Gospel Standard Bethesda Fund

Studley 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

Overall summary

Studley Bethesda provides personal care for up to 13 people who are practicing Strict Baptists. At the time of this inspection there were eight people living in the home. A breach in medicine management was found at the last inspection and a follow up inspection visit took place in February 2014 where we found safe systems of medicine management.

This inspection was unannounced and took place on the 10 October 20015.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People said they felt safe living at the home. Members of staff knew the signs of abuse and the actions they needed to take should they suspect abuse. Safeguarding adults procedures were in place for staff's reference.

Summary of findings

People were protected from potential harm. Risks were assessed and action plans were developed on how to lower the level of risk for example, for people at risk of malnutrition. People were encouraged to take risks safely and risk assessments on how staff were to support the person were in place. For example, self administration of medicines.

People received care and treatment in a timely manner from sufficient numbers of staff who were skilled to meet their needs. The staff team was stable and people said they had the attention they needed from staff. Two staff were on duty throughout the day. Staff said they had time to sit and chat with people. They said training to meet people's needs was provided and they were supported by the registered manager to undertake their roles and responsibilities. One to one meetings were regular with their line manager and during these meetings issues of concern, their performance and training needs was discussed.

Safe systems of medicine management were in place. Where people were able they self-administered their medicines with support from the staff. Staff signed the medication records to indicate they had administered medicines as prescribed. Protocols were in place for prescribed "when required" medicines which gave staff direction on administering medicines.

People were supported to make decisions. They knew who helped them make difficult and important decisions. Members of staff showed sound knowledge of the principles of the Mental Capacity Act (2005). The staff said people had capacity to make decisions and they helped people make informed decisions by explaining the consequences of the each option available.

People's dietary requirements were catered for. Menus were devised to meet people's preferences. There was a choice of meals on weekdays, on Saturdays a roast meal was served and a casserole on Sundays which met with people's preferences.

People were supported with their ongoing healthcare. People were registered with a local GP and had access to other NHS facilities such as dentists, optician and chiropodist.

People were at the centre of their care. Care plans reflected people's preferences and current needs. Life Stories were part of their care plans and included background information about their employment, hobbies and routines which gave staff an insight into people's identity. People were consulted on how staff were to deliver their care and they signed the care plans to show their agreement with the action plans.

People practiced the Strict Baptist Gospel values and beliefs. Religious services and readings were daily with weekly activities such as arts and crafts. Staff respected people's rights, their beliefs and maintained a quiet and calm atmosphere.

The complaints procedure was on display in the foyer. The registered manager investigated complaints received. People who complained received a written response telling them the outcome of the investigation and a resolution to their complaint.

A system to gain people's views was in place. House meetings, questionnaires and suggestion boxes were used to gain feedback. Positive feedback was received from the questionnaires on the standards of care at the home.

Quality assurance arrangements in place ensured people's safety and well-being. Systems and processes were used to assess, monitor and improve the quality, safety and welfare of people. There were effective systems of auditing which ensured people received appropriate care and treatment. The system of audits included complaints, care plans and medicine management.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from unsafe medicine systems and protocols for "when required" medicines gave staff guidance on when to administer these medicines. Where people were able they were supported to self administer their medicines.

People and staff told us there were enough staff to meet people's needs. Staff said there was time during the day to sit and chat with people.

People felt safe living in the home and staff knew the procedures they must follow if there were any allegations of abuse.

Risks were assessed and staff showed a good understanding of the actions needed to lower the level of risk to people.

Is the service effective?

Good

The service was Eeffective

People were able to make day to day decisions and knew who helped them with complex and important decisions.

Members of staff benefited from one to one meetings and appraisals with their line manager. At the one to one meetings staff discussed their performance, concerns and training needs.

People dietary requirements were catered for at the home.

Is the service caring?

Good

The service was caring.

People received care and treatment in their preferred manner which respected their human rights.

Members of staff were respectful and consulted people before they offered support. People said their care and treatment was delivered in a dignified manner.

Is the service responsive?

