Pilgrims' Friend Society

Bethany Christian Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bethany Christian Home is a residential care home which provides care and accommodation for up to 26 older people, some of whom are living with dementia. At the time of the inspection there were 22 people living at the service.

This inspection took place on 4 March 2018. The inspection was unannounced. The last inspection took place on 29 and 30 July 2015, the service was rated Good with the "Caring" domain as Outstanding. At this inspection we found the overall rating remained "Good" with the Caring as Outstanding.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Exceptional feedback from people and their relatives told us staff were dedicated, caring, kind and went the extra mile. Staff demonstrated compassion for people through their conversations and interactions to make sure they mattered. They did special things which made people feel valued. Feedback about the caring nature and acts of kindness continued to be excellent. People told us their privacy and dignity was promoted and those who were able, were actively involved in making choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

The leadership at the service was very good. The team at Bethany Christian Home was well led by the registered manager and provider who enabled safe, responsive, effective and high quality care. There were robust quality assurance systems in place to help assess the ongoing quality of the service, and to help identify any areas which might require improvement. Complaints were listened to and incidents were learned from to ensure ongoing improvement. The registered manager and provider promoted the ethos of honesty and admitted when things had gone wrong. The service kept abreast of changes to maintain quality care and was constantly striving to improve.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process. This helped to ensure the care being provided met people's individual needs and preferences. Support plans and care were personalised and guided staff to help people in the way they liked.

Risks associated with people's care and living environment were effectively managed to ensure people's freedom was promoted. People were supported by consistent staff to help meet their needs in the way they preferred. People's independence was encouraged and staff helped people feel valued. The registered manager and provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. People's medicines were safely managed and given to them

on time.

People received care from staff who had undertaken training to be able to meet their unique needs. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

Policies and procedures across the service were being developed to ensure information was given to people in accessible formats when required. People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and information for people with cognitive difficulties and information about the service was available in larger print for those people with visual impairments.

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.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Good

The service was effective. People received support from staff that knew them well and had the knowledge and skills to meet their needs.

People were supported by staff that had the opportunity to reflect on practice and develop.

People's human rights were protected. Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People's eating and drinking needs were known and supported.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People and their relatives were at the heart of the service. Feedback was very positive about the service and the way staff treated the people they supported.

People mattered. Staff went beyond expectations, providing kind

and compassionate care, respect and dignity.

People independence and well-being was encouraged. People's spiritual, emotional and physical needs were met.

People were supported in their decisions and given information and explanations in an accessible format if required.

Is the service responsive?

Good

The service was responsive.

People were thoroughly assessed to ensure the service could meet their needs. Equality and diversity was respected and people's individuality supported.

People received personalised care and support, which was responsive to their changing needs. Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People were involved in the planning of their care and their views and wishes were listened to and acted on. People's end of life preferences were known and followed.

People knew how to make a complaint and raise any concerns. Complaints were thoroughly investigated and learned from. People had no concerns.

Is the service well-led?

Good

The service was very well led.

There was a positive, supportive culture in the service.

The provider and registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team and underpinned policies and practice.

People and those important to them were involved in discussions about the service and their views were valued and led to improvements.

Staff were motivated and inspired to develop and provide quality care. They felt listened to.

Quality assurance systems drove improvement and raised standards of care.

Bethany Christian Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Bethany Christian Home is a residential care home and accommodates a maximum of 26 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided, and both were looked at during the inspection.

The inspection was planned as a routine comprehensive inspection. Prior to the inspection we contacted the local authority for feedback who gave positive reports about the leadership and service people received. This inspection took place on 4 March 2018. The inspection was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had knowledge of dementia care.

Before our inspection we reviewed the information we held about the service and contacted the local authority commissioners. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.
We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed people, relatives, staff and professional feedback during the inspection and comments left by people and relatives on a care home reviews website. We spoke with the registered manager, the deputy manager and 6 staff during the inspection.

We looked at 6 records which related to people's individual care needs. We discussed staff recruitment processes with the registered manager, reviewed staff training and looked at the quality assurance

processes used to review the quality of the care provided. We discussed complaints, safeguarding and incidents which had occurred within the home over the past 12 months, with the registered manager. We also reviewed policies and procedures, and the complaints process. We received 2 questionnaires from relatives about people's care following the inspection.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People and relatives said the service was safe.

