

## Gospel Standard Bethesda Fund

# Harpenden Bethesda Home

### Inspection report

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Harpenden  
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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 an unannounced inspection on 23 February 2016.

Harpenden Bethesda Home provides accommodation, care and support for up to 25 older people. At the time of the inspection, there were 19 people living in the home.

The service has a registered manager in place. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had robust recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Staff were given the opportunity to get to know the people they supported.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices. Staff supported people to maintain their health and well-being.

Feedback was encouraged from people and the manager acted on the comments received to continually improve the quality of the service. The provider had effective quality monitoring processes in place to ensure that they were meeting the required standards of care and had a formal process for handling complaints and concerns which were investigated and resolved in a timely manner.

## 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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff supported people's spiritual needs and went the extra mile when providing people with care and support.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

### Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

### Is the service well-led?

Good 

The service was well-led.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of a high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

The manager was approachable and provided strong leadership and direction for staff.

# Harpenden 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 the 23 February 2016. The inspection team consisted of one inspector from the Care Quality Commission 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.

Before the inspection, the provider 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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager. We also spoke with four care staff, and 10 people who used the service. We also spoke with four volunteers from the home's support group. We looked at the care records of five people who used the service and the recruitment and training records for five staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

# Is the service safe?

## Our findings

We asked people if they felt safe living at Harpenden Bethesda Home, they all told us that they did. One person said, "My family asked me 'why are you going all that way' and I told them because I feel really safe here. You hear so many stories about care homes but this is lovely." Another person said "The security is really good here, there is a number thing on the door so only people who know can get in or out and we have CCTV cameras too."

Staff told us that they would "definitely raise concerns," about people if they felt they needed to. When we spoke with the manager they also confirmed that they encouraged staff to report anything, even if it was a minor concern. For example, if a person refused their medication or complained of pain staff would act on it quickly. The manager told us that they regularly monitored the daily logs and discussed concerns in staff handovers. They told us they liked to stay involved with what was happening in the home so there were never any surprises.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. Staff said that if they had concerns then they would report them to the manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm.

Individual and general risk assessments had been undertaken in relation to people's identified support needs. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. Staff recorded and reported on any significant incidents or accidents that occurred and the manager investigated these. If there were lessons to be learnt from the accident or incident then this would also be actioned through changes in processes or further training. One person who had come to the home said "I came here because I was falling about a lot but now I'm here I am really safe and I can get about really easily." We saw that people who were at risk of falls were regularly monitored and steps put in place to protect them. Emergency plans were also available to assist staff and emergency services with the safe evacuation of people in the event of an emergency.

Staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

People told us that there was enough staff to support them safely and there was always someone close by. One person told us, "The man next door fell out of bed and he was calling so I just pressed my buzzer and

someone was there in a couple of minutes." Another person while talking to us about the night care said "I have had to call at night and they are there in a few minutes. ....I've never had to wait very long at all." Where needed, people had the use of a call bell system to call for staff. We saw that in every room call bells were easily accessible. In the communal areas there were call bells attached to the walls and people knew where they were but staff and volunteers were in and out of the communal areas frequently during the day so these were rarely needed.

We observed that a person was finishing off their breakfast in the dining area and attempted to stand up without the use of a walking aid. We noted that kitchen staff were quick to act and went to the person. In a soft voice they asked the person if they would sit back down while they asked for a member of care staff to assist the person to set up their walking aid so they could safely leave the dining room. The person smiled and said "Okay, I'll give you a minute." The kitchen staff smiled and said "I promise just one minute." We observed that immediately the kitchen staff was able to locate a member of care staff who set up the persons walking aid and assisted them to safely stand. Staff then left the person to independently walk to their room at their own pace. The kitchen staff explained to the person "I'm not sure how to set up your walker so I wanted it done safely, that's why I had to go and get someone for you." This showed that staff were concerned about the persons safety and were quick to ensure that people were able to move about the home safely and independently.

