



Inspection Report on

Bethshan Sheltered Housing Association

**Heol Treowen
Newtown
SY16 1JA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

12/03/2024

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About Bethshan Sheltered Housing Association

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Bethshan Sheltered Housing Association
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	6 July 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People living in Bethshan have good opportunities to take part in activities based on what is important to them and what they enjoy. Care staff are kind and caring.

Personal plans are detailed so care staff know how people want to be supported. The management are working to make sure people have more opportunities to review their personal outcomes. Training opportunities for care staff to gain knowledge and improve their skills has improved as have one to one meetings with their line manager. The deployment of staff needs to be reviewed to make sure people get the support they need during busy times of the day.

The facilities at the service are maintained and the environment is decorated to a good standard. However, the management must make sure all facilities including shower rooms are suitable for people to use. Improved security arrangements are needed ensure the continued safety of people.

There is good oversight of the service by the responsible individual (RI). They visit regularly, and speak to people using the service, care staff and visitors. The quality of the care provided is reviewed regularly so any improvements identified can be addressed quickly.

Well-being

People have choices over how they spend their day. We saw people in the lounges, activity room and in their own bedrooms. There are opportunities to be engaged in meaningful activities. Three activity coordinators employed at the service work hard to make sure activities are inclusive and reflective of individual likes and preferences. People and their families are encouraged and welcomed to be part of the community at Bethshan. On the day of our visit, people were planting sunflowers for a competition and one person was being supported to attend church. Information about what people can expect from the service is available as well as processes to follow if people want to raise any concerns.

Care staff work hard to promote people's health and well-being. We saw some very kind and caring interactions between people and the care staff supporting them. They clearly know people's likes and preferences. Documentation is detailed so care staff have up to date information and changes in care needs is communicated quickly. However, during busy times such as first thing in the morning and lunch times, people did not always get the support and reassurances they needed because care staff are extremely busy. This impacted on people's well being as well as their meal experience.

Care staff know what do if they feel a person's wellbeing is compromised. They have training relating to safeguarding and policies are in place to guide their practice. Risk assessments show care staff the measures to take to manage identified risk. Medication is mostly managed well by trained staff.

Improvements to the environment are ongoing. Dining rooms, lounges and corridors have been decorated and new furnishings purchased. We found issues relating to the use of shower rooms and sluices which need addressing. The system relating to unauthorised access to the building needs to be reviewed to ensure the continued safety of the people living at Bethshan.

There are good systems in place for the oversight and governance of the service. The RI consults with people about their views and improvements are made based on this information along with information from their regular visits to the service.

Care and Support

Records seen show initial assessments are carried out before the person moves into Bethshan. This is to make sure their needs can be met. There is an electronic care management system. Records seen give a good level of detail about people's support needs, likes and preferences. Risk assessments show measures for care staff to follow to manage identified risk. However, there is no evidence of people's involvement in planning or reviewing their care needs. The manager confirmed people are involved but this is not always documented on the electronic system. Assurance was given measures will be put in place to show people /representatives are given the opportunity to be involved in reviews of personal outcomes.

People do not always receive timely support when they need it. We observed this to be the case during the busy period in the morning and at lunchtime. Care staff told us there does not seem to be enough care staff on duty between 8am and 9am to meet the needs of people. The meal experience varies depending on the numbers of staff available. We observed people being well supported at lunchtime in one part of the home. However, we saw this was not the same for some people in another part. We saw staff, including activity staff were with some people in their bedrooms who needed support to eat and drink. However, the care worker in the dining room was extremely busy, supporting people, offering reassurance, and clearing up the dishes. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

We spoke to care staff who told us the quality of the food needs to improve. There is often not enough choice for people or enough food. We saw people being asked what they want for their meals the following day, whilst they were eating their lunch. We spoke to the RI who has identified issues with the food and is looking at ways to address it.

People are supported to remain as healthy as possible. Information about people's health needs is available to care staff. Referrals are made to health professionals when needed. Medication is mostly managed well; care staff receive training and have policies relating to medication management to guide their practice. We saw an incident of poor practice in relation to medication management and raised it with the manager to address.