The systems, process and practices at Bethany Christian Home enabled people to remain safe. A health professional commented, "The patients that I see always have kind reports about the environment and the staff, saying they feel secure safe and happy." People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place with local reporting procedures which staff were aware of. Incidents of a safeguarding nature were recorded and analysed for trends and learning.

Policies and regular feedback from people using the service helped confirm people were protected from discrimination and ensured all people were treated equally. Staff confirmed they had undergone training in this area, knew how to safeguard people and care for their property and belongings. Refresher training was also planned for staff so they remained up to date with best practice. Staff all confirmed they would not hesitate to raise any concerns. People's comments included,

People's money was kept securely. Some staff supported people to manage their money, buy their shopping and go on outings. Where staff handled people's money, clear processes were in place and receipts of expenditure kept. The registered manager was aware of who had the ability to make their own financial decisions and who had others in place to support decisions regarding their expenditure.

People were supported by staff that were safely recruited. Checks on new staff were undertaken to ensure staff were safe to work with vulnerable people. Recruitment processes such as interviews helped the registered manager check the values and caring attitude of new staff.

People were kept safe by sufficient numbers of staff. Staff interacted with people in a calm, unhurried way. In addition to care staff, there was an activities staff member, kitchen staff, cleaning staff and a maintenance officer to support the safe running of the service. The staff team worked flexibly to provide cover for sickness and unforeseen events; this helped to provide continuity for people.

People were supported by staff who managed risk effectively. People's safety was discussed in staff meetings and regular handovers. There were systems in place to report accidents such as trips and falls and analyse these for prevention purposes and learning. Prompt action was always taken to reduce the likelihood of a reoccurrence if possible, for example by considering liaising with people's GP, using falls prevention equipment and where required additional staff or increased observation to support people's mobility.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. Staff gave examples of how they supported

people to manage their own mobility as far as possible but being mindful of potential risks and ready to step in and support as required.

People had documentation and processes in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified for. Since the previous inspection these were now held electronically. Care plans were person- centred and developed to mitigate identified risks for example in relation to skin care, falls or nutritional needs. Where people had additional risks in relation to behaviours the service worked closely with professionals to provide safe care.

People were safely supported with their medicines if they required, and people had care plans in place which detailed the medicine they were prescribed. Staff who were responsible for administering medicines received training and their competency was checked to ensure they were safe and followed the provider's medicine policy.

Staff confirmed they understood the importance of safe administration and management of medicines. Staff confirmed checks occurred each day to ensure people had received all of their medicines. Thorough records were in place in relation to specific medications, for example body maps were used to identify where pain relief patches had been applied. The PIR which was submitted by the registered manager advised, "Medicines managed safely; following the company policy including local addendum; reporting, recording and acting on all errors."

People were protected from the risk of infection. The home looked clean and smelled fresh. People told us staff took the necessary precautions when undertaking personal care, for example wearing protective clothing such as gloves and aprons. During periods of sickness at the service, staff maintained infection control processes, visitors were requested to avoid the service and deep cleans had occurred. One person told us, "It's a very calm and very clean place. They're always out with the vac. I get fresh towels every day and my bathrooms cleaned twice a week".

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Accidents and incidents were analysed by the registered manager for any learning and to prevent a reoccurrence.

Robust fire checks and procedures were in place. Personal evacuation plans detailed how people were to be safely evacuated if necessary and a contingency plan was in place in the event of a serious fire. Staff had also received training in other emergency scenarios such as severe weather and a disruption to utilities.

Regular health and safety audits and environmental ensured continual improvement for example, newly painted dining areas were seen and a new garden seating area. Bedrooms were refurbished when they were vacated. The home was well maintained by the maintenance person and external contractors where required to ensure electrical, gas and water checks were completed as required.

Good

Is the service effective?

Our findings

The service continues to provide effective care.

When staff joined the organisation they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of their induction. The registered manager advised the induction and shadowing was flexible dependent upon staff need and continued until new staff felt confident with people.