Medicines records instructed staff on how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Medicines were stored appropriately and the home had systems in place for the re ordering and safe disposal of medicines. Staff records showed that staff were trained on the safe administration of medicines. We observed a medicine round and saw that staff were aware of people's routines and did not rush them to take their medicines. Staff spoke to people softly and explained to them which medicine they were being given and if it was different from others, for example, we heard one staff member when giving a person their medicine saying, "This is the chewy one." So they knew they should not swallow it whole.

## Is the service effective?

### Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff told us that they were supported by the provider to gain further qualifications and training. One member of staff said that they, "Feel supported and encouraged to take further education."

The manager told us that they were always looking to increase staff knowledge base to ensure they could provide the best possible care and support this was done through additional training such diabetes training. The manager told us that although the home did not have people who were insulin dependent diabetics they still felt it was important for staff to be fully trained.

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. One member of staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to.

Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. We noted that applications were in progress for people under DoLS. Staff told us that they would always ask people for their consent before providing support. People were asked to sign their care plans and consent to the care they were provided with.

Staff always gained consent from people and understood the importance of gaining the consent of people who used the service. A staff member told us, "We always ask for consent." We observed during lunch that one person refused assistance to eat their lunch; the staff were very professional and kind and did not force their support upon the person. Staff instead flitted backwards and forwards, checking on them and helping them from time to time when they asked for help. We saw that the person was still happily and slowly eating their lunch long after others had left the dining room but staff did not rush them.

Care records showed that staff supported people where possible to maintain a healthy weight. We were told that staff encouraged people to eat well and this was further evidenced throughout the day and during our lunch time observations. We noted that staff checked carefully what people wanted for their lunch and if they did not like what was on the menu then an alternative was offered. One person said "I don't like fish or chicken and it's chicken pie today so I'm having my favourite, sausages." Another person told us, "We are all treated individually, one is gluten free and some people are diabetic." When we asked people if the food



tasted good they said, "The food here is good. The Queen would be happy here."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Staff or volunteers would attend visits with them or arrange for professionals to attend the home. One person told us, "I went to the dentist and the volunteer came with me and knew I was very nervous so came in with me and held my hand." The provider kept records of people's healthcare providers and were able to call on them when the need arose, for example district nurses and GP's.

## Is the service caring?

### Our findings

People commented positively about the staff. One person said, "Everyone here is very respectful, staff and we are nice to each other too!" Another person told us, "They are so kind here. ....they really care."

One person wanted to tell us about their night time routines and also shared with us what staff would say to them if they were restless at night. They said "If I can't sleep I sometimes ring the bell and the staff will make me a cup of tea and they say to me, 'you ring for us whenever you want to, that is what we are here for, never say sorry.'" The person also emphasised to us how caring the staff were by stating, "We are treated so well."

Staff we spoke with had a good understanding of people's individual backgrounds, ages, likes and dislikes. They could immediately tell us which room people were in and small details such as, "[resident] always has a little rest after lunch and then we take her a cup of tea" or "[resident] goes into town on a Thursday afternoon." Staff also knew people's mood states and were able to identify if someone was having a particularly hard day. They said, "[resident] is having a very good today, some days are really difficult for him."

We saw that information about people was taken from care plans, but also because the home was part of a wider religious community, people were already familiar with each other. Staff explained to us that people living in the home came from Bethel Chapel community and were often either known to each other or knew of each other's families before they come to the home and some of the residents are also related. We saw that there were double rooms also available for couples who came to the home. We noted that one person was living in a double room on their own, they explained to use that they had come to the home as a member of a couple. They told us, "They aren't' going to make me move because this is where we were together."

Staff were caring towards the people they cared for and supported. One member of staff said, "It's a really caring home, I really love it here." Staff told us that they were able to get to know the people living in the home through the church community. People we spoke to also confirmed that they knew the staff well. One person told us, "I know every single person who looks after me." Staff told us that the activities they held in the home also allowed for them to further build relationships with the people using the service.

