



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

22/12/2022

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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	1 August 2019
Does this service provide the Welsh Language active offer?	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 are satisfied with the care and support they receive. They are positive about the staff who provide their care and support. A relative we spoke with is confident the changes being introduced by the manager will improve the quality of the service.

The quality of the care records varies, and provider assessments are not completed. People and their relatives are not asked their views or involved in care planning and reviews. People are supported to access healthcare and medicines are managed in line with good practice.

An external catering contractor supplies the food. The quality of the food varies significantly. It is not always appetising and does not always meet people's nutritional needs.

The environment is deteriorating due to a lack of long-term investment and regular updating. There are plans in place to address this, but timescales were not provided to CIW about when this work will be completed.

Checks make sure staff are suitable to work at the service, but staff are not provided with necessary training or regular supervision.

Measures are not in place to monitor, review and improve the quality of the service. Regular checks of areas such as care records, premises and medicines management do not take place. Policies and procedures are out of date, so they do not provide appropriate information for staff. Information about the service does not include all the information

people need to make an informed choice about using the service. The views of people using, have contact with, or work in the service are not sought to inform improvements. The responsible individual (RI) has not visited the home and overseen the quality of the service as required.

Well-being

People have some control over their day-to-day life. People are satisfied with the service provided. Comments include staff are “*Very nice, always helpful*” and “*I can get up and go to bed to suit myself.*” However, care records are not person centred and people are not involved in planning or reviewing their personal plans, or how decisions that impact on them are made. Record keeping requires significant improvement with documents in care records blank or not fully completed, dated, or signed to ensure people receive the support they need.

People do not live in a home which always supports their well-being. The environment is not homely and needs significant improvement to be able to provide an adequate standard of living. Plans are in place to refurbish the home.

Efforts are made to ensure people who speak Welsh are supported. Bi-lingual signage is in place and people supported to celebrate notable events in Wales including St David’s day, rugby, and other events. Newspapers and books are available in Welsh for people who want them.

Care and Support

The home is currently moving care records to an electronic system. Staff told us they are still learning how to use this system but do not have enough time to do this. The manager told us measures will be put in place to free staff up to do this. Care records need improvement; they are not person centred and do not include the personal outcomes people want to achieve. Documents are not always completed, dated, or signed to ensure staff have all necessary information about people. Risk assessments are not always in place and do not tell staff what to do about managing any risks identified. People and their relatives are not involved in care planning, assessment, or reviews to ensure their voice is heard. None of the people we spoke with had been asked how they want care and support to be delivered, with one person telling us "*They've never asked me about a care plan.*" Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Whilst people's needs are assessed before they move into the home, a provider assessment is not completed within seven days of admission to ensure the home has all necessary information and they are able to meet people's needs. None of the records we checked included an assessment. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

We looked at care records and saw they include details of people's physical and mental health needs. Evidence shows people are supported to access healthcare services promptly, whenever necessary.

An external catering contractor provides food for people living at the service. People and their relatives told us the quality of the food varies significantly and is sometimes, "*Awful.*" We saw food is very poorly presented and the menu does not consider nutritional content or people's nutritional needs. We visited before Christmas, but no effort had been made to provide people with special, seasonal, food as would be expected before such a celebration. We saw kitchen practices are poor, including putting cereal into bowls the day before and storing these next to a dirty sink. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are some activities in place to occupy people and give them a sense of purpose. This includes visits by the hairdresser, clergy of various faiths and watching films. There are no items in corridors or communal areas for people to occupy themselves such as rummage boxes, magazines, or items of comfort such as dolls or soft toys. Many people do not leave their room, with one person telling us, "*Its too much effort.*" There is no evidence in records we checked to confirm whether they are offered opportunities for socialisation and stimulation. People are not offered these opportunities on a regular basis. The manager told

us measures are in place to improve this area, but these improvements had not been put in place at the time of the inspection.

We found medicines are generally managed in line with good practice. Powys Teaching Health Board has recently visited to review medicines management. The manager is putting into place recommendations made following this visit.

Environment

The home is clean and tidy. People can personalise their bedrooms within space constraints. People told us they like their rooms and a visitor told us rooms are always clean and well-kept by staff. A range of communal areas are available, and these are used for socialising, mealtimes, activities, and church services. Such areas are not homely, furniture is not domestic in style and communal lounges in some areas are bare and not used. There is a well-kept garden area and outdoor space with covered verandas, which can be used all year round. We saw many items of furniture are worn through wear and tear, with some items such as drawers broken. Many carpets are showing signs of wear and tear. Walls are marked and in some areas in poor condition. The shower rooms have porous walls and rust marks on the floor. The manager told us plans are in place to refurbish all areas of the home but was not able to tell us when this work will start. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Health and safety is taken seriously, and records show equipment used by people and staff is checked and serviced to make sure it is safe.

Leadership and Management

Information is provided about the home in a statement of purpose and guide to the service. These documents do not include all the required information so people can make an informed choice when considering using the home. Whilst no immediate action is required, these are areas for improvement, and we expect the provider to take action.

Checks make sure staff are suitable to work at the home before they start work. Measures are not in place to make sure Disclosure and Barring Service (DBS) checks are renewed within the required timescales to ensure staff remain fit to work at the service. The employment application form is unclear about what applicants need to declare, including a full employment history and a Rehabilitation of Offenders Declaration. This means applicants may not provide all the required information to support decision making on their suitability. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff told us they feel supported by the new manager. The manager told us measures are not in place to provide regular supervision and an annual appraisal for all staff. This means there are no checks in place to make sure staff have the knowledge and skills expected of them. They assured us this will be addressed as soon as possible. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff told us they are supported to complete training courses. Records show not all staff have completed necessary training including dementia, moving and handling. The records do not include evidence of staff induction or professional qualifications. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The manager told us they have started to review the policies and procedures. We saw the majority are not up to date and do not always reflect current guidance, including the safeguarding and whistle blowing policy. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Measures are not in place to monitor, review and improve the quality of the service. Checks are not completed of records or the premises. The views of people who live, work, and visit the service, including professionals, have not been sought. One meeting has been held with people who live in the home and their relatives in 2022. Another meeting has been held with staff in 2022. Six monthly reports about the quality of the service have not been produced as required. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

There has been a recent change in the responsible individual (RI). However, there is no evidence the previous RI has visited the home in 2022 and prepared a report of their findings as required. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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
21	The provider does not ensure that people's dietary needs are met in line with good practice.	New

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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35	The provider does not ensure pre employment practices are robust.	New
44	The premises, its decoration, furnishings and fittings require maintenance, updating and replacement.	New
19	The guide to the service does not contain all the required information.	New
79	Policies and procedures are not reviewed regularly and do not contain up to date information.	New
73	The responsible individual has not visited the home and prepared a report of the findings in 2022.	New
80	Measures are not in place to monitor, review and improve the quality of the service.	New
7	The statement of purpose does not contain all the required information.	New
36	The provider has not ensured staff are provided with all necessary training, supervision and appraisal.	New
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.	New
18	The provider does not complete an assessment of people's needs within seven days of admission.	New

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