People were supported by staff that were trained to meet their needs. Staff underwent training on essential subjects such as moving and handling, first aid and safeguarding as well as training that was specific to the people they supported, for example diabetes care. Staff had found this training particularly beneficial. All staff confirmed the training was good and they were encouraged to complete nationally accredited qualifications. Some staff had completed training to be "champions" in certain areas, for example there was a "health and well-being" champion. Staff shared how this role had enhanced care for people and given them a better awareness of nutrition and falls management.

Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff were invited to come into the office regularly and senior staff and the registered manager confirmed an "open door" policy. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. The PIR confirmed this, "New care staff complete Care Certificate. Staff receive appraisal, supervision, return to work after sickness meetings and attend staff meeting which run at least quarterly."

The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

The registered manager had a good understanding of the processes required to ensure decisions were made in the best interests of people. Throughout the inspection we heard staff regularly seeking people's consent to care and providing explanations for interventions. Staff were able to demonstrate that they understood the issues surrounding consent and how they would support people who lacked the capacity to make specific decisions. For example, they said they would give people alternatives so they could make a choice. Another member of staff said "always assume people have capacity." Care records showed where care was being given in people's best interests and where other's had the legal authority to make decisions on a person's behalf. Where more complex decision making was required multi-disciplinary discussions were held for example if someone needed a service more suited to their needs. Independent Mental

Capacity Advocates (IMCAs) were available to support people's decision making where required.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. The management team understood when to apply to the supervisory body to protect people's human rights.

People's nutritional needs were met with frequent meals, snacks and drinks offered and available throughout the day. One person told us, "I've never had so many cups of tea in bed before in my life". Resident meetings encouraged people's involvement and choice with the menu and the registered manager monitored the quality of food. Mealtimes were unhurried and people could choose to eat in the newly decorated dining area, or where they wished. Great effort was made to ensure the tables were presented well. The PIR we reviewed told us, "Residents have choice of food and involved in menu planning. Those at risk of malnutrition/dehydration (identified using the MUST tool) were supported as per Nutrition policy and regularly monitored. As needed, drinks/meals are fortified. We liaise with people's GP/dietician where needed - nutritional supplements are prescribed as needed." Feedback from people was positive regarding the food.

People's care plans provided details to help staff know what people's nutritional likes and dislikes were and highlighted any people who required support with their health needs or weight. For example staff explained people at risk of weight loss had staff support, frequent, small meals offered and snacks to encourage their appetite. Staff gave examples of how they had supported people who had special dietary requirements, for example those needing a low fat diet or people who had diabetes recognising people's choice to make their own decisions. Staff knew who required their food and fluid intake to be monitored and when they needed to encourage people to eat and drink.

People were protected by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. Professional feedback we reviewed included, "They do a great job." Staff gave examples of those with continence needs or whose mental health had deteriorated and recognised when further external professional support was required.

Changes in people's health were communicated to staff via regular handovers so staff were aware. If staff noted a change we observed them seeking the advice and support of the senior care staff.

Bethany Christian Home had been adapted to provide a safe and accessible environment for people to mobilise. Handrails were available for people to move around the corridors safely. Since the previous inspection the dining area had been refurbished to improve the mealtime experience for people. The secure garden now had a new seating area. There were several communal areas of the service where people could have privacy with visitors. The PIR discussed the future changes which would benefit people, "The re development of the indoor garden taking into account those who have disability and/or dementia needs. Plans to re furbish the 1st floor bathroom are in progress and ongoing upgrading of the décor in the home."

The provider had looked at how technology could improve people's service. Internet connection was available for people to connect with family who lived away. A new computerised care planning system meant staff intervention with people was recorded as it occurred.

Outstanding ☆

Is the service caring?

Our findings

The service continued to offer outstanding care. The vision statement at Bethany described their goals, one of which was, "…Bethany being a home where residents feel that they are amongst a compassionate family. Residents will feel valued as individuals, have a sense of purpose in their lives and enjoy their care being of a high standard. For those at End of Life, Bethany will be a Haven before Heaven."

People shared with us, "There is a wonderful atmosphere here, I feel calm and happy, This is the calmest place I've known"; "Staff are ever so kind. It's a proper home from home." People felt like they mattered, "I felt lonely at first, but carers always have time for me. I call the carers my family; we always have a laugh and a joke. We're very lucky to have the staff we have". Relatives told us, "The girls look after her, I can't think of a single thing they could do better." An internet review said, "A lovely caring home for the elderly with an uncompromising Christian ethos."

