



Inspection Report on

Bethel House Care Home

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

Date Inspection Completed

5 October 2022

04/10/2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Bethel House Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hebron Hall Limited
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 8 July 2021
Does this service provide the Welsh Language active offer?	The service is working towards providing the Welsh Language active offer.

Summary

Bethel House care home is situated in a quiet residential area of Dinas Powys and can accommodate 37 residents with personal care needs. This inspection was unannounced. Currently there is an absent responsible individual (RI) at the service. There are two newly appointed managers at the home who are in the process of registration with Social Care Wales, the workforce regulator in accordance with legal requirement.

People live in an environment which is suitable for their needs and the home is clean and secure with some areas requiring improvement. People are consulted about the care and support they receive as part of ongoing improvements at the service. Infection prevention and control processes are in place to reduce the risk of infectious diseases being spread throughout the home.

The newly appointed management team are visible and engaged in the day-to-day running of the service. Systems are not always in place to ensure the quality of care and support are provided. Care documentation needs improvement to reflect the care and health needs of people living at the home.

People receive appropriate care and support from a friendly staff team. There are sufficient staff to provide assistance and suitable arrangements are in place to cover any staffing shortfalls. Staff training is an area where improvements are required. People's voices are heard, and their opinions valued.

Well-being

People have a voice to make choices about their day-to-day care. We observed staff respond promptly to people's needs throughout the visit. Personal plans need urgent improvement to ensure information is up to date and reflective of each individual living at the home. This is to ensure care is person-centred and continues to meet people's needs and expectations.

People have an excellent choice of meals and drinks to suit their nutritional needs and preferences. We observed mealtimes and saw people enjoying the meals provided and saw drinks and snacks offered throughout the day. Kitchen staff told us of people's dietary requirements and had a good understanding of people's likes and dislikes. The home has been awarded a 5-star (very good) food standards hygiene rating. People's dining experience is an extremely social time for people to enjoy.

People benefit from a variety of social activities and pastimes of their choice with group activities, one to one and quiet areas throughout the home if people wish to spend time alone. Care staff also provide social stimulation on an ad hoc basis. We saw the schedule of activities available and observed the preparation for the 'Harvest' celebrations taking place. The activity coordinator available at the home told us of the planned variety of activities at the home.

People are protected from harm and the entrance to the home is secure. Environmental arrangements for fire safety and general maintenance are in place. The home was clean and fresh throughout. Staff training requires improvement to ensure staff are up to date with all training and mandatory courses. The RI has been absent from the home for several weeks; however, arrangements are currently in place for appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose.

Care and Support

People appeared comfortable and happy with the care staff who provide their support. During our visit we spoke with individuals who told us staff are kind and helpful. We saw care staff are readily available, attentive and recognise people's needs and how to respond to them. We observed people throughout the visit, sitting in dining areas, communal areas, carrying out activities or sitting with staff and /or relatives.

Care documentation did not contain the required information regarding how people's needs, and outcomes should be met. Personal plans and risk assessments had not been regularly reviewed and updated when a change in people's health had been observed. We identified where documentation required improvement. We observed that staff are using both electronic and paper documentation. Furthermore, staff are unsure where to find important information on the electronic system and important information regarding care is not being updated and followed. This was acknowledged and noted by the manager. We expect the service provider to take action to address this issue and we will follow this up at the next inspection.

People have access to health and other services to maintain their health and well-being. The service makes appropriate referrals and advice is sought to help maintain their health and well-being. Records relating to professionals are kept and correspondences are maintained to provide a clear health record for individuals. When required, care staff support people to access community based medical appointments and people also receive visits from health and social care staff.

The service has systems for medicines management in place. Medication stock is securely stored. We identified two medication administration charts did not contain the correct identification checks and highlighted this to the manager. There are measures to promote infection control, such as cleaning schedules and improvements made to minimise cross-infection/contamination risks as far as possible. For example, we saw sanitising areas available throughout the home.

Measures are in place for safeguarding residents. Entry to the home is secure and a log of visitors to the home is maintained. Staff requested identification, a temperature check, and to sign the visitors book prior to our entry to the home. A safeguarding policy is present, and management demonstrate oversight of safeguarding matters. The home has liaised appropriately with the local Authority regarding incidents and at the time of our visit an Age Concern Advocate was visiting all residents living at the home.

