Bethany Care Trust

Bethany

Inspection report

17A Pamber Heath Road
Tadley
Basingstoke
Hampshire
RG26 3TH

Tel: 01189701710

Date of inspection visit:
05 September 2016

Date of publication:
24 October 2016

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

This was an unannounced inspection which took place on 5 September 2016.

Bethany is registered to provide care (without nursing) for up to 37 older people. The provider is a charitable organisation which focuses on providing people with a home which meets their spiritual needs as well as their physical and emotional well-being. Some people may be living with dementia or other conditions associated with the ageing process. There were 30 people resident on the day of the visit. The building offers accommodation over three floors in 30 single and seven double rooms. The double rooms were used to accommodate married couples or as single rooms. The second and third floors were accessed via staircases or a lift. The shared areas within the service were spacious and met the needs and wishes of people who live in the home.

The service has a registered manager running the service. 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.

People were provided with exceptionally kind and compassionate care. Staff built very strong and caring relationships with people and their families and friends. People were treated with dignity and the greatest respect at all times. People's beliefs and lifestyle choices were totally respected by a staff team that was fully committed to giving people individual care in the way they chose. People were provided with excellent support to help them to maintain or enhance their independence. The service was extremely good at giving compassionate end of life care.

People, visitors to the service and staff were kept safe, whilst in the service. Risks were identified and managed to make sure that people and others were kept as safe as possible. Staff were provided with training in the safeguarding of vulnerable adults and health and safety. They were able to describe how they kept people safe and were committed to protecting people in their care.

People were provided with safe care which was supported by adequate numbers of appropriately trained and skilled staff being available at all times. The service's recruitment procedure ensured that as far as possible, all staff employed were suitable and safe to work with vulnerable people. People were given their medicines in the right amounts at the right times by staff who had been trained to carry out this task.

The management team and staff protected people's rights to make their own decisions and consent to their care. The staff team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. The service made DoLS applications to the appropriate authorities, as necessary.

People's health, well- being and spiritual needs were met by staff who were properly trained and supported to do so. People were assisted to make sure they received health and well-being care from appropriate professionals. Staff were trained in specific areas so they could effectively meet people's diverse and changing needs.

People benefitted from a very well-managed service. The registered manager and management team were described as very approachable. People views and comments were listened to and used as part of the quality assurance process. The service made sure they maintained and improved the quality of care provided.

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 felt very safe in the service.

Staff protected people from any type of abuse.

People were given their medicines safely.

There were enough staff to make sure people were cared for safely.

Staff were checked to make sure they were safe and suitable before they were allowed to work with people.

Is the service effective?

Good

The service was effective.

People were supported and cared for by staff who had been properly trained to meet their individual needs.

Staff helped people to take all the necessary action to stay as healthy, spiritually fulfilled and as and happy as possible.

Staff supported people to make decisions for themselves and choose their own lifestyle.

Is the service caring?

Outstanding

The service was caring.

People were treated with the utmost kindness, respect and dignity at all times. Staff always interacted positively and patiently with people.

People were encouraged and supported to stay as independent as they were able for as long as possible.

The home had a friendly and homely atmosphere where people and staff felt at ease.

Is the service responsive?

Good

The service was responsive.

People's needs were responded to quickly by the care staff. People felt they were listened to by the registered manager and staff team.

People were recognised as individuals and were supported and cared for in the way that they preferred and that suited them best.

People were provided with a variety of daily activities which they could participate in if they wished.

People knew how to make complaints about the service if they wanted to. They were confident these would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

The service kept very good and detailed records.

The trustees, registered manager and the management team were highly thought of by staff, people and visitors to the service.

The provider and registered manager checked the service was giving good care to people. They made changes to improve things, as appropriate.

Bethany

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.

This inspection took place on 5 September 2016. It was unannounced and carried out by one inspector.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included all information and reports received from health and social care professionals and others. We looked at the notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas of the home and used a method called 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 to us. On the day of the inspection visit we spoke with nine people who use the service, the deputy manager and four staff. We received feedback from, two professionals and two relatives after the inspection visit.

We looked at the records, including plans of care for six people who live in the service. In addition we looked at a sample of other records related to the running of the service. These included medicines administration record charts, the files of staff recruited in the previous 12 months, staff training records, duty rosters and records used to measure the quality and safety of care provided.

Good

Is the service safe?

