



Inspection Report on

Bethel House Care Home

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

Date Inspection Completed

28/12/2023

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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	05/07/2022
Does this service promote Welsh language and culture?	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

Bethel House can accommodate up to 39 residents with residential and personal care needs. This inspection was unannounced. There are two managers in place registered with Social Care Wales, the workforce regulator, in accordance with legal requirements. Colin Jardine is the responsible individual (RI) for the service.

People receive good care and support from a friendly and stable staff team. There are sufficient staff to provide care and assistance with a recruitment drive underway. People live in a homely environment which is suitable for their needs. However, we identified where some improvements are required. Activities and support in accordance with people's interests and wishes are carried out and promoted and respected by staff.

The management team are visible and engaged in the day-to-day running of the service. Systems are mostly in place to promote and sustain the quality of care and support provided. Care documentation reflects the care and health needs of people living at the home in a person-centred way and we identified where further improvements can be made.

The home environment is secure. People are actively consulted about the care and support they receive. Infection prevention and control processes are in place to reduce the risk of infectious diseases being spread throughout the home and staff are aware of the appropriate personal protective equipment (PPE) requirements.

Well-being

People are safe and receive appropriate person-centred care and support. Their wishes and aspirations are considered, and care staff demonstrate a friendly, kind and helpful approach. Care documentation supports the delivery of care and support, but we discussed where some improvements could be made. People are encouraged to have visitors to the home and supported to stay in touch with important contacts. Visitors told us they are always made to feel very welcome and can visit at any time.

People are safeguarded and protected from harm. Care staff are trained in safeguarding and have policies and procedures to guide them. Safe recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. The service makes safeguarding referrals when required and notifies CIW of notifiable events in a timely manner. Feedback about the service describes it as unanimously 'very good' from people living in and visiting the home.

Measures are in place to promote best practice throughout the home. Management has good oversight of incidents, accidents, complaints and safeguarding matters, however, we identified that regular supervision had not been undertaken by the RI by the RI. This is an area for requires improvement. A statement of purpose is present which reflects the service.

People are supported to have control over their day-to-day life. People follow their own routines each day with support from the staff team. The care staff we spoke with were familiar with people's individual preferences and these are recorded in the care documentation. People told us their views and opinions are listened to and they can always raise any concerns with the staff team or management.

People are supported to achieve and exceed their personal outcomes. People told us they are very happy living at Bethel house and enjoy positive relationships with staff. Comments included "*staff are kind to us here*" and "*the food is very good, we are very lucky, staff are always very helpful.*" Care staff are happy and enthusiastic about working at the service. Comments included "*I love my job here; we are well supported*" and "*we all work well together as a team*".

Care and Support

People have timely access to health and other services to maintain their ongoing health and well-being. Information within people's care files evidence referrals and contact with various health and social care services. We saw these referrals were made in a timely manner and whenever people's needs changed. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by staff and management. Care and support are designed through involvement with people and tailored to achieve personal outcomes. However, we identified where minor improvements could be made which included ensuring information is kept up to date, capturing important information in the "*All about me section*" and documenting any changes in regard to the personal emergency evacuation plan (PEEP) on file.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they felt safe and secure living at the service. Comments from people using the service included "*I am very happy living here, there is so much going on here to enjoy,*" "*The food is good, we have a good choice of meals every day*" and "*It is beyond good here, I cannot fault the care and staff here, I visit every day so I can see what goes on at the home*" (relative). During the visit we observed lots of visitors to the home providing a homely environment and people feel a sense of belonging.

Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. The service has systems in place for medication management. People receive their medication as prescribed. We looked at the medication administration records (MARs) and saw they are appropriately completed. The service promotes safe hygienic practices and manages the risk of infection and we saw staff wearing appropriate personal protective equipment when required.