People's views about their care, hopes and dreams were sought through regular contact with staff and residents' meetings. Where possible staff helped make these dreams come true. We were given one example where a terminally ill gentleman wanted to take his wife to a restaurant for her birthday. Staff arranged and improvised a special restaurant meal in the main lounge with special pictures of the couple, and singing. The gentleman was dressed in his best clothes and staff acted as waiters. The person's wife was so happy when everything came together and it was a great success. The registered manager told us they believe making this happen for him gave him confidence his wife would be well cared for after he passed away. Another example was when a person wanted to visit a garden centre. This was arranged for them much to their delight. Where people's dreams were not possible due to their health, staff thought creatively, for example on person wanted to see the sea so a special seaside box was created for them as they were too unwell to travel to the coast.

The registered manager told us the caring, considerate nature of staff was monitored closely through spot checks, feedback and supervision with staff. This helped ensure compassion, kindness, dignity and respect. One person shared how a staff member had bought her a box set of paints as she knew she was interested in painting. Another shared a special birthday at Bethany, "For my birthday I invited 10 people to come and I got cake and we all sat in the lounge with the other residents singing songs. [X] was playing the piano". Thoughtfulness was a trait people told us about throughout the inspection, "[X] likes to paint and had mentioned that she likes silk screen painting to [X] who organises the activities. Two weeks later silk screen painting appeared as an option on the activity sheet". One person's dream was to go to Canada but due to their health this would not be possible so staff arranged a special Canadian thanksgiving meal at the service which brought her much joy.

People and relatives all told us staff put them at the heart of care and placed great value on relationships. All staff were trained in "mattering and emotional intelligence". Research indicates this is the key to high quality care. One person said, "I knew this place was for me as soon as I came through the front door. Staff are exceptional". A visitor whose husband had been cared for at the service but now passed away told us, "It's a lovely place and I love coming her to see all these lovely ladies and the lovely carers too."

Staff spoke of people in a caring, thoughtful way. Staff told us how much they enjoyed their jobs and the people they cared for. Good relationships with people had been built up over time, people were encouraged to express their views and contribute to their care. The registered manager told us, "Staff morale is good. All staff are encouraged to help and appreciate each other. There is a board in the office where staff can leave a star with a note of thanks for colleagues. The board is well used and staff appear to be very committed to showing their appreciation of each other. The registered manager made a point of thanking staff for acts of kindness with small token gifts and cards which made staff feel valued. They shared, "Many of them go beyond what the job requires. Examples of this include; time to take residents out, staying after shifts to support the team where there is sickness, visiting residents in hospital and attending funerals to help support bereaved relatives."

Staff ensured people were supported and cared for as they would their own family. Staffing levels were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. The values of the organisation ensured the staff team were compassionate, respectful and empathetic and this was evidenced through our conversations with staff and people's descriptions of the care they received. One staff member said, "It is wonderful here and I couldn't see myself working anywhere else". People were involved in decisions about their care and who and how that was provided. The PIR told us, "Residents involved in the recruitment process" and, "Residents choose their own key workers." This meant these important relationships were with staff they liked and trusted.

Reviews we read all rated the caring nature of the service highly. Many shared how the service met not only their health needs but also their spiritual needs, "I like to follow my faith and I am able to do it here". During the inspection people attended a devotion being held at the service. We also saw missionary talks were held. People told us their spiritual welfare was seen as important as their emotional and physical welfare. They told us there was active involvement from local churches, services, prayer meetings, bible studies and communion services.

People's social interests and preferences were recorded and known by staff for example those who liked particular routines, for example their alarm set at a certain time in the morning and their bed made first before anything else. Cleaning staff knew people well and would chat with them about their interests whilst tidying their room. People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People and their relatives were encouraged to express their views and be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place. Care plans could be presented in an accessible format to enable those with sight difficulties to read them, for example larger print or braille if required. The accessible information standard was incorporated in to people's care (The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.)

Staff understood the need for confidentiality, the safe storage of people's records, and knew not to share information without people's consent or unnecessarily. Staff were trained in Equality and Diversity and ensured they considered people's needs. For example one person who was registered blind needed their room items left in the same place, staff all knew this and ensured this happened so the person could maintain their independence.

