



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

Inspection Report on

Bethshan Nursing Home

**Heol Treowen
Newtown
SY16 1JA**

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Description of the service

Bethshan is a nursing care home registered to provide nursing, personal care and accommodation for up to forty older people over the age of 65 years. Within the registration, twenty people who have dementia care needs, and three younger adults, between the ages of eighteen to sixty-four may also be accommodated.

The home is purpose built, modern, and situated on a hill with sweeping views of the town of Newtown, which is the largest town in Mid Wales.

The home is operated by Bethshan Sheltered Housing Association, which is a charity formed in 1995 by the Newtown Pentecostal Church. The registered manager of the service is Sylvia Campbell who was present throughout the inspection.

Summary of our findings

1. Overall assessment

Overall, people receive a quality service from a well-run, committed staff group, led by a well-qualified and experienced registered manager who leads by example.

People receive a high standard of care and people with whom we spoke told us they were happy living in the home. We saw that people were stimulated and that there was a dedicated activities organizer. However, activities aimed at those with dementia could improve. People are treated with respect and dignity and supported to be as healthy as they can be. The environment is modern, pleasant, and well-maintained.

2. Improvements

There were no notices of non-compliance issued at the last inspection. However, two notifications made regarding documentation with regards to night care needs, and the temperature of rooms storing medication, had been effectively and satisfactorily addressed.

3. Requirements and recommendations

Section five of this report outlines our recommendations to improve the service.

These include:

- Activities and environmental stimulus for people with dementia
- Review of forms used to record formal supervision of staff

1. Well-being

Summary

People are stimulated by a programme of daily activities although stimulus for people with dementia could improve within the dementia units. People are supported to choose how they spend their time and are encouraged to express their preferences and dislikes. Staff treat people with dignity and respect, and are kind and caring.

Our findings

People enjoy quality activities from enthusiastic, pleasant and patient staff who engage and encourage them. We found that there was a wide range of activities offered to people, on both an individual and group level. We saw examples of arts, crafts, paintings and photographs on the corridor walls of the home which reflected the work carried out by the people using the service, assisted by the activities organisers and staff. The home had a day unit in an upstairs part of the home and on the day of the inspection seven people from the home attended. We saw that there was a 'Scottish theme' on this occasion, where staff were dressed in tartan skirts, and had a tartan activity ongoing, where people made 'tartan' from ribbons. In addition, thistles were being coloured in, and Scots music played. People were also enjoying a quiz focused on Scottish facts and places, including Holyrood Palace, and Balmoral. People were offered shortbread with their tea, and we saw great enthusiasm and effort made by the staff to make the activity enjoyable. It was clear by most people's engagement that they were enjoying the experience. We did not note activities during the afternoon, but many people slept following their midday meal, or enjoyed television. One person with whom we spoke said that there was "*Always something going on*", and that "*...staff were always popping in and out for a chat*". We were informed by the registered manager that outside choirs, singers, and entertainers regularly attended the home and that events such as Christmas, Easter and birthdays were celebrated. We also noted that in at least one person's records they did not enjoy activities and preferred to watch sports on television. This had been respected and was one example of how people exercised choice and had control over their preferences. Other activities included mostly one to one activities with people who had dementia, such as ball games, pictorial books, songs, cards, collage. However, although activities were well organised and engaging for most people, we found that the dementia units lacked 'corridor interest'. This meant that people who liked to walk up and down did not have distraction or points of interest where they could pause and touch or look at items that were familiar or popular when they were younger. We discussed with the registered manager that the home may benefit from reminiscence articles such as clothes from the 40's, 50's and 60's, jewellery, handbags, record players being placed strategically along the corridors for people to handle, and create a talking point. She indicated that this had been attempted in the past and had not been successful within the home, but that she would research other possibilities. People benefit from being stimulated and encouraged daily, by staff who work consistently to enhance their well-being.