Good

The service was responsive

Care plans reflected people's current needs and gave the staff clear guidance on meeting people's needs.

People were able to pursue their hobbies and interests. People's preference was to have daily religious services and readings which followed the Strict Baptist faith. Weekly activities such as coffee morning and arts and crafts were arranged.

The complaints procedure ensured people knew how to make complaints. People knew who to approach with complaints.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Effective systems to monitor and assess the quality of care were in place which ensured people received consistent standards of care and treatment. .

Systems were in place to gather people's views. For example, regular meetings, questionnaires and a suggestion box were used to discuss the running of the home. The registered manager considered the suggestions made and acted upon them.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

Studley 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 10 October 2015 and was unannounced.

The inspection was completed by one inspector. 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 other information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with three people who used the service, the registered manager and two members of staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We also looked at records about the management of the service.

Good

Is the service safe?

Our findings

People said they felt safe living in the home. One person said they chose the home based on the a religious ethos which made them feel safe. Staff said they attended safeguarding vulnerable adults from abuse training. They knew the signs of abuse and the expectations placed on them to report suspicions of abuse.

People were protected from the risk of harm. Risks were assessed and the registered manager developed risk assessments on how to manage the identified risk. Staff said they read the risk assessments and signed them to indicate they had read and understood the actions needed to lower the level of risk. Risk assessments were in place where risks were identified. For example, moving and handling and for staff supporting people who self-administered their medicines. The risk assessment listed the medicines and described what actions were needed for the safe administration of medicines. For example, monthly checks of medicines and ensuring people were confident with the arrangements in place.

Incidents and accidents were analysed to prevent or reduce a re-occurrence. We saw where one person had two falls in succession, the accidents were investigated and appropriate action taken. For example, there was a referral to the falls clinic to investigate if there was a medical condition associated with the falls and equipment such as chair risers were ordered.

Personal Evacuation Plans were in place which described the support needed by the person to evacuate the property safely. For example, the plans for one person stated they needed the support of one staff and walking aid.

Staffing levels ensured people received the care and support they needed in a timely manner. One person said they received the attention they needed and if they used the nurse call system the staff responded promptly. Staff said the staffing levels were good. They said there were two caring staff, housekeeping and catering staff on duty throughout the day. At night one member of staff was awake and another asleep in the premises. One member of staff said there was time to sit and chat with people.

Safe systems of medicine management were in place. People were supported to self-administer their medicines. The medicine file had useful information on medicines and each person had a medicine profile, a medicine administration record (MAR) chart and their photograph for positive identification. Protocols were in place for people prescribed with “when required” medicines. The purpose of the medicines, the directions for administration and the maximum dose to be administered within 24 hours was included. We saw staff had signed the MAR charts to show they had administered the medicines at the directed times. Where medicines were not administered the staff used codes on the MAR chart to explain the reasons the medicines were not administered.

Good

Is the service effective?

Our findings

People told us they made their own decisions. One person said a close relative had power of attorney and they helped them make complex decisions. Another person said their relatives helped them with financial decisions and they made all their other decisions.

Staff showed a good understanding on how to implement the principles of the Mental Capacity Act (MCA) 2005. CQC is required by law to monitor the application of the MCA and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff said people were able to make day to day decisions and where complex decisions had to be made their relatives offered support. A member of staff said sometimes one person may refuse personal care. They said as people had capacity to make decisions the staff explained the consequences of refusing care to support people with making informed decisions.

People received care and treatment from staff that were skilled and supported to undertake their roles and responsibilities. Staff said training was good and at one to one meetings they were able to discuss issues, their performance and training needs. One member of staff said one to one meetings were three monthly. Another member of staff described the essential training they had to attend to meet the specific needs of people at the home. For example, safeguarding adults, infection control, and introduction to person centred care. The registered manager said a training package was used to deliver training to staff which included on-site training for example, moving and handling. The training matrix in place showed staff attended safeguarding of vulnerable adults, Deprivation of Liberty Safeguards (DoLS) a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals and fire safety. Other training provided included an introduction to person centred care, diet and nutrition.