Good

Is the service responsive?

Our findings

The service continued to provide responsive care to meet people's needs.

People and relatives confirmed they and professionals were involved in care planning and informed of any changes promptly. People confirmed changes in health were noted and quickly responded to.

The registered manager advised referrals came through word of mouth and through the local authority system. The service undertook their own assessment of people's strengths and needs. These included assessments of people's skin care and nutritional needs, level of dependency and pain and depression assessment tools if required. Comprehensive, individualised care plans were being developed on a new computerised system. If people had protected characteristics under the Equality Act the registered manager assured us the provider's policies ensured people were treated equally and fairly. The assessment process also helped to identify when staff required further training before they were able to support people. If people were coming home from hospital, the service ensured all the necessary equipment was also in place to support a safe transition.

People had support plans in place which were individualised and encouraged choice for example staff knew who liked their hair done in a particular way and who liked to wear their beads. Staff knew this person's grandchild called them, "Granny beads." The PIR told us how a culture of individualised care was created, "Staff taught during induction about Person Centred Care including; respectful and compassionate behaviour, equality and diversity, caring for those important to residents, viewing the residents as being top priority and about emotional intelligence." Residents and or their families/advocates were proactively involved in putting their care plans together. Care plans provided clear guidance and direction for staff about how to meet a person's needs, their likes and dislike and routines. Support plans included information for staff about how to communicate with people if they had cognitive difficulties, had sight difficulties or hearing needs. People's care plans were written using their preferred name. People's care records were reviewed with them regularly and where appropriate, those who mattered to them and staff who knew people well were also involved. Care plans were located on the computer but could be easily printed out for people who wished to have a copy, or if people were moving to a different service or going to hospital.

Staff shared examples of personalised care they provided. For example, staff were aware of people who had a gender preference for personal care, those who preferred their own company and people who had particular areas of the home they preferred to relax in. Bedrooms were personalised with people's belongings and the things which mattered to them. Staff knew those who had sight difficulties and needed their items in a particular set place so they could find them.

Bethany Christian Home prided themselves on the end of life care people received. They worked hard to ensure people who wished to remain at the home during their final days were able to, comfortable and pain free. Staff had attended training on end of life care with the local hospice and regularly attended meetings to ensure their practice remained up to date. The PIR told us, "End of Life care is provided for and

equipment provided by the home and community team. The home has received an award for validation in End of Life Care from St Luke's Hospice" and, "Advance Care plans are used to record residents' End of Life Wishes. The home has designed explanatory leaflets to go with these. Treatment Escalation Plans (TEPS – these describe whether people wish to be resuscitated and have lifesaving treatment) forms are used. Staff work with the Community Nurses and GPs providing best practice End of Life Care for residents. This includes privacy, comfort and dignity, and any equipment provided." Staff had received training in End of Life Care through the local hospice.This meant staff were skilled at delivering compassionate care in people's last days. People's last wishes were known and recorded for example, details of flower preferences, funeral directors and solicitors. Staff had good working relationships with doctors and nurses to ensure people who might require pain relief had this promptly. Staff supported people who did not have family, and family members of other people were made welcome at the home and provided with food and comfort for as long as required. One thank you letter said, "Thank you for the wonderful care he received, love shown in so many ways; he said moving here was the best decision he had ever made." Following people's death staff were often invited to people's funeral and staff always attended. The registered manager and senior staff arranged support to enable staff to reflect on people's passing and provide comfort for one another.