Our findings

People told us they always felt safe in the home. One person said, "I feel very, very safe" and everyone else we spoke with agreed that they had absolutely no concerns about their safety. They told us they had never seen anything they were not comfortable with and had never seen or experienced any staff member behaving in a way that was not acceptable. A professional commented people were, "absolutely and always safe."

People were safeguarded from any form of abuse or harm. Care staff were trained in the protection of vulnerable adults. They fully understood their duties and responsibilities with regard to protecting people in their care. Staff were confident that any of the management team or board of trustees would take immediate action to protect people. The service had responded appropriately to a safeguarding incident reported in 2015. As a result of the incident actions had been taken to minimise any risk of recurrence. This included installing a new call bell system which measured the time it took for staff to respond, the length of time staff spent with people and the name of the staff member who answered the bell. This served to safeguard people and staff and provided unequivocal evidence for any investigation of concerns.

People, staff and visitors were kept safe, whilst in the home. Staff followed health and safety policies and procedures which had been up-dated in May 2016. For example, records were kept of the water temperatures of baths and showers prior to people being helped into them. Generic, safe working risk assessments were in place. These included pregnant employees and employing under 18 year olds. Maintenance checks to ensure the service was safe were conducted at the required intervals. These included fire prevention and portable electric equipment. The service had an emergency evacuation folder and plans in place to instruct staff how to deal with foreseeable emergencies. These included loss of supply of services such as electric, instructions for if the lift stopped between floors and gas leaks. The local authority environmental health officer visited the premises on 25 April 2016 and risk rated the health and safety of the service as satisfactory.

People benefitted from living in a clean and hygienic environment where they were protected from infection, as far as possible. The home was extremely clean and well presented with no offensive odours. Infection control policies and procedures, which staff followed, were in place. The service was awarded a rating of five (very good) by the environmental food safety standards agency on 25 April 2016.

The safety of people and staff was improved because the service learned from accidents. Accident reports were kept in people's care plans and a monthly audit of all accidents was conducted. Any patterns or repetitions noted were analysed and action was taken to minimise the risk of recurrence. Accident reports recorded what had happened and the immediate action taken. Whilst it was evident in procedures, reviews and care plans that action had been taken to reduce risks long term changes were not always clearly recorded in accident records. The deputy manager told us they would ensure accident records clearly noted or cross - referenced to this information, in the future.

People were kept safe because senior staff identified specific risks to individuals and completed detailed risk

assessments and risk management plans. Risk management plans were incorporated into care plans and advised staff how to provide care as safely as possible. The service used nationally recognised risk assessment tools for areas such as falls, nutrition and skin health. Risk assessments for specific issues such as falls were reviewed every two months, as a minimum. Each person had a personal emergency evacuation plan.

People were supported to take or given their medicines safely by staff who had been appropriately trained. The staff team administered medicines to the majority of people but three people took responsibility for their own medicines and others took partial responsibility. People's competency to fully or partially self - administer their medicines was checked every month. Staff competency to administer medicines was checked every year, as a minimum. People's medicines were stored in locked cabinets within a locked room. The temperature of the room was checked regularly and a fan kept the temperature at safe levels. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. Three medicine errors had been reported in the previous 12 months. These had caused no harm and all appropriate action had been taken to reduce the risk of repetition.

The service administered special medicines, on occasion. These were safely stored, administered and recorded. People were prescribed some medication to be taken as required (PRN). There was a generic PRN protocol in place but protocols had not been developed for individuals who were unable to clearly express their requirement for this type of medicine. The deputy manager undertook to review the need for individual PRN protocols.

People were supported by staff who were suitable and safe. The service had a robust recruitment procedure which made sure the necessary safety checks on prospective applicants were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms including full work histories were completed and interviews were held. Appropriate references were taken up and verified prior to candidates being offered a post.

There were enough staff on duty to make sure that people's needs could be met safely. There were a minimum of five staff on duty in the mornings, four in the afternoons and two awake during the night. A lifestyle and activity co-ordinator worked during the week from 10am until 7pm. Staffing records for the previous four weeks showed that staffing had not dropped below the levels stated. Care staff were supported by the registered manager, the deputy manager and a number of ancillary staff. Senior staff assessed the needs of people, on a daily basis and provided additional staff as required. For example if people required extra support because of illness or special activities. The registered manager and deputy worked alongside staff to boost staff numbers at short notice, if necessary. Staff told us there were always enough staff to meet people's needs safely. People told us there were always staff available if they needed help and call bells were answered, "very quickly."

