

Beth-Ezra Trust

Beth Ezra

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beth Ezra is a residential care home providing personal care to up to 20 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 18 people using the service.

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

People were safe at Beth Ezra. Staff had been trained to safeguard people from abuse and understood when and how to report safeguarding concerns to the relevant person/agency.

Staff were provided with current information about risks to people's safety and wellbeing. They understood these risks well and what action they should take to help keep people safe.

There were enough staff to support people and meet their needs. People did not wait long for staff's support and assistance when this was required.

Recruitment and criminal records checks were undertaken on staff to make sure they were suitable to support people. The registered manager was taking action after this inspection to make sure decisions to employ staff before all the relevant checks had been completed, were suitably risk assessed and documented.

Health and safety checks were carried out of the premises and equipment to make sure they were safe. The service was clean and hygienic because staff followed current infection control and hygiene practice, to reduce the risk of infection.

People's relatives and friends were free to visit without any unnecessary restrictions

Medicines were managed safely and people took their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were satisfied with the care and support they received from staff. People's views were sought about how the service could improve and the service acted on these.

The registered manager was suitably experienced and understood how people's needs should be met. People knew who they were but said they would like more interaction with them. The registered manager already had a plan in place to increase their visibility and accessibility at the service. Staff felt valued and well supported by the registered manager.

The registered manager had oversight of the service. They undertook audits and checks to monitor and review the safety and quality of the service. They investigated all accidents and incidents and shared the learning from these with staff to help them improve the quality and safety of the support provided.

The service worked with healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 14 September 2017).

Why we inspected

We received concerns in relation to staffing, medicines administration, cleanliness and hygiene of the environment, the quality and safety of care provided to people and management and leadership of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good, based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from the concerns we received.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beth Ezra

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 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.

Service and service type

Beth Ezra is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beth Ezra is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people using the service and 3 relatives. We asked them for their feedback about the service. We observed interactions between people and staff to understand people's experiences. We also spoke with the registered manager, the business manager, a trustee, a team leader, 2 care support workers, the administrator and the maintenance officer. We reviewed a range of records. This included 2 people's care records, medicines stock and administration records (MARs), 2 staff recruitment files and other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. People's feedback confirmed this. One person told us they felt "quite safe here".
- People appeared comfortable with each other and with the staff team supporting them.
- Information about how to report abuse was accessible to people, visitors and staff.
- Staff received relevant training to help them take appropriate action to safeguard people from abuse. Staff understood the signs to look for that might indicate abuse and how and when to report concerns to the appropriate person or authority. A staff member told us, "If I saw a bruise, I would speak to the team leader and the registered manager. I feel confident the manager would take this forward."
- The registered manager understood their responsibility to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.
- None of the people using the service at the time of this inspection lacked mental capacity to make specific decisions.
- If people lacked capacity to make specific decisions, there were processes in place to make sure people's representatives and the relevant healthcare professionals would be involved, to make sure decisions would be made in people's best interests.

Assessing risk, safety monitoring and management

- Staff supported people to stay safe at the service. One person told us they felt safe because they were

helped to do things they could no longer do, due to their declining mobility. They said, "Being here takes the worry away."

- People's records contained information about identified risks to their safety and wellbeing and the measures staff should take to manage these risks and keep people safe.
- Staff were vigilant when people were moving around the service or undertaking activities and made sure people remained safe.
- Staff understood safety risks to people and gave us examples of the action they took to support people to stay safe. A staff member told us, "We are always careful and observant when people are walking around to make sure they are safe moving around. I don't force anyone to do anything. I give people space and respect their independence."
- There were regular health and safety checks of the premises and staff dealt with any issues arising from these. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff had been trained to deal with emergency situations and events if these should arise so that they would know what action to take, to keep people safe in these circumstances.

Staffing and recruitment

- There were enough staff to support people. Staff were present and available to provide support and assistance to people when this was needed.
- People who chose to spend time in their room did not wait long for staff to provide assistance when needed. Calls bells were answered promptly.
- The service, on the whole, operated safe recruitment practices. Checks were undertaken on staff that applied to work at the service to make sure only those suitable were employed to support people. This included checks with the Disclosure and Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- We noted a decision was made to let one staff member start work before all the information required about their former employment had been received. We discussed this with the registered manager who explained the reason for this decision and how they had been assured of the staff member's suitability. However, the registered manager had not formally documented this or how any potential risk to people would be mitigated. The registered manager acknowledged this information should be formally documented in staff records going forwards.

