



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

Bethel House Care Home

Hebron Hall Christian Centre  
Cross Common Road

Dinas Powys  
CF64 4YB

Type of Inspection – Focused

Date(s) of inspection – Wednesday, 23 September 2015

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## Summary

### About the service

Bethel House care home is registered by the Care and Social Services Inspectorate Wales (CSSIW) to accommodate and provide personal care to 39 people over the age of 65 years of which 12 can be in the category of personal care/ dementia care. The home is operated by Hebron Hall Ltd the Registered Provider and there was a designated Responsible Individual on behalf of the company. The registered manager Mrs Janet Saunders is registered with both CSSIW and the Care Council for Wales.

### What type of inspection was carried out?

On the 23 of September 2015 we undertook an unannounced baseline inspection as part of the scheduled of annual inspection of care homes. The inspection commenced at 09.30am and finished at 16.35hrs.

The report is based on the following:

- discussions with residents, their relatives, staff and the registered manager and general site manager
- consideration of a sample of care files and associated documents of three residents
- observation of the support and care provided and moving and handling procedures, the lunch time meal and tasted the food, interaction between residents and staff and an activity session and religious service
- we examined the documentation pertaining to falls and infection prevention and hygiene procedures
- observations of the environment
- examination of two staff files including recruitment and supervision documentation
- consideration of the quality of Regulation 27 reports.

### What does the service do well?

We did not identify any areas of excellence over and above the practice outlined within the National Minimum Standards for Care Homes for Older People 2004.

### What has improved since the last inspection?

During the previous inspection we found that the service was not compliant with Regulation 13(2). This was because we found that the Medication Administration Records (MARs) did not contain the required information for the safe administration of medication. During this inspection, we found that, beside an isolated incident, our review of medications found that the service had made improvements and is now compliant with Regulation 13(2).

We noted that there had been improvements in the following areas;

- installation of a new fire alarm system
- improved medication documentation and administration

- introduction of a new generic risk assessment tool/record form
- provision of a relaxed and appropriate dining experience
- decoration of personal rooms and a number of corridor areas
- provision of new soft furnishings and five rooms with new carpets
- a new patio in readiness for new garden facilities
- purchase of items such as; commodes, equipment to prevent tissue damage and wheelchairs.

### **What needs to be done to improve the service?**

No non compliance notices were issued on this occasion.

We were assured by the Registered Manager that issues raised by CSSIW would be promptly and effectively resolved.

The Registered Persons were advised of a number of improvements:

- people's risk assessments should be incorporated into their care plans
- the review of risk assessments and service user plans should be comprehensive, signed by the assessor and consider the templates and tools used to formulate service user plans and risk assessments
- documentation pertaining to falls and other accidents should be completed in a comprehensive and timely manner
- consider how best to monitor the signing of medication administration records

## Quality Of Life

Overall, we (CSSIW) found that people can have confidence in the quality of care provided to people. Although there were some areas where improvements were needed and these have been set out in this report.

We observed that care and support provided was delivered in a kindly, considerate and respectful manner; within a happy and homely environment. These observations were confirmed by all residents we spoke with; residents told us “I am very happy here” and “nothing is too much trouble for them”. Residents and their relatives also told us that they had choices regarding daily routines such as preferred times to rise and go to bed. We observed residents being supported to use their personal rooms when they wished to; this was confirmed by residents’ comments “I can spend any time I wish to in my room”.

People are supported promptly with their care needs. We saw that residents requiring personal assistance received it in a timely manner. One resident said “I just call and they come”; however, one person commented that on the odd occasion they were asked to wait a little while. The registered manager told us that they were considering additional care staff hours to resolve such incidents. The relatives we spoke with were complimentary of the service and care provided “staff are lovely and very good with people”. Without exception all residents who required it had been supported with appropriate dress, hygiene and appearance. Residents told us that they are always supported to wear what they want to.

We saw residents looking happy, they were smiling and chatting with each other, staff and visitors. During the inspection we saw a number of residents having their hair styled at the home’s hair salon. This service is provided twice weekly. We also saw residents were observed to participate in formal activities whilst others were observed to be reading, listening to music and watching television in their rooms, they told us that there are “plenty of nice furniture to sit on” and “lots of new books”.

People can be assured that they will receive the support they need to be physically and mentally healthy. The home employs two activity coordinators; activities are provided Monday to Friday. We observed one activity, evidently enjoyed by the people who took part, which was designed to maintain upper body mobility, concentration and interaction. Residents also participated in running activities and including choosing music to play. All those who commented said they enjoyed the sessions, and “I love the music”. One of the activity coordinators told us that individual activity programs were being devised.

We saw the morning religious service “Thought of the Day”, which was well attended by people using the service; two residents told us that they both found solace in attending these services. The management provide a daily religious service and two such services on a Sunday.

