

Cooper Residential Homes Limited

Bethel/Bethesda

Residential Home

Inspection report

Equity Road East
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Leicestershire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bethel/Bethesda Residential Home is a care home registered to provide accommodation and personal care for up to 34 older people. There were 20 people receiving care at the time of the inspection.

Bethel/Bethesda Residential Home provides care to people from one building, separated into two sides via a keypad entry system. One side of the service is known as Bethel, and the other Bethesda.

All people living at the service had their own bedrooms. Some bedrooms had en-suite facilities, others had sinks only. There was a bath/shower room, dining room and lounge area in each side of the service.

There was no garden at the service, but people could access the courtyard should they wish to spend time outdoors.

People's experience of using this service and what we found

There had been a change of management since the last inspection. Significant improvements had been made to the safety of the service. The registered manager was passionate about improving the care people received at Bethel/Bethesda and had a good knowledge of the regulatory requirements. A refurbishment plan was underway to further improve the environment. Whilst improvements had been made, further improvements were required. People had been consulted about changes to the environment and had chosen new décor and furniture.

Policies and quality assurance systems had been implemented to enable the registered manager to monitor the quality and safety of the service. These had identified improvements needed and action had been taken to address these or was planned.

Infection prevention and control systems and processes had improved significantly. Staff were observed to wear the correct personal protective equipment throughout our inspection. The service was clean. Professional visitors were not permitted to enter the service unless they could evidence a negative lateral flow test and at least two doses of an approved COVID-19 vaccine. Visits were safely facilitated. Infection prevention and control policies were robust and followed.

There were enough staff to support people with their needs and staff had been safely recruited. They knew how to keep people safe from harm or abuse. Staff had a good knowledge of risks associated with providing people's care and received training relevant to people's needs. We received positive feedback from staff about the new training programme that had been implemented.

People received their medicines on time and as prescribed by skilled and competent staff. Medicines were safely stored.

The service supported people to express their views, preferences, wishes and choices. Staff supported people to engage in their hobbies and interests and promoted people's independence. Improvements were planned to provide more varied activities. People knew how to raise a concern or make a complaint and felt confident this would be addressed.

Staff were observed to deliver kind, compassionate and respectful care to people. People's privacy and dignity was respected. We received positive feedback about the care staff and management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough and to attend healthcare appointments as needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 25 August 2021) and there were four breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 24 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from Inadequate to good. This is based on the findings at this inspection.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Bethel/Bethesda Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Bethel/Bethesda Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care staff, care staff, kitchen staff and a housekeeper.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and five people's medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, care records for one person and policies. We spoke with four relatives about their experience of the care provided and two care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last inspection, the registered persons failed to ensure staff were wearing personal protective equipment (PPE) in accordance with government guidance during the COVID-19 pandemic. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Robust systems and processes had been implemented by the registered manager to ensure government guidance relating to the COVID-19 pandemic was followed. Records showed, and we saw, staff complying with this guidance at all times during our inspection. We received positive feedback about the improvements in infection prevention and control (IPC) systems and processes from people, relatives and visitors.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

At the last inspection, the registered persons failed to ensure people's needs and risks were assessed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care plans and risk assessments were in place for everyone receiving care at Bethel/Bethesda Residential Home. Risk assessments for falls, eating and drinking and specific health needs had been implemented and reviewed at regular intervals. These were reflective of people's needs.
- Staff knew people's individual risks and how to keep them safe. Records showed that following a person falling, staff checked them for injuries, checked they were safe and well every half an hour for 24 hours. They called the GP for advice as the person was prescribed blood thinning medicines, which increased the risk of blood loss.
- COVID-19 risk assessments had been completed for people. These provided a comprehensive overview of the support needed to reduce people's individual risks and to keep them safe and well.
- We observed some people to be wearing call bell neck pendants. This meant people were able to call for assistance whenever they needed it, which reduced the risk of people falling. Records showed, and we saw, staff responding promptly to people's call bells.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people in the event of an emergency.

At the last inspection, people were living in an environment that was unsafe and unsuitable for their needs. Staff failed to check equipment before it was used and continued to use equipment that was faulty. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Significant improvements had been made to the environment to make it safe. This included but was not limited to; replacing the call bell system, repairing and replacing flooring, and adding locks and keypad entries to high risk areas such as the boiler room and kitchen.
- A maintenance log-book evidenced staff identified and reported environmental risks and that action had been taken to address these. Equipment that was unsafe and not fit for purpose had been replaced.