People can feel safe as their best interests are highly profiled within the home. We examined the records of four of the people using the service and found them to be of a high standard. Risk assessment was thorough, comprehensive and encompassed both physical and environmental factors. We saw from the documentation viewed that people were pre-assessed in order to ensure that the home could meet their needs, and that a wide range of

risk assessments were carried out in accordance with needs. We found that people had been assessed with regards to such risks as moving and handling, mental health, pressure areas, behaviour, choking, aspiration, and general day to day capabilities. Where issues were identified appropriate measures had been put in place with professional approval. An example of this was one person who received covert medication. This had been identified as being necessary, documented and authorised by the GP. Review dates were apparent and signed. In addition, there were environmental risk assessments such as in one person's records viewed, we saw an assessment of their ability to get in and out of vehicles. Care planning was robust, detailed and person centred. We saw evidence of regular review of care plans. We noted within the documentation that people had a choice of male or female carers where they had shown a preference. We found that people were appropriately referred to health and social care professionals as there was a document in each individual record which recorded referrals and outcomes. Each record viewed had a recent photograph of the person and daily notes. Where people were unable to maintain their own safety, appropriate referrals had been made to the local authority for Deprivation of Liberty Safeguards (Dolls). The pre-admission and admission processes ensure that people are appropriately placed which benefits their well-being.

People's religious needs are met. Although the ethos within the home is Christian, the registered manager informed us that other denominations or those with no religious convictions are welcome. Services for those who wish to attend were held in the home, but attendance outside of the home could also be arranged. People are given choice and their wishes respected with regards to their beliefs.

2. Care and Support

Summary

People enjoy a high level of care and support from staff who are well trained, kind and committed. Individual needs are identified and appropriately addressed. Nutrition and hydration are carefully monitored.

Our findings

People can be confident that they will be supported to make decisions and will be encouraged to attain their highest level of independence and preferences.

We saw staff interacting with people, bending down to speak to them and engaging in a warm manner. We saw that people were given time to consider their thoughts and answer questions, such as whether or not they required assistance with their hygiene, or wanted a drink and we noted that people were encouraged to regularly take fluids. We found that many people had a 'Life History' in their rooms which outlined their lives, including family, work, interests and dislikes. We heard staff speaking to people respectfully, and found that family members were brought into the conversation in some instances. This showed that staff knew people well, and ensured that matters important to them, which would stimulate their interest, were used to encourage memory and enhance their day. Our visit was early, and we found that people were still in bed though their own choice, and people who had been assisted to rise, at various stages of breakfast. There was an unhurried air and a pleasant ambience throughout the home. We heard staff asking people what they would like for breakfast, and saw that people either sat at the table or in their preferred chair, or had breakfast in bed, according to their wishes. One person told us "*...we are treated so well here, they... [the staff]... are all lovely*". People's needs and preferences are upheld and their choices respected.

People can be confident that staff have been robustly recruited. We examined the records of six staff members and found that they were all in line with legislative requirements. Each record had a recent photograph of the staff member, at least two valid references, a work history that did not contain gaps in service and evidence that there were current criminal checks in place via the Disclosure and Barring Service (DBS). We noted that each record viewed had evidence of an induction and that training was regular and frequent. There was a training matrix to ensure that updates were attended in a timely manner. We saw within the records viewed that staff had signed confidentiality agreements and had completed health questionnaires including night time assessments. Turnover was relatively low, although there had been some recent staff changes resulting in occasional use of agency staff. We spoke with an agency staff member who described working in the home as "*Wonderful. There is so much support here, and I have been made to feel that I count. The care is really good here, they really focus on getting it right*".

Staff enjoy working in the home which impacts positively on people. We spoke with five staff members who all indicated a great satisfaction with the home, the registered manager, and the work involved. Three staff members felt that the staff were like a "*...family...*" and carried out "*...excellent team work...*". All the staff spoken with informed us that they felt valued and supported and all expressed the view that their training was of a high quality, frequent and prepared them for their caring roles. All also indicated that they received regular supervision and had annual appraisals. All felt that the standard of care was "*...excellent...*", "*...really good...*", and one staff member stated that "*Care, everything,*

activities, treat people like family...". We conclude from this that people enjoy a high standard of care from an enthusiastic, well recruited and trained workforce.

