



Inspection Report on

Bethel House Care Home

**Hebron Hall Christian Centre
Cross Common Road
Dinas Powys
CF64 4YB**

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Description of the service

Bethel House care home is situated in a residential area of Dinas Powys. The home is registered with Care Inspectorate Wales (CIW) 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 registered provider is Hebron Hall Ltd. There is a nominated responsible individual (RI) on behalf of the company who oversees the management of the home. The registered manager Mrs Janet Saunders is registered with both CIW and Social Care Wales.

The registered manager was present during both inspection visits.

Summary of our findings

1. Overall assessment

People living at Bethel House and their families are complimentary of the care they receive. The registered manager and the RI have demonstrated a commitment to improving the service and maintaining its quality in order to promote the safety and well-being of the residents. People are accommodated in an environment that is clean and homely. People living at the home are generally happy with the support they receive and benefit from positive interactions with management and staff.

2. Improvements

The registered persons have met regulatory requirements in the areas where breaches were identified at the previous inspection in November 2017. We saw improvements in a number of areas including residents' safety; cleanliness of the medication room, reporting of accidents and incidents to CIW and in regards to the documentation held at the home.

3. Requirements and recommendations

On this occasion we did not identify any areas of the service where regulatory compliance had not been met. Section five of this report sets out our recommendations to improve the service.

1. Well-being

Summary

People living at Bethel House are extremely happy with the care provided and benefit from positive interactions with staff and range of social activities. Staff are happy, caring and demonstrate a good knowledge of people's likes and dislikes. People have a voice and are supported to make choices and maximise their independence. The home offers an excellent range of activities including group activities, 1-1 activities for people who wish to remain in their own rooms and regular morning service is provided daily.

Our findings

People are able to express their views and make choices in respect of their day- to- day care. We observed that people were able to choose where they wished to spend their time and had access to a relaxed and calm environment. Every resident we spoke with commented positively about living in the home and appeared happy and content. We spoke with one resident who told us they could get up and retire to bed whenever it suited them. During the early morning visit we observed people getting up for breakfast whenever they chose throughout the morning. We saw staff assisting residents to choose which meal they would like to eat and inviting them to take part in activities.

Comments included:

"The food is fantastic."

"Staff are extremely good."

"There is always something to do."

"I like to get up early and staff always make me a cup of tea."

"I am always supported by staff."

"It's lovely living here."

We spoke with visiting relatives who told us the registered manager was approachable and felt they were able to discuss any ideas or concerns with her. The manager confirmed that she had an open door policy and that she endeavoured to address residents; or family members' requests promptly. We conclude that the home assists service users in deciding how their needs can be best met and takes into account their wishes when planning care.

People benefit from good interactions with staff and are able to take part in a range of activities. We saw activities taking place throughout both visits. The home has an in-house hair salon and residents told us they visit the salon sometimes twice a week. Activities include; arts and crafts, gentle exercise classes to keep people mobile and a daily quiz. The home provides a religious service each day at the home for those who wish to attend. At the time of our visit we observed several people attending the service.

We carried out a SOFI2 observation in the dining area. (SOFI2 is an inspection tool which enables us to observe daily life from the perspective of the residents). We found this to be a positive experience and an extremely social time for residents. The tables were set for lunch daily by a resident living at the home who also prepared music of choice during the lunch time. We found each table had a menu and people discussing what they had ordered. We observed food stored and fresh fruit, vegetables and meats/fish being delivered several times a week. The home has a rating of '5' from the Food Standards Agency (this means

that the food standards were found to be excellent). The cook told us any request would be catered for and if anyone was unwell or did not want the meal being served that day a second choice was always offered.

People living at Bethel House have good relationships with one another and with the staff/management that support them. We spoke with staff throughout both visits who all told us they enjoyed working at the home. One staff member commented "*I have been working here years, couldn't think of working anywhere else*". We observed staff interacting positively and engaging with people during the visits. This indicated that people using the service are happy and are able to establish relationships with familiar staff.

2. Care and Support

Summary

On the whole, people receive person centred support which addresses their specific needs. They benefit from improving standards of care and referrals to appropriate health care professionals as needed. Residents and family members appear happy with the care provided. We found improvements in the care documentation and regular reviews being carried out when care needs change.

