



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

01/08/2019

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Description of the service

Bethshan is a care home providing nursing, personal care and accommodation for up to 40 people over the age of 18. This includes people living with dementia. The provider is Bethshan Sheltered Housing Association, which is registered with Care Inspectorate Wales, (CIW). The provider has nominated a person to represent them as the responsible individual, (RI), Mr Roy Tappin. There is a manager appointed who is responsible for the daily operation of the home, who is suitably qualified and registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People receive good quality care from a stable staff team who are provided with training and support from an experienced manager. People are treated with respect and are satisfied with the service provided. Records are detailed and provide staff with guidance about how to support people but would benefit from a more person centred approach. Opportunities are provided for stimulation and community involvement. The environment is well maintained and plans are in place to update and improve the premises, this however, should take into account the needs of people living with dementia and a person centred approach.

2. Improvements

This was the first inspection of this service since it was registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA).

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include:

Care planning.

Environment, including infection control.

Staff training.

Complaints.

1. Well-being

Our findings

People's physical, mental and emotional well-being is promoted. One person told us, "*I wouldn't live anywhere else*". A relative told us their family member was, "*loved and very well cared for*" and that "*great efforts were made at birthdays and Christmas*". All people and relatives spoken with were very satisfied with the care and support provided. Relatives told us they were kept informed, always made welcome and could visit at any time. Care records detailed people's needs and we observed the staff being professional and courteous in line with people's and relatives' expectations. One person told us, "*staff are kind; they know how I like to be looked after*". People's care and support needs are met in a way that meets people's their needs and expectations.

People live in a supportive environment with good links to the local community. A person spoken with told us they were supported to go to the shops and, "*there's always something going on if you want it*" with staff described as, "*very good, always kind*". A person told us they liked the activities but would like, "*more physical activities to happen*". Three staff were employed to provide a range of group and one to one activities. A quarterly newsletter was published and available within the home. The summer edition included details of a new Reminiscence Interactive Therapy Activities, (RITA), which will provide a wide range of activities from music, photographs and films to both groups and individuals. A themed summer fete was advertised and people had been supported to make garlands and other items. People are provided with opportunities to be active in line with their preferences, interests and abilities.

People's individual cultures and identifies are respected. The manager was aware of people's cultural and linguistic needs. Welsh and English pictorial signage was available. Information provided about the home including the contract, were available in Welsh or English. Questionnaires sent to people recently were available in Welsh or English and the manager intended to amend the care plans to record if people would like a copy in Welsh. The home has a Christian based ethos but people of all faiths, or none, are made welcome. People were supported to maintain their faith if they chose to through contact with visiting clergy.

2. Care and Development

Our findings

Records showed people's needs were assessed before they moved into the home to make sure they could be met. Care records were detailed and gave clear guidance to staff about people's needs and how they should be met. However, the records did not always include details of people's life history and would benefit from a person centred approach. The majority of people would not be able to be involved in care planning or decision making but relatives spoken with told they were always asked their views by staff and these were respected and acted on. One person told us they were, " *very pleased*" with the care provided. Comments included from relatives included, "*care is amazing*", "*we are always made welcome*" and "*we are made to feel like part of a family*". We saw care and support was provided by staff familiar with people's needs in a respectful, kind and appropriate way.

Risk assessments were in place that promoted people's safety whilst respecting individual's choices. Plans and risk assessments were regularly reviewed and updated when people's circumstances changed. We saw care and support was provided in line with plans, by staff familiar with people's needs. Staff were seen to have good relationships with people and their families and were courteous, professional and kind. Records showed people were supported to have access to healthcare professionals promptly, whenever necessary. We reviewed how medicines were managed and found this was in line with good practice and people received medicines as prescribed. People receive care that meets their needs.

3. Environment

Our findings

People live in an environment that meets their needs. The home was clean, tidy and free from odours. We saw people were able to personalise their bedrooms in line with their tastes and preferences. People told us they liked their rooms and relatives confirmed they were always well kept by staff. A range of communal lounge areas were provided and used for activities. The service provides a range of outdoor space including a well-kept garden with flowers, seating and covered verandas that can be used all year round. Although, the home provides care for people living with dementia, sensory items were not available in corridors to provide interest for people. We saw some furniture, including wardrobes, drawers and chairs were worn and tired through wear and tear. The manager told us they had identified this and new furniture had been ordered which was in a range of styles and colours to provide a more homely environment. We conclude that overall the environment is well maintained, but would benefit from further enhancement. People are able to spend time in private or have the opportunity to socialise with others.

Health and safety is taken seriously. Records showed regular checks of the environment and equipment in the home were carried out including fire safety equipment and electrical items. Records showed staff had yearly fire safety training which was confirmed by staff spoken with. Systems were in place to address any environmental issues. We observed this during our visit with work being carried out to replace water pipes. Liquid soap and paper towels were provided in communal bathrooms and toilets. Although communal bathrooms were clean we saw inappropriate items stored in them including, porous fabric hoist slings and clean linen. Waste bins were open, not always lined and were not foot operated in line with good practice. These issues were discussed with the manager and arrangements were made during the visit to address these issues. Systems identify and as far as possible, eliminate risk to people's health and safety.