People said the food was good and their dietary requirements were catered for. For example, a gluten free diet. We saw there was a good range of fresh, frozen and dried food. Catering staff were provided with people's likes and dietary requirements. The menus in place included two choices except at weekends when people preferred to have a roast meal on Saturdays and a casserole on Sundays.

People were supported with their on-going healthcare. One person said the staff organised GP visits and they had regular check-ups from the dentist and optician as well as regular visits from a chiropodist. A member of staff said seniors and manager made health appointments and they were kept informed of their outcome.

Good

Is the service caring?

Our findings

People said the staff were caring. They said the staff knew their preferences. Staff said talking to people helped them develop positive relationships. A member of staff said people were asked about their preferences and their care was delivered in the way the person wanted. Another member of staff said by reading care plans and getting to know people's routines they delivered care and treatment in people's preferred manner.

We saw staff sit and chat with people who needed additional support. We heard staff use people's preferred names and some people preferred a formal address. People chose where to eat their meals. We saw some people eating their meal in the dining room while others remained in their bedrooms.

Life stories described people's background information about their previous employment, family relationships and hobbies. Staff said people were consulted about the care and signed their care plans to show their agreement with the plan of action.

We saw staff respect people's religious beliefs by ensuring the environment and atmosphere was calm and quiet. Staff gave us examples to describe the way people's rights were respected. They said asking for consent before undertaking tasks ensured people were respected.

Good

Is the service responsive?

Our findings

The “At a Glance” care plan gave staff a summary of the person’s care needs. Care plans were developed to reflect people’s current needs and how they wanted their care and treatment to be delivered.

All aspects of people’s needs were assessed and care plans were devised to meet the identified need. Care plans described the level of need and how staff were to support the person. For example, specific health needs such as how staff were to identify the signs the person was experiencing pain associated with their medical condition. Staff said care plans were monitored monthly and reviewed six monthly.

A record of people’s health and wellbeing was maintained by the staff. Staff said a handover took place when they came on shift. They said information on people’s current need was passed to them. Staff used body maps forms to highlight injuries observed for example, bruising and wounds. The actions taken and the progress made were included in the body map.

The people living at the home shared the same religion and led their life according to the Strict Baptist faith. People told us they spent their day reading the bible and participating in activities such as arts and crafts. One person said there were daily religious services and readings which were important and activities were organised weekly for example, group exercise and knitting. An activities board was on display in the foyer and confirmed comments made by people.

People were aware of the complaints procedure in place. The complaints procedure was on display in the foyer. Complaints received were investigated and the complainant received a written response with the actions taken to resolve their complaint.

Good

Is the service well-led?

Our findings

Arrangements were in place to seek people's views. People said at house meetings their views and suggestions were gained. The minutes of the meeting in July 2015 listed the discussion which took place. For example, agenda items that included outings and the fire safety procedure. One person said a suggestion box was available in the foyer and people were able to make anonymous comments and suggestions. Questionnaires were used to gain people's views on the standards of care and treatment, and positive feedback was received from the 31 December 2014 questionnaires.

A registered manager was in post. Staff said the registered manager had been appointed recently. They said the registered manager ensured people were at the centre of their care. Another member of staff said the manager was passionate about the care and treatment delivered and training for staff was a priority.

The registered manager said the vision for the home was to keep people safe and to maintain high quality standards. They said people were devout about their religion and liked a quiet peaceful environment.

Staff said the staff team was stable, they worked well together and there was a home environment. They said staff meetings were six weekly and at these meetings information was shared and policy changes discussed. The registered manager told us about the current challenges of the home. They said a cook vacancy had become available and currently staff were covering until the newly appointed cook was in post.

The quality assurance arrangements in place ensured the care and treatment people received was monitored. Audits were used by the registered manager to assess the standards of care and treatment people received. For example, infection control, duty of candour, care planning and fire safety. Where gaps were identified an action plan was devised to meet the set standards. Visits from the general manager were monthly and during their visits the action plans were assessed. The general manager then signed the action plans to confirm completion had been achieved.