We observed that the residents took part in a religious service and Bible reading by choice. People were welcomed to join the morning prayer meeting including visitors and care staff. People told us that they enjoyed the service. One person said, "It is a time to get together to pray and it is also a sociable time. We meet in the lounge together." We saw that the care staff sat intermingled with people and used the time after prayer to connect on an individual basis with them and assisted those who were less able to follow the reading on their own. One person told us, "This is our shared time."

We observed that interactions between staff and people who used the service were kind, caring and compassionate. Throughout our inspection staff demonstrated an understanding of how to meet people's needs and how they worked to make life as easy as possible for the people they supported. For example one

person told us how when they had moved into the home they had been allocated a larger room but that their needs had now changed. Because the person had grown used to the room the home had not asked them to move. They told us that the home encouraged their relative to stay over with them sometimes to further support their emotional needs. They said, "I have a big room with twin beds...now sometimes my [relative] comes and stays. They are so kind."

Staff throughout our inspection showed consistent care and attention towards people. This included when sitting with them and reading the bible, walking with them to their rooms or just supporting them to take their medicines. One member of staff said, "I always try and be positive in myself." They went on to say, "I always take people's needs into account.. I talk to them and listen." Another member of staff told us that although people had daily routines, Each individual resident does not have to stick to it." A member of staff said, "We assist people to make decision; we don't make them for them." This showed that staff promoted people's choices and gave them independence where it was possible.

Staff respected people's privacy and dignity. We saw that all rooms had push notices stating 'do not disturb' for when people were receiving personal care. Some people also had locks to their 'front doors' so as to further support their privacy. One person said, "They are very careful about shutting doors when they help me to wash." They went on to say, "Oh they always knock on the door if they want to come in, very polite, every single carer." Staff told us that they would encourage people to maintain their dignity and would support people's "private time" so they felt no pressure and were able to feel comfortable. One person told us. There are some people here who can't think for themselves but the staff always keep up their dignity for them. They are always clean with fresh clothes and matching clothes and they make sure they would have a little brooch pinned on, just like they would have done before."

People confirmed that they were involved in making decisions about their care through regular reviews, and discussions. "We are treated as individuals, they listen to us and they help us." The care records we looked at showed that people were involved and supported in their own care, and decisions. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care. "I couldn't improve anything here. We can have anything we want to. We chose to come here and I'm glad we did."

## Is the service responsive?

### Our findings

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. People we spoke with told us that they had come from all round the country and although their families had questioned why they wanted to live so far they had made this choice because they knew that the home could support their needs. The manager told us that they did not want the home to be a temporary place for them. They said that they wanted the home to be able to adapt to people's changing needs. One person gave us an example of how the home had responded to their changing needs. They told us that since moving into the home their mobility had decreased. So that they could keep their independence the home had sourced additional mobility aids for them which meant that they could continue to go out into the local community. This person told us "I didn't have to ask; they just did it for me because they noticed what was happening and helped me in a big way."

The manager told us that they had previously worked in a hospital and had seen patients come onto the wards from care homes and when it was time to be discharged the care home that they had lived in for a number of years would not take them back. The manager told us that they were, "Determined that as far as possible Bethesda will be a home to the residents for life." We observed during lunch that one person was sitting alone at a table; we noted from the persons care documents that they had recently begun to exhibit behaviour which was detrimental to themselves and others. We saw that the staff had suggested that the person may want to sit alone for lunch and they had agreed and this seemed to have had a positive effect for them and others. This showed that the provider identified people's changing needs but only made changes where it was beneficial to the person.