The service used agency staff, very occasionally. People felt more comfortable with staff they knew. If agency staff were used it was generally on a longer term contract so they could get to know people. Most staffing shortfalls were covered by staff working additional hours, the management team working on the care rota and by bank staff.

Good

Is the service effective?

Our findings

People told us their health care needs were met by staff who made sure they called the GP or other professionals when people needed them. We saw that when staff identified a person was displaying symptoms of illness, they called the GP immediately and the GP visited in a timely way. A compliment received from a relative noted, "… we are very grateful in particular for the very prompt and timely actions that have been taken in all of the emergency situations when 'time had been of the essence'."

People were supported to stay as healthy as possible, for as long as possible. People's healthcare and well-being needs were clearly described in their care plans. They were able to access health care services and received ongoing support from external professionals. Visiting health professionals recorded their notes on people's records. Referrals to GPs, community psychiatric services, the continence team and other healthcare professionals were made in a timely way. The service worked with one GP surgery which was described by the deputy manager as very supportive to the service and responsive to people's individual health needs. The service organised hospital and specialist appointments and accompanied people to them, if relatives/friends were unable or it was inappropriate for them to do so. People were encouraged and supported to receive regular check-ups such as dental, optical and medicine reviews.

People were provided with adequate amounts of nutritious food of their choice and benefitted from the provision good quality food which was freshly prepared and cooked. People's care plans included nutritional and eating and drinking assessments, as necessary. Weight and food and fluid monitoring charts were kept for those people who needed them. Nationally recognised nutritional risk assessments were completed for people, if required. Special food was provided for people with specific needs such as diabetes, weight issues and swallowing problems. The chef had worked in the home for many years. They were extremely knowledgeable about the nutritional needs of older people, in general and the needs and choices of individuals in particular.

People told us the food was very good. One person said, "My only criticism is that sometimes there's too much of it." A relative commented, "The food is delicious." We saw fresh fruit and snacks available for people in both shared and private areas. People were offered drinks and snacks throughout the day during the inspection visit. People, generally, ate meals in the comfortable and welcoming dining areas but they could eat wherever they chose. Tables were attractively presented and people conversed and interacted with fellow residents and staff members, throughout the meals. Care staff used their persuasive skills and knowledge of the individual to encourage them to eat their meal. One person who had been underweight and nutritionally compromised had gained four kilograms since admission ten months previously and had regained a healthy appetite. People were offered alternatives if they chose not to eat one of the two choices on the menu.

People's rights were upheld by staff who understood consent, mental capacity and Deprivation of Liberty Safeguards (DoLS). Staff had received Mental Capacity Act 2005 (MCA) training. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called DoLS. The service had made ten, appropriate, DoLS applications to the local authority. Seven had been granted and three were being considered. The DoLS granted were renewed a minimum of every year and did not have any conditions attached to them.

People were encouraged to make as many decisions and choices as they could. Each element of the care plans were signed by the person, a relative or friend they had requested to sign on their behalf or their legal representative. The service held copies of records that showed who had the legal right to make decisions on people's behalf such as enduring power of attorneys. Best interests meetings were held and recorded, as necessary and appropriate and included areas such as personal care. People told us, "We always have a choice, they explain things to you and you can choose what you prefer or what's best for you."

People were provided with any necessary equipment to ensure people's comfort and to keep them as safe and mobile as possible. For example shower and bath chairs, wheelchairs and walking frames were provided, if necessary. The service had seven double rooms but these were only used as double rooms for married couples. The service had developed a small dementia unit which was specifically designed to enhance the lives of people living with dementia.

People were cared for by staff who were knowledgeable and trained to meet their needs. Staff told us they received, "excellent" or "good" training opportunities which were up-dated regularly. Of the 30 care staff (including bank), 19 had completed a relevant health and social care qualification and two staff were working towards one. Topics identified as 'core training' were completed by all staff and any necessary up-dates were scheduled and completed in the correct time frames. Additional training was provided to meet individual's specific needs. These included dementia and end of life care training. Staff told us they could request any training they felt was necessary and it would be provided, if possible. One person told us, "They certainly know what they're doing." Another said, "We have the greatest confidence in their knowledge and ability to care for us all." The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool and currently seven staff were working towards achieving it.