Environment

People live in accommodation to suit their needs, but continued improvement is needed. Signage throughout the home is in Welsh and English. We found the lounge and dining areas have been decorated to a high standard with new furniture and soft furnishings. The corridors are light and airy with photographs of events attended, 'my favourite places map', photographs of Newtown, collages, and textiles of different textures. These all help to generate discussion and help people feel involved. People's bedrooms are personalised with items important to them. Their names, photographs and room numbers are displayed on their bedroom doors to help with orientation. There is a circuit around the activities room if people want to exercise during the bad weather. The outside space is accessible with bird feeders, raised planters and lovely seating areas.

Not all bath and shower rooms are available to use by people as they should be. We found a shower room which had staff coats, bags, a hairdryer and communal toiletries in it. The walls were damaged and need attention. Care staff confirm this was still in use as a shower room. We also saw a sluice room with coats and bags in. Some sluice room doors where people were walking up and down the corridors are not locked as required. Some bathrooms had communal toiletries in, and one had other furniture items. Whilst there is a system in place to make sure the service is secure from unauthorised access, this was not robust on the day of our visit. This places people at potential risk of harm. Immediate action was taken to try to address the issue, but a total review of the system is needed to make sure people remain as safe as they can be. The environment continues to be an area for improvement and we expect the provider to take action.

We found the environment to be clean and tidy. Domestic staff were visible at the service. Personal Protective Equipment was readily available. Records show care staff have infection prevention and control training and policies are available to guide them. The kitchens have achieved a score of five (the highest score) following a Food Standards Agency inspection. We saw some bed bumpers were damaged, but assurance was given by the manager this is being addressed.

Arrangements are in place to make sure the equipment and facilities in the home remain safe. Equipment including hoists and baths are serviced regularly. Fire safety measures are in place and care staff have training, so they know what to do in an emergency.

Leadership and Management

People benefit from a quality assurance programme which helps to make sure the quality of the service continues to improve. The RI visits the service regularly. They speak to care staff, people living at Bethshan and relatives/representatives. Surveys are sent out to people involved with the service as part of the six-monthly quality of care review. We saw clear reports that capture people's feedback and actions planned or taken as a result of this. Resident/relative meetings are held as another way for people to give their views. Regular meetings take place between the RI and the manager. All aspects of the service including safeguarding, complaints and staff disciplinarys are discussed so areas for improvement can be identified and actioned quickly.

People have information about the service. The statement of purpose (SOP) is reflective of the service provided. There is also a guide to the service giving people useful information about what they can expect when they move into the service. Care staff we spoke with confirmed they have access to up to date policies and procedures to guide their practice.

People are supported by care staff who are appropriately recruited, receive training and support relevant to their role. Records show opportunities to have a one-to-one meeting with their line manager and an annual assessment of their work is improving. This helps them to identify any training opportunities they may need to support their personal development. Care staff we spoke with tell us they work well as a team and most feel they can approach the management if they have any concerns. Not all staff felt they were always listened to and said it depended on what they wanted to discuss. Staff meetings are held regularly where care staff can share their views and have group discussions. Training records show opportunities for learning and development has improved. More emphasis is being put on face-to-face training as well as online. Recruitment processes make sure people do not start work until all the required checks are in place. There is a new induction for new staff to support them and make sure they are suitable to carry out the role.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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21	People do not always get the support they need particularly during busy periods in the morning and at lunch time.	New
44	The security systems in place need review. Facilities should be fit for purpose and free from clutter.	Not Achieved
35	The provider does not ensure pre employment practices are robust.	Achieved
19	The guide to the service does not contain all the required information.	Achieved
79	Policies and procedures are not reviewed regularly and do not contain up to date information.	Achieved
73	The responsible individual has not visited the home and prepared a report of the findings in 2022.	Achieved
80	Measures are not in place to monitor, review and improve the quality of the service.	Achieved
7	The statement of purpose does not contain all the required information.	Achieved
36	The provider has not ensured staff are provided with all necessary training, supervision and appraisal.	Achieved
15	Personal plans and risk assessments are not always completed and the provider does not involve people or their relatives in decision making that impacts on them.	Achieved
18	The provider does not complete an assessment of people's needs within seven days of admission.	Achieved

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