



Inspection Report on

Bethany Residential Home LTD

**Bethany Residential Home
Old Bulwark Road Bulwark
Chepstow
NP16 5JL**

Date Inspection Completed

13/03/2024

Welsh Government © Crown copyright 2024.

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 Bethany Residential Home LTD

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bethany Home LTD
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	19 January 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

We found people are comfortable and relaxed in their surroundings. They are happy to live at a service which provides a good standard of care and support with a warm and friendly atmosphere. Relatives are complimentary of the staff and services provided. An experienced manager runs the service, supported by a dedicated staff team. Regular activity provision is tailored to meet peoples likes and interests. People are supported to maintain links with family and the local community. The environment is safe, clean, and well maintained. The responsible individual (RI) has good oversight of the service.

Well-being

People have a voice and are treated with dignity and respect. People are engaged in the co-production of their personal plans and reviews. People's views of the service are actively sought during resident meetings, satisfaction surveys and RI visits. People are consulted about how the service is run and are involved in planning menus, activities and choosing colour schemes during redecoration. Staff are familiar and know people well.

Residents told us, *"It's good here."* *"Staff are kind and caring."*

Relatives told us, *"My mum is happy here."* *"Staff are committed and kind."* *"My mum is generally very happy, and I can't praise the staff enough."* *"Staff do the best they physically can."* Throughout our visit we saw warm and sensitive interactions.

People are safeguarded from harm. There are arrangements in place which monitor and evaluate accidents and incidents. The management are responsive in identifying and mitigating risks. Staff are trained to report and manage complaints. The relevant applications are made to safeguard people's best interests. Medication arrangements have been strengthened. Staff are safely recruited which further safeguards people living at the service.

People enjoy regular activities. A timetable of events is offered to people based on their individual hobbies and interests. We were told that community links are promoted with visits to local shops, and community events. Once a week, the local community are invited to the service where they can attend the hairdresser and have a mid-day meal. This is a way of familiarising people with the service before respite stays. The service offer flexibility for people visiting the service to accommodate people's needs. Day trips and visits from entertainers are planned to stimulate people living at the service. Staff support people to maintain relationships with their loved ones.

People live in a service that supports their well-being. The service is warm, clean, and welcoming. Maintenance staff are employed to ensure the environment maintains health and safety standards. Individual bedrooms reflect people's ownership with photographs and keepsakes on display. Communal areas are comfortable and light and promotes people to spend time with others. The garden offers people the opportunity to sit out with family and friends during warmer weather.

Care and Support

People's plans provide clear guidance for staff about the individual, their care and support needs and outcomes they would like to achieve. People's care documents are well maintained and updated to reflect their care and support needs. People's personal plans are routinely reviewed. People and their relatives are engaged in the review process. Comprehensive risk assessments record risks and ways to mitigate them. We saw caring and compassionate interactions between people and staff.

People are supported with their health needs. Managers work collaboratively with health care professionals to meet individual needs. Health monitoring ensures people receive timely care and treatment. A health co-ordinator role has been introduced at the service who is responsible for looking after people's aids such as glasses, hearing aids and walking frames. Menus are compiled in line with people's food likes and preferences. People told us, they like the food which is all home cooked. Breakfasts are reported to be a favourite. On the day of our inspection, we found staffing levels to be sufficient to meet individual's needs. The manager assured us increased staffing arrangements would be considered should people's needs change, and they require more support.

There are consistent arrangements to support people to move into the service. During our visit pre-assessments show engagement with relatives although, the manager explained it is difficult to gain information from previous care providers which would provide a more detail. We saw documentary evidence that each person is informed the service can meet their needs.

Arrangements for safe medicine management has been strengthened. The service uses an electronic medication and risk reduction system for care homes. The service has changed its supplying pharmacy and reported things are now working better. The service has introduced a staff medicator role to support greater oversight of people's medication and staff training.

Environment

The premises, facilities and equipment are suitable for the provision of the service. The property is maintained to a high standard. The dining room is currently being redecorated. We were told that residents were consulted about the change to the colour scheme. Aids and equipment throughout the service promote people's independence. Corridors are clutter free which means people can move freely around the environment. A lift enables people to access both floors of the property.

The service adopts dementia friendly approaches to support people with their independence. The manager is a dementia champion. Communal areas are light, bright, and homely. To promote orientation the door to people's rooms, has their name, a photograph and/or familiar items attached. Signage is used to direct people around the service with toilets and bathrooms clearly labelled. The service has considered the use of colour in relation to wall coverings and furniture to support older people. Seating areas are located around the property for people to utilise.

The service providers ensure the premises is safe and complies with health and safety legislation. We found the service is clean and tidy. An infection prevention control inspection acknowledged safe standards of cleanliness are maintained. A number of environmental audits show routine health and safety checks take place to ensure people are safe. Regular fire checks take place. Individual personal evacuation plans are in place. Fire procedures were discussed with residents at the last residents meeting. The service has a food standard rating of five which demonstrates very good food standards are in place.

Leadership and Management

People benefit from the ethos, strong leadership, and management of the service. A long-standing and respected manager leads a motivated staff team. They are registered with Social Care Wales and have sound knowledge of the service. A deputy manager supports them. Staff told us they feel fully supported by the management team who are approachable and committed. Relatives have confidence in the manager and the staff team.

There are arrangements in place for the effective oversight of the service through on-going quality assurance. A number of audits are routinely completed which assess the quality of the service. Daily meetings take place between the RI and management team. The RI routinely visits the service and gains people's views and opinions. Regular staff meetings take place to update and inform the team. A six monthly quality of care review is undertaken. We viewed the last quality report and found an improved analysis of the service. Recommendations form part of an on-going action plan which drive forward improvements and are addressed in a timely manner.

Staff are safely recruited. We sampled personal files for newly appointed staff and found that required pre-employment checks are completed. This includes a clear Disclosure and Barring Service (DBS) check, satisfactory references, and pictorial identification. We reminded the manager a copy of each person's birth certification should be retained. All staff receive an induction. Staff are registered with Social Care Wales.

Staff are trained and developed. Every staff member has an individual training plan. There is on-going training to support staff to perform in their role. We viewed training records which show a high percentage of completion in mandatory areas. Supervisions are regularly undertaken. Annual appraisals show staff are dedicated to improving the lives of people living at the service. Staff told us they enjoy working at the service and that they feel valued. One person said, *"I am proud to work at Bethany. The service providers take care of us employees."*

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
80	The six monthly QA report did not fully analyse the information and set recommendations of how and where the quality and safety of the service can be improved.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 23/04/2024