We were provided with samples of the meals available on the day, the menu was extensive and special diets were also provided. We tasted the food and found it to be flavoursome; people told us “the food is always good and plenty of it”, the “food is excellent” and there is “nice food”. We observed staff assisting those residents in an

appropriate and non-intrusive way with their meals. Tables were nicely laid and the whole experience appeared to be relaxed and enjoyable. This was confirmed by those residents and visitors. However, one person said that it would be advantageous for hot drinks to be provided in the afternoon and when residents arrived for their breakfast; the registered manager said that this request would be considered.

We looked at two residents' care files, which indicated that external agencies, for example, district nurses, general practitioners and podiatry had been accessed on behalf of residents. When there are changes in people's health the registered manager confirmed that staff ask the appropriate agency to reassess people. We found on the day of the visit that a general practitioner had been called to the home to review a resident.

People cannot always be assured that their care documentation will be set out in a way that meets their individual needs. We reviewed the care files and associated documents of two residents, these included risk assessments and service user plans. However, these were not comprehensive or person centred. People at risk of falls were not adequately assessed nor were there suitably robust preventative measures in place. Service user plans were superficial and did not set out the care required. Where risks were identified they were not incorporated into the service user plans, nor were desired outcomes and prevention directives. This situation was not enhanced by the templates and model in use. The registered manager and site general manager were concerned at these findings and gave assurances that they would work towards an improved system. The new generic risk assessment tool was an improvement on the previous one used however; to be effective it needed to be comprehensive in detail.

## Quality Of Staffing

People can be confident that sufficient numbers of suitably trained staff were on duty to meet residents' needs. This was based on our observations of care given during our visit. The registered manager was however, undertaking a review of staffing. We observed that in addition to care staff and a deputy manager, the home employed two activity coordinators and a number of designated house keepers and catering staff. We saw that residents did not have to wait long for support when they asked for it.

The registered manager told us that staff employed had undertaken appropriate induction. Routine training in line with the needs of the service is provided, for example, moving and handling, food hygiene, safeguarding and deprivation of liberty (DOLS) training. Recently, specific dementia training had been undertaken by staff. We sampled two staff members' files and could see that training had been undertaken.

The registered manager told us that supervision of care staff is undertaken by the registered manager and the deputy manager and for auxiliary staff by the general site manager. We found that that not all staff had received formal supervision and one staff file was not up-to-date. We were informed by the registered manager that all staff received annual appraisals. The registered manager was confident that all formal supervisions would be quickly brought up to date and improved. The two staff files sampled showed that staff are subject to a robust employment system.

Staff we spoke with said that they enjoyed their work, "I love my job", "I am very happy here" and "I feel enthusiastic". This was reflected by the low turnover of staff and the large number of staff who had worked in the home for many years, including the Registered Manager.

## Quality Of Leadership and Management

People can generally be assured that the service is well managed and could provide a good service to those for which they were registered.

This is because the management framework appeared to be appropriate for the service provided. The Registered Manager was supernumerary and this enabled them to spend adequate time on managerial matters; they were also supported in the management of the home by the deputy manager and the general site manager. Regulation 27 visits are undertaken in a timely manner however, records of the visits should capture all the elements of Regulation 27. Regulation 27 requires that a competent person, representing the company, visits and undertakes an audit of the quality of the service provided at the home. The competent person should produce a report of the visit and make it available to the registered manager.

During the previous inspection we found that the service was not compliant with Regulation 13(2). This was because we found that the Medication Administration Records (MARs) did not contain the required information for the safe administration of medication. During this inspection, we found that, beside an isolated incident, where a staff member had failed to sign the MAR during a shift, our review of medications found that the service had made improvements and is now compliant with Regulation 13(2).

We were assured that there was documentation in place that indicated that there were robust formal systems to ensure that the home was run safely and appropriately; on this occasion these were not examined. Since the last inspection the registration had been amended to indicate the service provided and to whom. The registration certificate was displayed in the entrance hall.

## Quality Of The Environment

Generally people can be assured of the safety and cleanliness of the environment. We were informed by the registered manager that equipment, maintenance and service records showed that systems were in place to ensure equipment was in safe working order. We saw evidence of this during the inspection as we observed a routine lift inspection being undertaken. Evidence was provided that a new electrical system was almost at completion. Where we noted some remedial work was required we were informed that these were already on the planned refurbishment list which was an ongoing system in place.

We found that the decoration was of a good standard throughout the home, as was the furniture provided. The home was also clean, tidy and free from offensive odours. People said the home was “perfectly clean and no bad smells”, “always clean and lovely clean bed” and “always spotless”. We observed appropriate hygiene measures in place.

We found that peoples’ personal rooms showed evidence of people’s’ own belongings and items. We were told that when redecorating took place residents could express their preferences regarding, for example, the colour of paint and carpets. The home stood in a large open plan garden, which was well maintained; there was also a safe enclosed area and patio.

The service operated a “locked door” policy consequently residents were subject to Deprivation of Liberties Safeguards (DOLS), which protect people’s rights. We were informed that the home also had routine visits from independent advocate services.

## How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.