when you're on your own. I'm so well looked after".

We saw the staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. One person told us, "We did [write a care plan] when we first came. They came and asked all the questions and filled them in with us there. They do updates if necessary and run it past us". The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. For example, one care plan told staff that a person wished to have a specific hairstyle. Another care plan explained how a person used to own a cat and they had subsequently become very fond of the cat that lived at the service. Therefore, staff were instructed to promote this contact. Care plans were reviewed regularly and updated as and when required. People told us they were involved in the initial care plan and on-going involvement with the plans. One person told us, "It comes round every month and we go through it and sign if that's ok, or ask if you want anything different to be added".

People told us they were routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "[Registered manager] is the one to go to with any concerns, but I haven't had any problems so far". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response.

The provision of meaningful and appropriate activities remained good and staff undertook activities with people. Many activities were faith based and included daily prayer meetings and bible readings. People could also attend the regular services held throughout the week in the local Baptist chapel. Additionally, other activities on offer included arts and crafts, exercise, board games and trips out in the minibus. One person told us, "We have craft mornings and exercise mornings and some of them have gone out this morning on a bus on a trip round the countryside. They take us for a drive, but if there's a place where they can get out and walk then that's ok. I went not long ago, so I thought I don't think I'll go today, but I could have done. We have services we can go to all through the week, but we've got a relay which comes from the chapel, so we can stay here and listen to it if we aren't feeling up to going". Another person said, "They went out for a nice ride this morning and we have our meals outside on a nice day, things like that if you know what I mean. This afternoon we've got knitting if you want to go and do some knitting. We have crafts, they bring us lots of bits and pieces to get on with and we do exercises, I still like to go for a walk. I go for a walk next door, it's a great big cricket ground, I can walk right round it". Meetings with people were held to gather their ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people involved in a morning prayer meeting

and in the afternoon a newly formed knitting class was well attended and involved many people and staff. The registered manager told us how they had worked with the local dementia 'In-reach' team to develop further meaningful activities for people. The service was additionally supported by the 'home support group' of volunteers from local chapels. We were told that they visited people regularly, accompanied them to appointments when required, attended chapel with them, took them shopping and organised activities of their choosing.

Good

Is the service well-led?

Our findings

At the last inspection on 23 June 2015. We found areas of practice that needed improvement. This was because we identified issues in respect to the provider not having adequate systems in place to the analysis incidents and accidents. Incidents and accidents were recorded, however, they were not monitored and analysed over time to look for any emerging trends and themes, or to identify how improvements to the service could be made.

We saw at this inspection, that improvements had been made. The registered manager told us, "We implemented a system to record and analyse accidents and incidents after the last inspection". We looked at systems of recording accidents and incidents. We saw that staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded appropriately in accident and incident documentation. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. Furthermore, the registered manager analysed this information for any trends and patterns to ensure that the service could learn and improve.

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring, questionnaires and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

People, visitors and staff all told us that they were happy with the way service was managed and stated that the management team were approachable and professional. One person told us, "Oh she's [registered manager] jolly good, she's very approachable and looks after us all". Another person said, "She's [registered manager] been here for years and year and years and we were very pleased when she took on to be the manager". A further person added, "She's [registered manager] wonderful, I can go to her with anything".

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People looked happy and relaxed throughout our time in the service. The service had a clear and well publicised purpose and ethos based on the distinct position of the Gospel Standard articles of faith, and people and staff were fully aware of it. People and staff said that they thought the culture of the service was also one of a homely, relaxed and caring environment. One person told us, "It's very good really on the whole, the staff are exceptionally good. That goes a long way". Another person said, "It's very comfortable, very nice indeed". A further person added, "I think it's quite comfortable". When asked why the service was well led, one member of staff told us, "[Registered Manager] is a great manager, I can always go to her with any concerns. We work well together as a team". Another member of staff said, "Every year we get plenty of

training. We get really good support from the management".

The registered manager showed enthusiasm and knowledge of the people who lived at the service. They told us, "This is a caring, friendly and respectful home. People are treated with dignity and respect. The residents are free to do and live as they wish. I would certainly recommend Bethesda, it's a nice place to run and the residents are happy". A member of staff said, "We look after our residents well. We offer them choice and make them happy. There is a lot of respect in this home". A further member of staff added, "Basically, we are a strict Baptist home. We give people good care, privacy and choice to follow their faith and be happy every day".

Staff continually looked to improve and had worked effectively with the local authority and clinical commissioning group (CCG) in order to develop systems and best practice in relation to people's care. The staff had participated in work to improve the provision of meaningful activities for people living with dementia and further training for staff had been delivered in order to facilitate this.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.