There was a system in place for receiving and investigating concerns and complaints. Information about how to raise a complaint was visible in the entrance hall and the complaints policy was available in the office. We reviewed and discussed the complaints received in the past 12 months with the registered manager. These had been appropriately investigated and responded to. People, who were able, told us they had no concerns or complaints and if they did were confident the registered manager office would resolve these. If people using the service or their families required the complaints policy in an accessible format, this would be arranged by the registered manager. We reviewed and discussed two complaints with the registered manager and they shared how this has improved aspects of the service. They explained, "One complaint that remained unresolved for a time was to do with one relative complaining about food. The manager's initial responses did not resolve the situation (arranging for the cook to meet with the residents relative weekly to offer alternatives and continuing to discuss food at residents meetings where they consistently gave good feedback).This culminated in a written complaint about food and a service Quality Assurance Questionnaire that showed the overall result as "good" with an overall score which indicated further improvement would enhance the quality of service for residents. In consultation with the residents, the menus were given a complete overhaul with particular focus on nutrition and presentation. The informal feedback from this, including from the complainant is positive. Complaints are looked at in Staff meetings, using a work shop format to look at strategies to improve the service delivery. Feedback from complaints (e.g. customer service) is also used to identify training needs for staff both individually and as a staff group. Issues had been raised about the laundry service in residents meetings and this service was completely overhauled; employing specific staff to work in the laundry. The feedback in a residents meeting was positive and viewed to have shown significant improvement."

Bethany Christian Home employed an activities co-ordinator. The PIR confirmed the value placed upon social engagement, "Activities in home have been developed to promote a sense of community and belonging and cater for individuals who prefer not to mix. Activities held outside when weather permits and that is what residents wish." Further information included, "An annual "Hopes and Dreams" event is held, residents have the opportunity to state what they would like to do and staff endeavour to either help them do this, or facilitate a meaningful activity which relates to this. Staff have put together themed "treasure boxes" containing items of beauty and interest from the seaside and woodland; particularly beneficial for bedbound residents. Volunteer pastoral visitors to the home give special focus to residents who have few visitors". Bethany Christian home had a Christian ethos with local pastors, speakers and volunteers visiting the service to deliver talks and devotions to meet people's spiritual needs.

Good

Is the service well-led?

Our findings

The service was very well-led. The vision for 2018 had been developed with the involvement of people, staff and the management team. We read, "Our day to day priorities are that we lead our team to work to the highest standards of person centred care, responding to people's needs and treating people with compassion, kindness, dignity and respect so that: we keep our residents safe; achieve good outcomes for our residents; evidence that the quality of our care and services is high. We do all of this in the context of a plan that identifies what we can do and want to explore over the longer term to help us do even better for our residents."

People, relative and professional feedback was exceptional across all aspects of service delivery, "[X] is an excellent manager. When the lift broke down [X] arranged stair walkers for all of us not able to use a stair lift. She also rearranged the lounge so that people could continue to live life whilst the new lift was being fitted"; "The three teams here, management, carers and housekeeping work very well together" and "[X] (The registered manager) is a strong character but has a gentle soul. When she is working there is a feel of the boss being on shift."

The registered manager told us about improvements made since the last inspection which included, "We have further enhanced person centred care, promoting people's rights and reviews are more frequent. We've invested in the environment and garden. Medicine management processes are more robust, the menus, meal presentation and dining areas have been improved and supervision and appraisal processes more thorough" and "The team is stronger, even more meaningful experiences for people."

A healthcare professional noted, "I have recommended your home on many occasions to others. I feel your staff always have the information, give time to discuss issues and follow any advice we have given." People and relatives told us there was a strong, visible, person centred culture at the service. Staff told us their views, "We fulfil people's lives to the fullest in the time they are with us." New staff shared their experience of the leadership, "The manager and deputy are very supportive" and "I was given lots of reassurance which gave me the confidence to do my job well".

The registered manager was supported by a Head Office team. The operations manager visited at least four times a year, Human Resource (HR) advice and support was available from HR Director for example if assistance with recruitment was required. The registered manager attended the provider's annual conferences and additional headquarter training days which supported ongoing development. Spot audits and visit from senior management, operations managers and the Chief Executive were also conducted to ensure a high standard across the service. There were systems of accountability within the company for example, audits, quality assurance, collating of monthly statistics and sending to Head Quarters. These were reviewed, action plans put in place where required and ensured responsibilities were clear.

Quality Assurance Processes had been enhanced by the Operations Managers auditing the service in addition to the checks conducted by the registered manager. The registered managers within the company now carried out peer reviews and audits of other homes to offer a fresh perspective. The registered

manager's appraisal had been enhanced by the introduction of the DiSC system (personality profile) that analyses the leadership styles of individual managers. This had led to a personal development plan for the registered manager to enhance their leadership skills. Results from this analysis will also lead to organisational development plans with regard to training needs company wide. This will support the provider to offer support and develop leadership skills where required, and utilise the strengths of the registered manager.