Our findings

People can be confident that their health needs will be met and their wishes respected. At the previous inspection we were concerned that residents who were at high risk of falls were not receiving the appropriate care to prevent further falls occurring. On this occasion we saw that appropriate referrals were being made to appropriate professionals and to the falls assessment team. Consideration had been made by staff to the layout of resident's individual rooms to establish if there were any areas where improvements could be made to prevent further falls. Reviews and risk assessments were revised when a fall had occurred and we were told by the registered manager that a month to month audit of all falls had been implemented to analyse further how falls, accidents or incidents could be reduced.

At the previous visit we identified over 90 incidents of falls mostly all of which occurred at night, we further identified from staff rotas that there were only two staff members working the night time shift. We discussed this issue with the registered manager at that time to consider the staffing arrangements at night. This is because we found residents identified in their care plans as requiring close observation and supervision were left without staff presence at night increasing the potential risk of harm. We were pleased to find at this visit that the number of night staff had increased to three staff on duty. We were told that some nights only two staff are on duty, however, we were told a third member of staff was contactable to attend if required. The registered manager informed us this issue remains under review. Staff we spoke with told us of the benefits of the additional staff member at night.

At the previous visit we noted some people's care files had a 'My Life' section at the beginning of the file whilst others did not, we advised that all files contain this section. This information provides the reader more information about people's life; prior to living in the home to encourage and enable staff to respect residents as unique individuals with different life experiences and personal preferences. We were told by the registered manager that they were in the process of completing all the 'My Life' sections. In light of our findings, we conclude that the service provides the correct support to promote residents' health and well-being.

During the previous inspection we found the administration of medication was carried out appropriately and safely. However, we found areas for improvement which included;

- Daily fridge and room temperatures documented.
- Regular audits of medication to be carried out to ensure medication was administered and managed accurately.
- The medication room requiring immediate attention regarding cleanliness.

At this visit we found all the above areas had been addressed. We found weekly audits were being carried out to ensure medication was administered and managed accurately. The medication room was found to be clean and organised with daily recordings of fridge temperatures carried out. Therefore, we found the service responds to and eliminates, as far as possible, unnecessary risks to the health and safety of residents.

3. Environment

Summary

Bethel House offers its residents an environment which is comfortably furnished and with various sitting areas. Bedrooms are spacious and personalized to individuals taste. The home has access to its own in-house hairdresser twice a week. The home is clean throughout. The home has a '5' from the Food Standards Agency (this means that the food hygiene standards were found to be excellent). We spoke with the cook on duty who told us in depth about resident's preferences. Deficits previously identified have been addressed for the well-being of residents.

Our findings

People are cared for in a clean and homely environment. However, at the previous inspection we identified the need for safety not always anticipated and areas for concern which included;

- Fire doors wedged open;
- Consumables (topical creams stored in an unlocked bathroom cupboard);
- Hazardous cleaning items stored in unlocked cupboards;
- Safety gates on top of stairs used to store clothing;
- Clothing placed on the floor outside individual's bedroom doors;
- No proof of identification sought on arrival at the home;
- In addition we advised that consideration be given to the premises to ensure they are suitable for meeting the needs of people with dementia, as we found no signage in place to help people orientate around the home.

At this inspection we were pleased to find action had been taken regarding the majority of the above issues. On arrival at the home we were asked for identification by staff and requested to sign the visitor's book. Furthermore the home has installed a key pad system on the inside door for security, this enables visitors to wait in the comfortable entrance of the home rather than outside during poor weather conditions. Therefore we found people could be confident they are safe from strangers entering the premises.

At this visit we found no doors wedged open and found no items stored on safety gates at the top of the stairs. However, we did find one cupboard to be unlocked and which contained consumable items. We raised this issue with the registered manager immediately.

During the previous visit we found care documentation did not contain a Personal Emergency Evacuation Plan (PEEP) and found no Fire Evacuation Plan on display at the home. At this visit all documentation contained the required information and we were informed by the registered manager that all staff had undertaken suitable training by means of fire drills and practices.