Staffing and recruitment

- The provider reviewed staffing levels regularly to ensure they met people's needs. Rota's evidenced safe staffing levels were achieved. At the time of inspection, additional staffing was being provided. This meant care was not rushed and staff had time to spend with people.
- Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking suitable references and undertaking checks with the disclosure and barring service (DBS). Records of interviews and application forms had not previously been retained by the provider. However, we found these were in place for newly recruited staff.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at Bethel/Bethesda Residential Home. One person said, "I have always felt safe", a relative said, "I know [name] is safe."
- Staff we spoke with were aware of the signs of abuse and knew how to report safeguarding concerns. One staff member said, "Safeguarding is included in the online training. We talk about safeguarding in supervisions. They [management team] check your knowledge and ask if there are any concerns." Staff were confident safeguarding concerns would be investigated and addressed by the management team.
- Staff knew how to 'whistle-blow' if they felt they were not being listened to or their concerns acted upon.

Using medicines safely

- People received their medicines as prescribed, on time and in the way they preferred by competent and knowledgeable staff. Protocols were in place to instruct staff when to administer as required oral medicines, these were being developed for topical creams.
- Medicines Administration Records (MAR) were completed correctly. Staff recorded the time they administered time specific medicines, to ensure medicine doses were safely spaced. Body maps were in place to ensure staff changed the location pain relief patches were applied to.
- MAR audits were undertaken to identify areas for improvement. A recent audit had identified a summary sheet was required for each person including their allergies and DNACPR status. This had been actioned.
- Medicines were securely and appropriately stored.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Records showed accidents and incidents were recorded and were reviewed by the registered manager to identify trends, patterns and learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

We last inspected this key question in 2019 and rated it good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- Some improvements had been made to the environment since our inspection in May 2021. Where they had, people had been involved in choosing the décor, furniture and soft furnishings. However, further improvements to the environment were required. This included but was not limited to replacing communal flooring on one side of the service, refurbishment and redecoration of some bedrooms and en-suites, and a replacement of furniture. These improvements were planned as part of the providers refurbishment programme.
- People did not have access to a secure outdoor garden space. The service planned to develop a secure garden and dementia garden by July 2022. People could access the courtyard at the front of the service with staff support.
- Lighting had been improved so corridors were brighter. This reduced the risk of people falling and helped people with dementia identify spaces, rooms, equipment and signs. A staff member commented, "The place is a lot brighter, it's so much better for the residents." The provider planned to enhance the environment following refurbishment to ensure it was supportive for people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service met the requirements of the MCA. People were supported to have maximum choice and

control of their lives and staff supported them in the least restrictive way possible. For example, staff had identified a medicine prescribed for a person's mood had a negative impact on their cognition. A review was arranged with the GP to reduce the medicine to ensure they were supported in the least restrictive way.

- Where people were no longer able to make decisions about certain aspects of their lives, this had been assessed and best interest decisions had been undertaken. We found some had not been reviewed for over a year. We discussed this with the registered manager who told us some reviews had been undertaken and others were in progress.
- Since the last inspection the registered manager had applied for DoLS authorisations for people with restrictions on their liberty. One person's care plan fully reflected the conditions on their authorisation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, social and wellbeing needs were holistically assessed by the registered manager before receiving care from the service. People, and where appropriate, their relatives had been involved in the development of their care plan.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes. Government guidance relating to COVID-19 was shared with staff and followed.

Staff support: induction, training, skills and experience

- All staff had recently completed training the provider considered 'mandatory'. This included for example; understanding dementia, pressure area care, falls prevention, positive behaviour support and moving and handling. Staff gave positive feedback about the training. One staff member told us they had not previously fully understood the requirements of the General Data Protection Regulation (GDPR). Since the training on this subject they had changed their practice to make sure they were "Doing everything properly."
- New staff undertook an induction. One staff member said, "I had a full induction by the registered manager. I was shown around, shown fire procedures and introduced to everyone. I had to shadow someone for a few days. Within the first week someone came in to do the moving and handling training and I did a lot of e-learning online."
- Supervisions had recently been re-introduced, these included checking staff knowledge relating to the COVID-19 pandemic. Staff felt valued and supported by the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people had been identified as nutritionally at risk, care plans and risk assessments provided adequate guidance to staff to ensure people ate and drank enough.
- People's likes, dislikes and dietary preferences were detailed in their care plans. We received positive feedback about the food. One person said, "The food is hot, staff serve it up quickly. You have a choice of two mains, if you don't want that you can have a jacket potato." A staff member told us a new menu had been introduced. Two menu items had been changed following people's feedback.
- Advice from dietitians and speech and language therapists was reflected in people's care plans and risk assessments. People chose where they wished to eat their meals and were supported by staff that knew their food preferences and dietary requirements. People were offered regular drinks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support;