We reviewed the 2018 Bethany vision plan which included investment in the service, people, staff and environment. The plan looked at making systems more efficient whilst not compromising on care, for example enhanced training for staff to benefit the direct care people received. Increasing people's spiritual needs through recruitment of more volunteers was also important for the service as many chose the home for that reason. The PIR advised, "We will train, develop and recruit volunteers by, "Good working relationships with the Churches Together group and the lead of Chaplains of care homes; Investigating other Church networks within Plymouth and surrounding areas e.g. Churches Together in Plympton. We will host the local Care Homes Chaplaincy group (a group of Christian volunteers who support local care homes with pastoral support) and explore possible interest from churches in having representatives from Bethany share at small meetings about their work e.g. coffee mornings, older people's meeting groups etc."

People's views were actively sought to ensure the service was run in the way they would like it to be. People and relatives were sent quality assurance questionnaires, the results of which were audited in order to drive continuous improvement of the service. Results we reviewed were very positive.

The registered manager had robust systems in place to monitor the quality of care. For example they shared, "The previous months audits looked at including incidents, medication errors, concerns, compliments and areas of notable good practice. The aims of these sessions are to keep working practices that are working well and work together to make improvements where needed. A problem solving approach is used. It is also an opportunity for Seniors to develop their leadership skills."

The service aimed for quality. The service was striving to enhance the care and quality of the service for example, "There are champions in the care team for End of Life Care, Dementia, Practical Finesse and Health and Well-being." The registered manager shared, "Where areas for development are noted in the home (for example there was an increase in medication errors) experts are consulted such as Medicines Optimisation team. Recommendations to changes of systems and processes were made as recommended. The home makes good use of available resources to improve standards e.g. Training material from Medicines Optimisation teams and resources for the Age UK "My Home Life" website. The home strives for continuous improvement and a commitment to best practice standards. The leadership in the home recognises the importance of not "standing still" but always seeking to improve the service. This includes achieving the Dementia Quality Mark for 3 years running, as awarded by the Local Authority." The local authority commented on the quality of the portfolio submitted, ""The Panel loved your portfolio and you passed with flying colours. It's a folder they would love to use in future as a best practice example"."

CQC registration and regulations requirements were understood by the management team. The registered manager kept up to date with ongoing training and communicated changes to staff through staff meetings and one to ones. People and staff felt involved and engaged, they felt able to question practice and feedback areas of improvement for example they told us when they had asked for improvements in the dining area this had been actioned. Every minor concern was documented and these were observed for trends. Changes made following complaints had enhanced the laundry service and feedback about food. The next quality assurance survey would indicate if these areas now scored higher, but initial feedback had been very positive with one person telling us, "Even since I've been here the food and the presentation have

got better."

Staff had confidence in the leadership team. The provider and registered manager were open, transparent and person-centred. We were told by the registered manager the focus of the service was to ensure people came first and received good outcomes. People and staff told us they knew the seniors and who the manager was. The positive, person-centred values which underpinned the organisation were part of staff handbooks on induction, the delivery of staff meetings and resident meetings and evident in all aspects of service delivery we observed.

The registered manager had completed the local authority leadership course. They told us the networking with other managers across the city and sharing of ideas had been helpful. Staff were given the opportunity to share feedback and ideas in staff meetings, in one to ones with the management team and informally. Staff told us they felt supported by the management team, respected and listened to.

The service encouraged staff to provide quality care and support. We observed the management team role model the organisation's values. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff were encouraged to develop themselves to enhance care for example through additional training and "Champion" roles. The staff team were supported by the management team to care for one another and kind gestures made the team feel valued for example, compliments received were published for all staff to see with notes of thanks. Team and personal achievements celebrated; special cake at coffee time, a meal out, chocolates, team events such as the Christmas meal and bring and share meal for day and night staff.

The registered manager worked in partnership with other agencies when required, for example primary healthcare service, the local hospital, the local hospice, pharmacy and social workers. The registered manager and senior staff attended forums where best practice was discussed, for example the local dignity in care forum and the End of Life and dementia care networks. Community links were in place with churches and the service had enjoyed a visit from the Sunday school.

The registered manager and provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office. The provider's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager and provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.