Staff told us they received good support from the management team and their colleagues to enable them to offer effective care to people. Staff and supervisors signed a supervision contract and were offered one to one and group supervisions. They attended a one to one meeting with their allocated supervisor every four to six weeks. Group supervisions were held approximately four times a year. Staff told us they could ask for additional supervision from the registered manager or any of the senior staff team whenever they wanted. Supervisions were recorded under specific topics, for example performance evaluation and any issues clearly noted. Annual appraisals were completed with all staff who had worked in the home for over a year, every 12 months. These meetings were used to plan people's future training and development.

Outstanding ☆

Is the service caring?

Our findings

People were treated with outstanding kindness by a caring and committed staff team. Staff used appropriate humour to include and encourage people to participate in social interactions. People were animated and interested throughout the inspection visit. They enjoyed communicating with each other, the staff team and visitors. People told us they were always treated with respect and kindness. One person told us, "it's a lovely place, staff are kindness itself." Others said of the staff, "They are kind and wonderful, they treat you as an individual." They described the impact this had on their lives. People said the way staff treated them made them feel, important, valued and made their lives feel worthwhile. A professional commented, "Staff are always kind to residents, thoughtful and efficient." The deputy manager gave an example of the registered manager and chairman of the trustees inviting people round to their homes for social occasions. They felt this made people feel valued, loved and cared for. The staff team took people out, often in their own time to ensure people could enjoy their lifestyle.

Comments from family members included (from the Care Quality Commission's website), "My [relative] went to live there in April and a more pleasant and nicer environment would be hard to find. The staff are friendly and caring, the atmosphere good, I would be pleased to live there if and when the time comes." Other compliments received by the home included, "His care at Bethany was faultless", "Thank you for all you did to make my stay at Bethany such a happy one. I was most impressed by the care and friendliness shown by everyone, even in times of stress" and, "[Relatives] spoke of the loving care they received day by day." People we spoke with reflected the written comments made. A recent report produced after a visit by the Clinical Commission Group noted, "An extremely caring home with managers and staff who are committed to provide the very best care for their residents."

Staff had developed strong relationships with people who lived in the service. A number of staff had worked in the home for many years and knew people very well. They were extremely knowledgeable about people's individual personalities and were fully aware of people's needs, likes and dislikes. Staff respected people's diversity and individuality. People's religious, cultural and lifestyle choices were included in people's plans of care. People who lived in the service had strong spiritual beliefs and commitments and these were recognised and respected by the staff team. For example female staff wore skirts or dresses as some people were not comfortable with women wearing trousers.

The service provided outstanding care and kindness to people and was focussed on helping people to enjoy their lifestyle. The deputy manager told us, "We empower our residents and focus on what they can do, not what they can't. Person-centred, holistic care directs what we do." Other staff expressed the same sentiment and their practice demonstrated their adherence to this principle. An example included a pet cat living in the dementia unit where people really enjoyed interacting with and helping to care for it. The deputy manager told us it made people feel happy and helped to prevent and lessen anxiety. A person was encouraged to help with the domestic chores and interact with staff as a way of ensuring they felt fulfilled and useful.

Staff were exceptional at maintaining people's privacy and dignity. For example one person was provided with a different room to ensure they could live as they chose whilst their dignity was still preserved. This had

a major impact on their emotional well-being. Family members told the home they were very happy because their [relative] was back to their old self (happy and involved in life). People told us the staff were always conscious of their privacy and dignity and made sure they never felt embarrassed. People who were unable to express their feelings clearly were treated with great patience and discretion. For example staff spoke as quietly as possible to ask them if they needed any help with personal care. They explained what they were doing prior to undertaking any care tasks and asked for people's permission to continue. One person told us, "Staff always treat us all with the greatest respect, even those of us who are losing some of our faculties."

Staff were provided with a dignity 'do's' list to carry in their pockets to remind them how to ensure they promoted people's dignity. The list included areas such as treat each person as an individual and alleviate people's isolation and loneliness. They were used in a number of ways including short discussions on particular points at handovers to remind staff how to treat people and by senior staff when discussing staff performance or actions. The deputy manager told us that the most noticeable difference working with the do's list was the reduction in staff forgetting people's dignity when asking for a colleague to help them. Staff now no longer forgot to lower their voices and ensure they were discreet when discussing people's personal/private needs.