- The service worked alongside local community and medical services to support people to remain healthy and safe. Records showed when people's health deteriorated, prompt contact was made with health professionals.
- Relatives told us they were confident healthcare advice and support would be sought when needed. One relative told us the service had co-ordinated a referral to a physiotherapist. This had resulted in an

improvement in the persons mobility, and consequently a reduction in falls.

- Staff were informed about changes to people's needs during handovers between each changeover in staff. These helped staff to prioritise and plan how to support people and to ensure their health needs were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

We last inspected this key question in 2019 and rated it good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind, caring and compassionate support from staff that knew their likes, dislikes and preferences. One relative said during a recent visit, "[Staff member] was very caring making sure [relative] had everything they needed and was ok."
- The provider had policies in place which supported anti-discriminatory practices and staff undertook equality and diversity training. This meant people who are protected under the Equality Act 2010 were able to access care that met their needs.
- Faith leaders accessed the home in line with the service COVID-19 protocols.

Supporting people to express their views and be involved in making decisions about their care

- We observed staff offering people choices throughout the inspection and respecting their decisions. There was a relaxed atmosphere throughout the inspection.
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. Whilst no one was supported by an advocate, some people had a Lasting Power of Attorney (LPA) in place. This is someone that acts in the persons best interests when making decisions on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's bedroom doors and seeking permission to enter. Staff spoke to people politely and referred to people by their chosen name.
- Staff had received positive behaviour support training. Records showed staff noticed when people were in discomfort or distress and took prompt action to provide care and support.
- People's independence was promoted. Care plans instructed staff how to support people to maintain their independence.
- Staff recognised the importance of confidentiality and had recently undertaken General Data Protection Regulation (GDPR) training. Care records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's need.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

At the last inspection, people did not receive personalised care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider was recruiting an activities co-ordinator, to collate more information about people's hobbies and interests to further personalise activities available to people.
- Staff told us they had time to read people's care plans and to provide personalised care as there were more than enough staff to spend time with people. One member of staff told us, "You are not rushed off your feet, so get time to read care plans and risk assessments."
- Some people liked to access group activities, other people liked to remain in their bedrooms with staff company. One staff member said, "People used to sit watching TV. The management have introduced activities and make sure we have one to one time with people. [Name] doesn't come out of their room. We are encouraged to spend time with them."
- People were supported to go on trips if they wished. One relative said, "A couple of weeks ago staff came round to see if [name] would want to see the Christmas lights in town."
- Relationships between family and friends were fostered, we saw visitors attend during our inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans had been recently updated. They reflected people's likes, dislikes, hobbies and interests and how staff could best support them. The registered manager told us, they planned to seek more information about people's histories, preferences and wishes to further enhance people's care plans and the activities provided. One relative told us how they were involved in the pre-assessment with the registered manager and said, "We had a chat about what [relative] is like and their needs. We talked about care plans."
- A new call bell system had been installed. People's individual needs had been assessed to ensure they were able to request staff support as needed. Some people used a call bell, others had neck pendants and some people had sensors to alert staff to their movements. Audits of call bell times evidenced people did not need to wait long for staff support when this was requested. One person said, "Staff come quickly day and night."
- People were supported by a consistent team of staff that knew them well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people. Records showed staff had used a picture board to support a person to communicate their needs when they were distressed.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints. There had been no complaints since the last inspection. We saw a compliment that said, 'Thank you for looking after my relative during respite. [Relative] cannot praise you all enough, you always make them feel so welcome and comfortable and we can go on holiday knowing they are so well looked after.'
- People and relatives told us they knew who to speak to if they had any concerns and were confident concerns they raised would be addressed. One relative said of the registered manager, "They are very approachable. I wouldn't have any hesitation to report concerns." Another relative said, "If I complained to [registered manager] she would do something about it as she is that type. She is on top of things, I haven't needed to complain."