We found that communal areas and corridors of the home were tidy and free from trips and falls hazards and no unpleasant odours were noted. However, we observed hazardous metal attached to one bedroom door which posed a potential risk and we recommended this be removed immediately. The manager arranged for this to be removed during the visit.

On the whole people enjoy a homely and comfortable environment. We found the home welcoming and friendly with relatives, residents and staff chatting together in various areas of the home. We viewed a sample of resident's rooms with their permission and found they were clean, tidy and personalised to the resident's choice.

We conclude that the environment meets the needs of the residents living at the home.

4. Leadership and Management

Summary

Following our previous visit, prompt action was taken by the registered manager to address the areas of regulatory non-compliance we had identified. As a result, people now experience an improving service where residents' needs are being met and unnecessary risks to the health and safety of service users are identified.

Our findings

People can be assured that management seeks to drive improvement in the home for the safety and well-being of its residents.

We found the registered manager had been proactive in preventing and managing accidents at the home. As well as ensuring the safety of the environment, we found progress had been made in respect of documentation, auditing of falls and advice sought or referrals made to appropriate professionals. The registered manager told us detailed forms were completed by staff following each incident and the information recorded was collated for monthly review and trend analysis by the manager.

We found residents' falls risk assessments were being updated and all care plans in the process of review. At the previous inspection we found that staff had not been reporting incidents to CIW in accordance with regulatory requirements. We saw on this occasion that the recently devised falls form contained a prompt for staff to consider notifying CIW. Further quality assurance was seen in monthly care plan audits and weekly medication room checks.

We conclude that systems are in place to monitor, review and improve the quality of care for residents.

People can be confident that management ensures staff providing care and support are able to meet residents' needs.

We spoke with staff who told us a full induction had been carried out and training undertaken was up to date and additional training relevant to the needs of the residents was provided. Staff told us they felt supported in their role and could approach the management with any issues or concerns they may have.

We examined staff files and found the service had a robust process for the recruitment of staff.

Based on the evidence we found, we conclude that the service ensures staff are appropriately recruited, supervised and trained for the work they perform.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the previous inspection we issued the following non compliance notices:

Regulation 38 (1) (c). The registered persons had not ensured that events in the care home which affects the safety and well being of any service user.

Regulation 13 (4) (c). The registered person had not ensured that unnecessary risks to the health or safety of service users were identified and so far as possible eliminated.

On this occasion we found that compliance with all of the above regulations had been met.

5.2 Recommendations for improvement

We made the following recommendation to promote positive outcomes for residents;

- To ensure all consumable items are appropriately stored.

6.How we undertook this inspection

We (CIW) visited the home on an unannounced basis on 21 March 2018 and 22 March 2018. The purpose of our visit was to test compliance with regulatory requirements. Our inspection focused on areas of non-compliance identified at the previous inspection in November 2017 (report published 28 December 2017).

The following methods were used to provide evidence for this inspection report;

- Consideration of information held by CIW about the service;
- The previous inspection reports and records of notifiable events since the last inspection;
- Observation of daily life, care practices and interactions between care staff and residents at the home;
- Conversations with kitchen staff and all staff on duty at the home during the visit;
- Discussions with almost all residents living at the home;
- Discussions with the registered manager;
- Observations of the care home environment;
- Detailed examination of the care documentation relating to six residents;
- Review of the communication book, accident /incident records;
- Detailed examination of two staff files;
- We examined the homes policy and procedures;
- We considered arrangements to review the quality of care provided;
- We examined staff rotas for a three week period;
- We viewed the evacuation procedures at the home;
- Observations using the Short Observational Framework for Inspection (SOFI 2) tool. This tool enables inspectors to observe and record life from a service user's perspective; we consider how they spend their time, their activities, and interactions with others and the type of support.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

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| Type of care provided | Adult Care Home - Older |
| Registered Person | Hebron Hall Ltd |
| Registered Manager(s) | Janet Saunders |
| Registered maximum number of places | 39 |
| Date of previous Care Inspectorate Wales inspection | 15 November 2017 and 17 November 2017. |
| Dates of this Inspection visit(s) | 21/03/2018 and 22 March 2018. |
| Operating Language of the service | English |
| Does this service provide the Welsh Language active offer? | No formal arrangements. |
| Additional Information: | |