People were greatly respected, they and their families were encouraged and supported to make their views about the home and how it was run, known. The registered and deputy manager spoke with people all the time as they often worked on the care rota. People told us they could talk to the registered manager, the deputy or staff at any time. Formal and informal meetings were held regularly to afford people opportunities to express their views. They said they enjoyed attending meetings and social occasions where they could raise any issues or make suggestions. One of the dignity 'do's was to "support people express their needs and wishes". Staff had received specific training in how to communicate with people, including those unable to clearly express themselves. Person centred plans included individual communication needs and how staff were to meet those needs. They included interpretation of facial expression and body language and other non-verbal communication.

Staff provided excellent support for people to maintain as much of their independence and interests as they were able to, for as long as possible. For example, staff had assessed people as high risk of falls. However they had also identified that it was extremely important for the person to be able to access all areas of the home and go into the garden unaccompanied. To support people to remain independent they were provided with a call pendant to enable them to call for help, as required. A person told us they had mentioned to staff how they missed looking after particular garden pets. They said, "The next thing I knew a [pet] pen had been set up by my door and I was able to care for them, as I had in my previous life." They told us this had made them feel useful, independent and really at home. Another person was admitted to the service in possible need of end of life care, in a poor physical and emotional condition. In a ten month period they had become independently mobile and self-caring. The person now enjoyed socialising with others and was very happy in their home.

The service provided extraordinarily caring and compassionate end of life care. Care plans included advance care plans and do not attempt cardio-pulmonary resuscitation forms which were appropriately completed, if people chose to do so. These enabled the person to express some views, preferences and wishes about future care. Some people provided detailed instructions for their end of life arrangements. We saw that the service carried them out, exactly as requested. Specific end of life care plans were developed, when necessary, taking into account people's preferences and choices.

The service followed the six steps end of life care programme for care homes as developed by the North

Hampshire National Health Service commissioning group. This meant they were fully supported by the local community health care and hospice services and were able to ensure people were kept pain free and comfortable. End of life care specialists would attend the home at any time of the day or night to complete nursing procedures to ensure people's comfort. Records for a recently deceased person showed the service had put in place a short term care plan to cover all aspects of the end of life care the person required. For example GP reviews, turning charts and pain relief instructions were recorded in great detail to ensure people received the appropriate care. People who were at the end of their life were never left alone. The service sought assistance from the staff team, the person's friends, family and spiritual guides to ensure people always had company to help them to feel calm and unafraid. A room was made available to family members where they could stay to be near their relative.

A person told us that staff were, "wonderful" when their partner died. They said, "[my partner] was given the most wonderful care. They (the staff) were completely and absolutely wonderful even when [name] developed dementia. The staff understood and met their needs at all times." The person additionally described the support and care they were given through the grieving process and said, "They fall over backwards to be kind." They said the way things had been handled so well had made a major impact on them and made them feel it was worth continuing to live their lives. They told us they were happy to live in such a lovely place, experiencing the excellent care until they die. Comments from other family members about their relative's end of life care included, "Thank you for making [name] so happy and looking after her until the end." "I would like to thank you for caring for [relative] so well in her final days" and, "not only was your care excellent you also provided love…"

Good

Is the service responsive?

Our findings

People's needs were responded to quickly and efficiently by alert and knowledgeable staff members. People told us there were always staff available if they required assistance or even if they just wanted a 'chat'." They said call bells were answered quickly and one person said, "I can't remember ever having to wait for a response." The call bell system had recently been up-dated to ensure response times could be easily tracked and improved, as necessary. People were confident to ask care staff for help or attention. Staff responded quickly to people's requests and identified the needs of people who were unable to clearly communicate their requirements. Staff were able to interpret body language, behaviour and other indications that people needed some support.

The service fully assessed people's needs before they moved in to the service. This assured the individual and the staff that they could meet the person's needs. Assessments were developed into individualised (person centred) care plans which included people's preferred routines, daily living support any special and/or emotional needs. People signed to confirm they were involved and agreed with the care to be provided.

People's diverse and changing needs were met because care plans were regularly reviewed and kept up-to-date. Care plans were reviewed on a monthly basis and whenever people's needs changed. People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and as was appropriate. Care plans included areas such as sensory awareness, mobility, people's history and previous interests and hobbies. Staff told us they had developed strong relationships with families and always kept them informed of any significant changes to people's well-being. People told us their relatives and friends were always welcome into the service.

The service responded to the changing needs of individuals and the overall resident population. For example a specialised separate unit had been set up for those people who were developing and living with progressive forms of dementia. People were able to access all areas of the home but lived in the special unit where their specific needs could be met more effectively.