Environment

People have a sense of belonging. The home offers several communal areas for people to enjoy chatting to others or spend quiet time. There is a large garden area which gives the home a pleasant feel and where people enjoy spending time in the warmer weather. There is good access and egress for people with mobility needs. The entrance to the home is secure and visitors must ring to gain entry.

People are cared for in a clean and homely environment. People's bedrooms are individualised and contain personal items of their choice. There are sufficient bathing and toilet facilities for people, with one bathroom being completely refurbished during our visit. We saw domestic staff undertaking duties throughout the home and found the home to be generally clean and well-maintained. When we spoke to people, they were complimentary about the home. We identified items of clutter in the bathrooms throughout the home. We discussed this with the manager at the time of the visit, to ensure the clutter be removed to provide a pleasant bathing environment for people to enjoy if they choose.

There are two floors to the home accessible via a passenger lift. The home has received a food hygiene rating of 5 (indicative of 'very good' hygiene practices). The home offers suitable accommodation for the residents and independent living is promoted with care staff available to offer support and encouragement as and when needed. There are general signs of wear and tear in different areas of the home, which need some attention including the entrance to the dining area. During our visit we saw evidence of on-going maintenance work and schedule.

Management oversees the home's health and safety requirements. Appropriate certification is in place regarding the facilities and equipment, such as gas, electrical appliances, nurse call alarms, manual handling equipment and the passenger lift. From our walk -around, we noted window openings that may potentially pose a risk to resident's are secure. Staff carry out regular fire safety checks and people have personal emergency plans (PEEPs) in place. We discussed an additional 'grab' file that all staff are aware of in the case of an emergency which the manager is putting in place. There is a fire risk assessment in place.

However, we identified there are some care staff that require up to date training in fire safety, first aid and manual handling. We were informed that training dates have been arranged and dates provided. We expect the service provider to take action to implement these improvements and we will follow them up at the next inspection.

Leadership and Management

People and staff have access to information. A statement of purpose (SOP) is available which accurately reflects the service's vision but requires updating. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles.

Staff recruitment is satisfactory in the service. We saw staff files have the necessary safety checks in place, ensuring staff suitability to work with vulnerable adults. Many staff told us they were happy and have worked at the home for many years therefore able to observe and deterioration or concerns in people's condition.

The appointed managers have a visible presence in the home and are described by staff as *"extremely supportive"*, *"approachable"* and *"always helpful"*. Staff contributing to this inspection felt able to discuss any concern they may have with management. The staff team feel supported and have access to regular supervisions and an 'open door' policy. This ensures staff receive feedback on their performance and support to identify areas for development in order to support them in their role. Care staff have access to an on-going training programme. However, we noted some staff are overdue in their refresher training in some areas including Manual Handling, Fire Training and First Aid which needs to be addressed. The newly appointed managers told us that they had been unable to access the training matrix to ensure accuracy, but this issue was being dealt with as a matter of urgency.

People's needs are met in a timely and responsive way. However there has been a recent change in the management structure at the home. The home currently has an absent RI, but we have been informed that an application for a nominated RI is due for submission within the next few days. During this time systems are in place by the provider to monitor the quality of the service provided on an ongoing basis, in order to further develop and improve the outcomes for people living at Bethel House. Management and the nominated RI are both visible and were described as *"supportive"* by staff and people living at the home and a visiting professional. The nominated RI is available at the home on a daily basis.

Overall, information and records requested were readily available. Policies and procedures are in place, although some of which need reviewing and up-dating. There has been regular staff, relative and resident meetings and written evidence provided of outcomes. Additional information has been discussed with the nominated RI and management on how the documentation could be enhanced further. A management audit dated 17.06.2022 has been provided and identifies any areas to improve the quality and safety of the service.

We remind the provider to notify CIW and relevant professional agencies of any changes and events that are affecting the service.

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
------------	---------	--------

15	The provider must ensure personal care documentation contain the required information to mitigate risks and to ensure individuals are supported to achieve their personal outcomes.	New
36	The service is not compliant because information provided identified areas of staff training which required improvement.	New
58	Regulation 58(c)	Achieved
15	Regulation 15 (1) (a) (c) to meet compliance .	Achieved

Date Published 03/11/2022