Medication is supplied by a local branch of a large pharmaceutical organisation. We saw that blister packs were used to administer medication to people and that there were systems in place to receive, store, check and dispose of medication brought into the home. We checked the temperatures of one of the two medication rooms, highlighted at the previous inspection as lacking temperature control, and found that an air conditioning unit was in place which maintained the correct temperature of the room. We also checked the fridge temperature for the storage of medication and found that it was correct and regularly recorded. We checked that medications stored under the Misuse of Drugs Act 1971 legislation were correctly documented and stored and that medication administration records (MAR charts) contained no gaps. We noticed that MAR charts all had recent photographs, date of birth and allergies of each individual on their personal charts. People can be assured that medication procedures in the home are robust.

People enjoy good nutrition and there is a focus on maintaining people's fluid intake. On the day of our inspection we saw that the main meal was faggots with creamed potatoes, broccoli, and cabbage with alternatives being ham and cheese pasta bake or grilled bacon. People could also have chosen soup, sandwiches omelettes or could have asked for salad, jacket potato or any other food preference at the time. Desserts were a choice of mousse, yogurts, ice creams or fresh fruit. We saw that portions were generous and that staff were gentle and encouraging when assisting people to eat. Food was cooked on the premises and we saw that vegetables were fresh. Drinks were frequently offered throughout the day, both hot and cold, and we noted that fluid intake and output charts were used appropriately. People benefit from a varied and healthy diet.

3. Environment

Summary

People live in a modern, purpose built home with en-suite rooms. There are panoramic views over the town of Newtown from many windows. People enjoy a high standard of furniture and fittings and décor. The home is generally well maintained.

Our findings

'Bethshan' in Hebrew means 'House of Sanctuary' or 'Rest', and occupies an elevated position affording exceptional views. We found on entry to the home, a quiet, pleasant ambience which was unhurried and calm. There were four units within the home accommodating ten people in each: Davies and Weston, which catered for frail elderly people and Whiteley and Rayner where people with dementia received care. Each unit contained kitchen/diner and lounge areas which were spacious, well appointed and comfortable. We saw that people could watch television or sit quietly in other seating areas within the units where they could enjoy a panoramic vista of the town of Newtown.

Corridors were wide and easily accommodated wheelchairs and hoists. People's rooms were en-suite, all with toilets and wash hand basins and six of the people's rooms also had shower rooms within their en-suites. We saw that rooms were spacious, and individualised with favourite photographs, paintings, items of furniture and ornaments. Fixtures, fittings, furniture and carpeting throughout the home were clean, well maintained and pleasant. The home felt warm and we did not note any malodorous areas throughout the building. People are cared for in a peaceful, high quality environment which enhances their day to day lives.

Facilities at the home are good and cater for all needs. We did not inspect the kitchen in detail on this occasion as we found that it had been regularly inspected by the local authority. Our visual visit to the kitchen noted that it was furnished with industrial type units which were modern, clean and had central hand washing facilities. The laundry also had industrial washing machines and tumble driers which had maintenance contracts in place. We saw that there were no disposable aprons in the laundry room but this was addressed immediately. We saw that there were handwashing facilities and paper towels and that the laundry was clean and ordered. Other facilities included the bathrooms and toilets which were clean, well maintained and well located for people sitting anywhere within the units. People can feel safe in the knowledge that their environment is thoroughly cleaned and maintained to a high standard.

The entrance to the building is easily accessed by bus or car from a council maintained road and has adequate car parking space. Externally, due to the elevated position of the home, we found that there were decking walkways rather than a garden. However, at one end of the building there was a pleasant area to sit out during clement weather conditions with planted shrubs and flowers. There was an area below the home which had not been landscaped and was very steep and at the time of the inspection was inaccessible to people living in the home. Future use for this plot was unknown. We concluded that the facilities in the home are good and contribute to people's well-being.