Care staff interact with residents in a friendly, kind and respectful manner. People's choices are promoted, for example regarding meal, drinks and various snack options. We observed the meals provided and the dining experience to be a calm, sociable time for people to enjoy, with some people enjoying meals/breakfast in their rooms if they chose. We spoke with the chef on duty who told us they always cater for everyone's likes and preferences. We saw effort goes into presentation at each mealtime, we saw the dining areas 'trimmed up' with festive decorations and tables prepared with a festive theme. The chef told us when a meal is returned uneaten, an alternative is always sought and encouraged. Care staff show good knowledge of people's wishes, needs and how to respond to them. The home has achieved a score of three (generally satisfactory) food hygiene rating.

Environment

Bethel House provides pleasant accommodation over two floors accessible via a passenger lift or staircase. During our visit the lift engineers had been called to undertake immediate repair work to the lift which was currently out of service. Several people living at the home told us they had been looking forward to the festive activities on the ground floor but could not access the stairs safely and the lift has failed several times previously. We discussed this with management who told us the engineers were due to arrive to repair within the next four hours. Shortly after the inspection, we were informed that the lift was working and people had been able to enjoy the festivities.

People are cared for in a homely environment. However, we identified some areas for improvement which included one shower room required refurbishment and various areas of the home would benefit from redecoration including the corridors. The home offers a wide choice of small communal areas for people to sit and enjoy time with others or spend quiet time. Bedrooms are personalised with items of people's choice and personal belongings. There is a large dining area and garden areas which give the home a pleasant feel. There is good access and egress for people living at the home with mobility needs. However, people told us the home would benefit from a handrail at the entrance to the home due to a 'slope' which proves difficult for people with mobility issues to safely access. We highlighted this issue with the manager who told us they would raise this concern with the provider immediately. We will follow this up at the next inspection visit.

People can be assured that overall building systems and equipment are serviced regularly. We considered various records relating to health and safety, which evidenced the provider maintained oversight to ensure the environment was safe. All confidential files including care and staff files are stored securely in lockable areas. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans in place which we discussed with the manager required updating. There is a fire safety risk assessment and testing of fire-safety equipment is up to date.

People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross infection.

Leadership and Management

People can be confident the provider and management of the home monitor the quality of the service they receive. The RI visits the service as required and we viewed the latest quality assurance report dated November 2023, which evidences people's feedback and recommendations for improvements within the home. The manager and staff carry out frequent audits of documentation relating to care provision. We saw personal care documentation has improved and we discussed areas which enhance this further as the service is currently in the process of completing electronic documentation.

People and staff have access to information. A statement of purpose (SOP) is available which accurately reflects the service's vision. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles. Staff recruitment we viewed is satisfactory. We saw the necessary safety checks in place, ensuring the staff's suitability to work with vulnerable people. There are currently enough staff on each shift to meet people's needs. The manager advised us there is a recruitment drive in place to increase care staff and also a new activity coordinator.

The management team has a visible presence in the home and was described by staff as *"supportive," "approachable"* and *"have made such a difference here"*. Staff contributing to this inspection told us they were able to discuss any issues or concerns they may have with management. Staff told us they feel supported and have access to regular supervisions and appraisals. Supervision in this context refers to a formal meeting between the staff member and manager to discuss any practice issues, their training development requirements, as well as any further support the person may need in their role. This ensures staff receive feedback on their performance and support to identify areas for training and development in order to support them in their role. It is essential that staff feel motivated and have the skills required to assist people with any complex needs. Care staff have access to on-going online training and we were told face to face training has been sought. Training is an area the service is developing further. We identified that formal supervision had not been undertaken by the RI in regards to the managers at the service and highlighted this as an area for improvement.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and the written guide to the service informs people how to raise their concerns formally. Mechanisms are in place to protect people and the documents in place set out and provide people with an understanding of the service they can expect to receive. People using the service and staff know who to approach if they have concerns and people have access to independent advocates if they wish and feel safe to do this should the need arise.

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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44	The provider has failed to ensure that the premises, facilities and equipment are suitable for the service, having regard to the statement of purpose.	New
66	The responsible individual has failed to ensure appropriate supervision is undertaken with the management. The responsible individual must carry out appropriate supervision as required of the management of the service.	New
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.	Achieved
36	The service is not compliant because information provided identified areas of staff training which required improvement.	Achieved

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