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in peoples care plans through regular review meetings.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. The manager told us that they provided a very personal service that supported both their personal and spiritual needs. We were told and we saw that people knew the care staff and the care staff knew them well. This allowed for a very personal service which we saw worked well for all. The home also had a 'Home support group' who assisted staff in supporting people. People referred to this group as 'family'. One person said, "They are like family, and if I need a bit of shopping they will take me into town."

We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to peoples care plans through regular updates and staff handovers. One person while talking about their daily routine said "some of us go out regularly on the bus. We have mobile phones so that the staff can get hold of us and we can get hold of them if we need help."

People told us that they had choice throughout the day as to what they wanted to do. We observed a conversation amongst a group of people in which one person stated, "I really like to go to bed about 9" Another person said, "Oh I like to spend a bit of time in the lounge and then I go to bed only when I'm tired!" This showed that they chose their routines and staff respected their decisions. Another person said "We don't have televisions here in the lounge or in our rooms, that is our choice". We observed that all around the grounds of the home were bird feeders and bird boxes and many of the residents referred to these in our conversations. All the rooms look out onto a grass area with easy access paths for walking. People told us that they would be supported to go out for walks in the grounds.

A member of staff said, "This is an amazing place." Staff said that they supported people to maintain their family ties where possible. One member of staff said, "We encouraged [residents] to make phone calls to family; if they are not well then we encourage them to talk to their relatives so they keep in touch." Staff said that they knew people's families through the church which made it easy to discuss concerns with them.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. Although they did insist that there was no reason for them to make a complaint. One person said, "Why would I need to complain, the Queen would be happy here." Another person told us, "No I've never had to complain about anything." A third person said, "No it is nice here, nothing wrong, I like it". We saw that the provider had received five formal complaints in the past year which had been investigated and three minor verbal complaints which had also been investigated. We saw that with each complaint the manager tried to learn from it and use the opportunity to make changes and encourage improvement in the service.

## Is the service well-led?

### Our findings

The service had a registered manager in place. Everyone spoke highly of the manager. One member of staff said, "The manager is really approachable." They said the manager encouraged staff to share best practice and created a very, "open and supportive culture," in the home.

We saw that people living in the home had travelled from far to attend this home, but that the ethos of the home was very much in bringing the community into the home in the form of volunteers and the Home Support Group which meant that people did not lose touch with the outside world and community.

The manager was fully aware of everything that was happening in the home and how each individual was feeling. They said, "I always try to be fully aware of what is happening with residents. That way I'm not surprised by anything, because I know what's going on."

People using the service knew who the manager was and we observed throughout the day that the manager was accessible to all and was also easy to talk to and approachable. The manager told us that they were working hard to build a strong team and staff also reiterated this to us. The manager told us that they "lead by example" and whether an issue was small or large they would always give it their full attention. They told us that they were working to empower the staff team. We saw that the home already had an infection control lead allocated and staff had also been approached to take on other lead roles such as a 'dementia champion'.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the manager was approachable and "always available" and if they needed to raise concerns they felt they could. Staff knew their roles and responsibilities well and felt involved in the development of the service and were given opportunities to suggest changes in the way things were done. The manager said that staff were encouraged to make suggestions and encourage best practice. For example a care staff suggested that a person would benefit further with a change to their normal personal care items. The manager understood that the staff member knew the person well and therefore knew what would best suit them and encouraged and supported the changes.

Another staff member told us that they had raised a suggestion with the manager around people's tea time menus. They told us that the manager had supported them and encouraged them to go around to the residents with their idea and if people agreed with it then it would be implemented. The staff member said that this made them feel as though they were being listened to and valued.

The home and staff demonstrated open and transparent culture throughout. Staff told us that it was a 'lovely' home to work in and that the level of detail they put into their work made it person centred in its approach.

There was evidence that the provider worked in partnership with people and their relatives so that they had

the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided. People provided comments such as, 'I'm very well looked after in this home', and, 'Staff are hardworking – angels.' A relative had also commented, 'It is a pleasure to visit and see all the residents so well cared for.'

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.