4. Leadership and Management

Summary

People can be assured that there are clear leadership and management systems in place and that the registered manager is visible and accessible. The management has a positive approach to staff training and supervision which benefits the support given to people who use the service.

Our findings

People can be clear about what the home provides and can be assured that their opinions and views are taken into consideration. We found that the statement of purpose/service users' guide reflected the service delivered and was in line with legislative requirements. We also noted that quality assurance was highly profiled within the service and that annual questionnaires were sent out to gain the opinions of people, their relatives, staff and the wider community such as health and social care professionals. In addition, regular service user/ relatives meetings were held and people were encouraged to voice their opinions and preferences on how to improve the service. An annual quality assurance report was also available. People's views are welcomed and respected at Bethshan.

People can be assured that the measures in place to keep them safe are continuously monitored, updated and maintained. There were stringent maintenance checks carried out regularly by the maintenance person which were recorded and any issues noted acted upon immediately. We found that all fire checks were carried out in accordance with legal requirements and areas were zoned for fire safety. There was evidence of drills and checks on fire alarms and extinguishers. We noted that there were maintenance records files which listed dates and times of checks on such areas as laundry equipment, nurse call system, gas, electricity. We saw that there were records of checks on bed rails, hoists and slings and that there was regular temperature testing for Legionella. The records were very neat and ordered and immediately available for inspecting. Policies and protocols were updated annually and followed best practice. We examined the health and safety, complaints, medication and safeguarding policies and found that they were appropriate and had been updated. People benefit from the vigilance of the systems in place to ensure their safety and welfare.

Staff spoken with were highly complimentary with regards to the registered manager. All felt valued and supported and described her as being approachable, organised and available. She was clearly highly respected and liked by her staff.

Similarly, two health/social care professionals spoken with described the registered manager as *"Really accommodating, very approachable manager. They will accommodate family meetings here, and multi-agency meetings. Very proactive service too"*. We did not have the opportunity on this occasion to speak to relatives, but we saw from cards and letters received to the home that both the registered manager and the staff enjoyed high accolade from people associated with the service. The home enjoys a good reputation in the community which reflects on the organisation generally and the service delivery.

Staff all confirmed that they receive regular supervision. However, we discussed with the registered manager that the forms used to record supervision were not entirely staff inclusive. We did not see evidence that staff could choose what they wanted to discuss or have time to think about it before attending supervision. The content of the supervision forms was also sparse. The registered manager indicated that she would give her earliest

attention to the form and look for a more suitable alternative. People benefit from a staff group who regularly receive the opportunity to discuss training needs and to address any issues that may be impacting on their work.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance identified at this inspection

None

5.3 Recommendations for improvement

We recommend the following:

- Within the dementia units there is a lack of visual, memory and tactile stimulus for people with the condition. It is recommended that best practice guidelines are followed to enhance the environment for people with dementia.
 - Staff supervision forms lack detail and are not inclusive for staff to comment on their choice of discussion. It is recommended that a new supervision form is developed to be more inclusive of staff and include more detail.
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6. How we undertook this inspection

This was a full inspection, undertaken as part of our annual inspection programme. We made an unannounced visit to the home on 7 September, 2017 between 09.10 am and 16.20 pm.

The following methods were used:

- We toured the home,
- We spoke with the registered manager,
- We sat in on the Day Centre and observed the activities,
- We spoke with one service user,
- We spoke to five staff members,
- We spoke with two visiting health/social care professionals,
- We examined a wide range of documentation focusing on the following:
 - Risk assessments and care plans
 - Statement of purpose
 - Policies and procedures
 - Staff records, including recruitment, criminal checks, references, training and supervision

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home – Older
Registered Person	Bethshan Sheltered Housing Association
Registered Manager(s)	Sylvia Campbell
Registered maximum number of places	40
Date of previous CSSIW inspection	23 August, 2017
Dates of this Inspection visit)	07/09/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	English is currently the predominant language in this setting
Additional Information:	