



Inspection Report on

Bethany Residential Home LTD

**Bethany Residential Home
Old Bulwark Road Bulwark
Chepstow
NP16 5JL**

Date Inspection Completed

19/01/2023

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About Bethany Residential Home LTD

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bethany Home LTD
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	03/10/2019.
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are complimentary of the service and staff team. We found the atmosphere was warm, relaxed, and friendly. People looked comfortable, well cared for, and appropriately dressed. An experienced manager carries out the day to day running of the service. The responsible individual (RI) is a visible presence. The staff team are trained to perform their roles. The service promotes a homely, clean, and tidy environment. There has been improvement in staff recruitment with recently appointed care workers covering night shift shortfalls. We have issued an area of improvement in relation to the service's quality of care review. We expect the service provider to take the necessary action before our next inspection.

Well-being

People are encouraged to make everyday choices. People's needs and wishes are clearly documented in their personal plans which informs care staff how best to support each person individually. Relatives told us staff know their loved ones and are kind and compassionate. We saw smiles and heard laughter between staff and residents throughout our visit.

People can choose where they want to spend their day and whether to participate in activities. The service employs an activity worker. A weekly programme offers a range of activities. A hairdresser regularly visits the service. Individuals told us they are happy living at Bethany. One person said the, love to move session, was "*damn good*" and "*10 out of 10*". The weekly exercise session has since been increased due to popular demand.

People receive the support they need to maintain their health and wellbeing. The service works collaboratively with healthcare professionals to support people living at the service. Routine healthcare checks are taking place. Individuals are supported in positive risk taking.

People are safeguarded from harm. Arrangements to monitor accidents, incidents and complaints are in place. Risks to people are assessed and safely managed so they are supported to stay safe, and their freedoms respected. The manager reports significant events to the relevant agencies. Staff recruitment practices further support vulnerable adults living at the service.

The environment is clean, safe, and well maintained. The service supports individuals living with dementia. The layout of the environment supports people's independence. Signage is present throughout the property with people's photographs on their bedroom doors to support their orientation.

Care and Support

People's care documents are well maintained and updated to reflect their care and support needs. People's personal plans provide a clear guide for staff about the individual, their care and support needs and the outcomes they would like to achieve. People's personal plans are routinely reviewed or in response to changes in need.

People are supported to access healthcare services to maintain their health and wellbeing. The manager is proactive in requesting input from healthcare professionals and completing any recommended actions. Individual monitoring supports timely referrals to professionals. Risk assessments are in place to support everyone's health and wellbeing. People have been consulted about menus and food options.

Medication management systems are in place. The service uses an electronic system to oversee and audit medicine management. Staff receive medication training to ensure they are competent. Peoples' personal plans set out how each individual prefers to take their medication. We noted two medication errors had been reported and thoroughly investigated with a satisfactory outcome. We discussed the use of "as required" PRN protocols to strengthen medication practices.

Environment

People live in a safe and comfortable environment with audits in place to monitor the health and safety of the premises, facilities, and equipment. The layout of the environment supports people's independence. Corridors are light, bright and airy. Communal areas enable people to meet with others and or spend time alone. People's rooms reflect their individuality with their possessions and keepsakes on display. The organisation has considered the use of colour in relation to wall coverings and furniture to support older people with or without dementia. The garden offers an inviting space for people to spend time. The environment is clean, safe and well maintained.

The service promotes hygienic practices and manages risk of infection. Policies and procedures are in place and take into account current legislation and guidance. Personal Protective Equipment (PPE) and hand sanitising stations are located around the home. Care staff told us of sufficient PPE stocks being available. The service has a current food standards agency (FSA) rating of 5 which defines hygiene standards as very good. Routine maintenance is taking place with the necessary equipment checks conducted.

Leadership and Management

Systems are in place to support the smooth running of the service. The manager is registered with Social Care Wales. They are experienced having worked at the service for a number of years and supported by a deputy manager. People told us the managers are always contactable. Relatives told us the managers kept them updated about any changes to their loved ones needs. They gave us positive examples of how staff members interactions had made their relatives lives better. They described staff as, *“all excellent,” “incredible” and “I can’t speak too highly.”*

Arrangements for the oversight of the service through on-going quality assurance needs to be strengthened. The statement of purpose and service user guide were supplied following the inspection. The RI visits the service regularly to support the manager and the running of the service. He conducts three monthly visits to the service as dictated by the regulations. The reports need to be clearer to show he is conducting the visits. Resident/ relatives meetings have been reintroduced to gain people’s views and opinions of the service. They were previously conducted on a quarterly basis although suspended during the pandemic.

We viewed the latest quality of care review for the service dated August 2022 which is completed on a six monthly basis. The report did not include any engagement with individuals and or relatives, professionals. Routine audits are taking place of people’s care documents, medication and environmental health and safety checks. We noted there needs to be a greater level of analysis to show improved outcomes for individuals which improves their wellbeing. This is an area of improvement, and we expect the provider to take necessary action.

There are satisfactory selection and vetting systems for newly appointed staff. We examined two personnel files and found the necessary pre-employment checks in place. Two references, including one from last employer supported the persons application. To strengthen recruitment practices character references could be verified. A copy of identification is kept on each person’s file.

Staff are trained to perform their roles. Staff complete an induction programme. Staff can access training to support their duties. We were supplied with a copy of the staff training plan which showed care workers have received core training in manual handling, first aid, dementia, and fire. Arrangements are in place to ensure care workers receive three monthly supervisions with their line manager. This provides an opportunity to reflect on their practice and make sure their professional competence is maintained. Apart from the newly appointed care workers all others are registered with Social Care Wales.

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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80	The six monthly QA report did not fully analyse the information and set recommendations of how and where the quality and safety of the service can be improved.	New
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Date Published 22/02/2023