Using medicines safely

- People received their medicines safely and as prescribed. One person told us they felt "safe and confident" about how their medicines were managed.
- People's records contained current information for staff about their medicines and how they should be supported to take these.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them. Medicines were stored in a safe and appropriate way.
- Senior staff audited medicines stock and records and staff's competency was checked at regular intervals, to make sure they were managing and administering medicines in a safe way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting arrangements at this service were in line with government guidance. There were no unnecessary restrictions on friends and relatives visiting people at the service.

Learning lessons when things go wrong

- The service managed accidents and incidents at the service well. There were systems in place for staff to report and record accidents and incidents.
- The registered manager investigated accidents and incidents and took the necessary action to reduce the risk of these reoccurring. They also reviewed accidents and incidents at the service on a monthly basis to check for any trends or themes.
- Lessons learnt from accidents and incidents were shared with staff to help them improve the quality and safety of the support they provided.

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 our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service set clear expectations for people about the quality of care and support they should expect to receive at Beth Ezra. This was in line with the faith based ethos and values of the service. The service was committed to ensuring people received care in a safe, welcoming, inclusive environment in which people could live and practice their faith, with staff's support. A staff member told us, "I enjoy working here." Another staff member said, "It's a nice place to work."
- The registered manager encouraged and supported the staff team to put the needs and wishes of people first and foremost when providing care. A staff member told us, "I feel [registered manager] is focused on people here."
- Staff told us the registered manager was kind, patient and respectful and they felt valued and well supported by them. A staff member told us, "[Registered manager] is friendly and supportive. She listens. Her door is always open and she encourages us to come and speak to her. Don't have any concerns about the support she gives us." Another staff member said, "The manager is very supportive...always checking up on me and making sure I am ok. She is a good manager."
- The service made sure relatives received regular communication and updates about their family members. One relative told us the updates they received helped "keep them in the loop" about their family member.
- Some people told us, although they knew who the registered manager was, they didn't get to interact with them as often as they would like. However, people also said they knew they could speak to the team leaders about any issues or concerns they had.
- We discussed this with the registered manager and one of the trustees at provider level who told us they already had an action plan for how they would address this to increase the registered manager's visibility and accessibility at the service. This included regular, scheduled "coffee mornings" where people could meet and chat with the registered manager.
- People's feedback and views about the service were sought at regular intervals. Minutes from 'residents meetings' showed staff gave regular updates to people about how their feedback was used to improve the service. One person told us they had requested some new puzzles at the last meeting and this had then been provided promptly.
- Staff were provided opportunities to give their feedback about how the service could be improved for people. A staff member told us, "In meetings [registered manager] asks our opinions and what things we can bring in, in terms of ideas and suggestions."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs. They understood and demonstrated compliance with regulatory and legislative requirements.
- The registered manager had oversight of the service and undertook audits and checks at regular intervals to make sure people were safe and receiving high quality care and support. Issues identified through checks were acted on and used to support staff to improve their working practices.
- The provider undertook their own checks and reviews of the service at regular intervals to make sure the service was meeting required standards.
- Staff had clearly defined roles, responsibilities, and duties. Staff worked well together and were focused on meeting people's needs and helping them to achieve positive outcomes in relation to their care and support.
- People's feedback confirmed they were satisfied with the care and support provided by staff. One person told us staff were "excellent, punctual, reliable and dedicated". Another person said the service was "smashing...like a hotel" and staff were "wonderful and patient". Another person told us staff "did a good job". A relative said, "I couldn't ask for better."

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; working in partnership with others

- The service had systems in place to investigate accidents, incidents, and complaints and to make sure people would be involved and informed of the outcome.
- The registered manager understood their responsibility to provide honest information and suitable support and to apply duty of candour where appropriate.
- The service worked in partnership with a range of healthcare professionals involved in people's care and support. They acted on their recommendations and advice to plan and deliver care and support that met people's needs and help them achieve positive outcomes.