4. Leadership and Management

Our findings

Information is provided about the service. A Statement of Purpose, (May 2019), and Service User Guide were given to people when they moved into the home and were also displayed. Information about complaints was included but did not detail timescales or who people could contact outside the home if they were not satisfied with the response. The manager told us no complaints had been received since the previous inspection. People spoken with including relatives, were all aware of how to raise any issues of concern and were confident they would be listened to and taken seriously by the manager or any member of staff. Staff spoken with were clear about people's right to raise concerns or complaints. People are provided with information, including how to raise a concern, so they can make an informed choice when considering using the home.

Systems are in place to monitor, review and improve the quality of the service people receive. The home is governed by a board of trustees who have appointed a person to represent them as the responsible individual. Regular meetings are held to monitor, review and determine how to improve the quality of the service. We were told the RI visits the home weekly. They meet with the manager and talk to staff, people who live at the home and visiting relatives. A written record of the visits was shared with the manager. The manager told us people living at the home, relatives, staff and professionals had recently been given questionnaires asking their views of the service. Responses will be collated and included in the Quality of Care report. Audits were completed of medication and care records but did not include the details of which records had been checked or any action taken to address issues identified. Environmental checks were completed but had not identified the issues detailed in this report. People benefit from a service that looks to work to a good standard and continually improve.

People are supported by trained and suitable staff. We saw checks took place to make sure staff were suitable before they started work. People receive care and support from staff who have been safely recruited. We checked three staff files and found recruitment processes had been followed to safeguard people living at the home. However, the staff application form asks applicants to declare only the last ten years of their employment history, not a full history as required. Records showed staff were provided with regular formal supervision and an annual appraisal, although it did not include the dates these took place. Staff spoken with were very positive about working at the home. Comments included, "*I love working here*", "*everyone works as a team to provide good care*" and "*always support if you need it*". Training records showed registered nurses were provided with clinical training and staff spoken with confirmed this. Records showed staff had completed necessary training including fire safety and moving and handling, but not all staff had completed dementia training. Records showed new staff had completed a one page in house induction checklist. The manager told us new staff completed a detailed, 12 week induction but we saw staff who had worked at the home for several months had not completed this. The manager assured us this would be addressed and a training company had been contacted about providing support. Staff spoken with confirmed they attended training and were also supported in knowledge and skills by registered nurses and the manager. Comments included, "*always lots of training*" and "*manager is very supportive of professional development*". Regular staff meetings were held and staff told us they felt able to raise

issues and contribute to discussions. Staff told us they felt their views, "*mattered*" and they were listened to. The manager and senior staff were described as, "*approachable*", "*always around for support*" and "*very good, really supportive*". Information provided to staff in a handbook was dated 2015. It included details of the Whistle Blowing policy but not the contact details of external organisations such as Public Concern at Work or Social Services. An Equal Opportunities policy was in place but this would also benefit from review and updating. People are supported by suitable staff who are provided with training and support.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection of the service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Areas of non-compliance at this inspection

None

5.3 Recommendations for improvement

We recommend:

- Care plans and daily records should include how people spend their time and include a social model of care approach.
- The environment requires some updating and improvement. Consideration should be given to the staff notices displayed in areas used by people living in the home. Consideration should be given to current research about having items of interest readily available to people living with dementia such as rummage boxes and sensory walls.
- Review the infection control arrangements in place
- The staff application form should be reviewed to make sure applicants are asked to include a full employment history.
- All staff should complete a structured 12 week induction course as soon as practicable. Training records should include records of completed or on going QCF training.
- Staff should be provided with dementia training to ensure they have the knowledge to meet the needs of people living with dementia
- Improvements must be made in the number of staff provided with dementia training.
- Supervision and appraisal records should include the actual date it took place.
- The staff handbook should be reviewed to make sure it contains accurate and up to date information.
- The Whistle Blowing policy should include the contact details of external agencies in line with good practice. Consideration should be given to including timescales within the complaints and details of external agencies that can be contacted such as Social Services, Public Services Ombudsman. Policies and procedures should be reviewed and updated regularly.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 31 July 2019 between 9.15 a.m. and 4.30 p.m. and 1 August 2019 between 9.17 a.m. and 1.30 p.m.

The following regulations were considered as a part of this inspection:
The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We spoke to three people living in the care home, the manager, six members of staff, four relatives and a trustee of the governing body.
- We looked at a wide range of records. These included staff recruitment and training records, complaints, safeguarding and four care records.

- We reviewed the Statement of Purpose (SOP) and Service User Guide and compared it with the service we observed. The SOP sets out the vision for the service and demonstrates how the service will promote the best possible outcomes for the people they care for.
- We used the Short Observational Framework for Inspection, (SOFI2). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We are committed to promoting and upholding the rights of people which use the care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.
<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Bethshan Sheltered Housing Association
Responsible Individual	Roy Tappin
Registered maximum number of places	40
Date of previous Care Inspectorate Wales inspection	This was the first inspection of this service since it was registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA).
Dates of this Inspection visit(s)	31/07/2019 & 01/08/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The provider is working towards actively implementing the “active offer” of the Welsh language as required under the Welsh Government’s Strategy “More than just words 2016-2019”.
Additional Information:	

Date Published 18/09/2019