End of life care and support

- People's preferences and wishes for support upon reaching the end of their lives was detailed in their care plans where they wished to share these with the service.
- 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders and ReSPECT forms detailing recommendations about emergency treatment, were easily located in people's care records. This meant staff were able to promptly provide these to healthcare professionals in event of a person's health deteriorating or a medical emergency.
- People were supported to remain at the service at the end of their life if this was their wish. Staff had received end of life care training.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection, the service was not well-led and the registered persons had no oversight of how the service was being managed. Processes and systems were not robust, or in place to identify areas that needed improvement, and to affect change to improve the quality of care people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection, there had been a change in the management of the service. There was a new nominated individual, who was also the new registered manager. They had worked hard to make substantial improvements to the service.
- New policies, procedures and quality assurance systems and processes had been implemented.
- Quality assurance systems and processes enabled the registered manager to monitor the safety and quality of the service. Audits undertaken by the registered manager identified areas for improvement. Action had either been taken to address these or was planned. Audits had not identified gaps in the completion of cleaning schedules at weekends. However, we reviewed rota's and were assured cleaning had taken place. We discussed this with the registered manager who took immediate action to address this recording issue.
- The registered manager had a comprehensive knowledge of government guidance relating to the COVID-19 pandemic and the regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications. The service was compliant in these areas. The registered manager shared their knowledge with staff.
- Staff were clear about their roles and responsibilities and felt listened to, valued and supported. Daily walkarounds and spot checks were undertaken by the registered manager to ensure staff were delivering care as planned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys to collate feedback from people, relatives and staff were planned.
- Feedback about communication with the service was mostly positive. One relative said, "They do call me if [name] has a fall, they tend to call within an hour."

- People's feedback on their care experience was sought during resident meetings. These were held monthly and were used to inform people about planned improvements and to seek people's feedback on their care experience.
- Regular staff meetings took place and were well attended. These were used to discuss topics such as, safeguarding concerns, GDPR, COVID-19, lessons learned and any changes. Records showed and staff told us, that at a recent meeting they had been reminded of the requirement to ensure professional visitors did not enter the service without providing proof they had received at least two approved COVID-19 vaccinations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All staff had positively engaged in the new training programme. Staff were empowered by the registered manager to develop their skills and abilities to improve people's experience of receiving care. Staff told us training had improved the quality of care they provided to people.
- The registered manager was passionate about providing person centred care. Shift patterns had been changed since the last inspection. The time of staff starting work in the morning had been delayed by half an hour, so people were not disturbed from their sleep early. Staff start times had also been staggered as some people liked to have a lie in.
- We found there was a friendly and open culture at the service. Staff understood the need to treat people as individuals and respect their wishes; they enjoyed spending time with people and knew about their hobbies and interests.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Continuous learning and improving care

- The registered manager was committed to improve the environment and the care people received at Bethel/Bethesda Residential Home. Significant improvements had been made to the environment since the last inspection to ensure it was safe and to meet people's needs. A service improvement plan detailed further planned changes to the environment and timeframes. One person said, "The managers have done a lot of work in terms of the environment. They have done all the flooring [this side]. They are not little jobs and all for the good of the home."
- We received positive feedback from relatives about the improvements made. One relative said since the last inspection, "There are a lot more rules and regulations now and they are doing all the right things. Before the new management came in you didn't have to wear a mask. With the new management everyone must wear masks and PPE, visitors must wear PPE and do a lateral flow test before visiting. It is absolutely a good thing to keep people safe. I didn't realise how bad it was until [registered manager] came in, it has improved such a lot in all areas."
- Staff were positive about the improvements and proud of their achievements since the last inspection. They were excited about the further planned improvements. One staff member said, "All the changes are for the better, they are what we have wanted and needed for a long time, it is a lot safer."
- Other improvements were planned such as the recruitment of an activities co-ordinator, development of a sensory garden, remodelling of the kitchen area and the layout of the service.

Working in partnership with others

- The provider and registered manager worked closely with local commissioners and the safeguarding authority to ensure the service developed and people remained safe.
- We saw positive feedback from a visiting professional regarding staff members approach to supporting a person that was reluctant to have their care needs met. They advised staff to continue as they were as they were doing everything they would recommend.