The service sought external help to respond to people's changing needs, as necessary. Changes to people's care recommended by external health care professionals were recorded on specific plans of care and guidance and recommendations were adhered to. The service reported good working relationships with other professionals, this was confirmed by a professional who worked closely with the service.

The service provided people with appropriate and varied activities and people told us they very much enjoyed participating in some of the organised activities. They said they particularly enjoyed their daily religious meetings and visiting the adjacent gospel hall for religious services. The service's lifestyle and activities co-ordinator, generally, worked from ten until seven for five days a week. They organised a daily activity programme which included activities such as quizzes, coffee mornings, baking, external outings and visits to the home by external groups. People's individual interests and hobbies were encouraged. For example knitting for good causes and keeping pets. The service had responded to people's requests for two

(rather than one) coffee shop a month. This was an activity where people could invite friends, family and people from church to the home to join them for coffee and cakes. The co-ordinator had recently organised a social media contact page in response to a request from people and their families.

The co-ordinator told us they saw every person every day. Staff told us they spent one to one time with some people who did not like to join in with groups. The deputy manager and other staff told us that many activities are supported by staff in their own time. An example included the registered and deputy manager driving the minibus, in their own time, to allow all residents to go on outings at weekends and particularly to weekend conferences which were very important to them.

The service had a robust complaints procedure and people were encouraged to use it, as necessary. People told us they knew how and would be comfortable to complain and would do so if they had any concerns. The service had received three complaints since January 2016 and seven since the last inspection in 2014. All concerns and complaints were recorded, investigated and appropriate action was taken. For example a complaint about food resulted in a fact finding exercise and an adjustment of menus with methods of feedback after each meal improved. The registered manager or deputy recorded whether the complainant was satisfied with the outcome. The service had received a large number of compliments over the same time frame.

Good

Is the service well-led?

Our findings

People told us that it was an excellent care home. A relative commented, "This care home is one of the very best I have ever visited" and another said, "I cannot speak highly enough of the care that Bethany are providing for my [relative]." Additionally a family member wrote, "For my, [relative] I don't think she could be living anywhere better. The ethos of the home is right and the surroundings are what she is really happy in and with." A professional noted, "Bethany residential home is an example for all to follow…"

People benefitted from living in a service led by an experienced and effective manager. The registered manager of the service had been registered under current legislation since 2010. People, relatives, staff and other professionals told us the trustees of the charity, registered and deputy managers were very approachable and totally involved in the care the service provided. One staff member said, "The manager has definitely got the residents interests at heart, it is always residents first." Another said, "The manager's door is always open, you can discuss anything with her and she listens." All the staff told us they felt part of the team and were valued and respected. The service was described as having an 'open culture' where genuine mistakes were used positively for learning rather than blame being allocated. People described the registered manager and the staff team as, "Totally approachable."

People, staff and others were given opportunities to express their views which were listened to and taken into account. People and staff described the service as having a, "Lovely, comfortable family atmosphere." People and staff told us, they were listened to and the registered manager took action very quickly, if appropriate.

The service held various meetings on a regular basis and when required. These included six team leaders meetings a year, two meetings a year between managers and the board of trustees and at least four team meetings a year. Residents meetings were held every month, as requested by people. Resident meetings were chaired by the chairman of the trustees to ensure they were in direct contact with people who lived in the home.

They provider monitored and assessed the quality of care people were offered by a variety of methods. These included questionnaires sent to people and their families every year. The responses are collated by the registered manager and the service's administrator. Any issues noted were actioned, if possible. The results of the last annual survey showed that 86% of people were very satisfied with the care they received and 14% were satisfied. One (or more) of the board of trustees formally visited the home every month and produced a report noting any actions/improvements needed. Additionally, the Clinical Commissioning Group completed a quality check of the service approximately six monthly. Regular audits included infection control, health and safety checks by external contractors and a monthly staff practice check list. Falls and assessments were reviewed monthly and the deputy manager spoke with people every day.

Improvements made as a result of quality assurance processes and listening to people included increasing the number of resident meetings to one a month (from one every two months), people being involved in recruitment processes, pets for the home and changes to the menu.

Good quality care was supported by very good quality records, relating to people who lived in the service. People's records were accurate and up-to-date and daily notes were written to a high standard. People's records gave staff enough information to enable them to meet people's needs safely and in the way they preferred. Records relating to other aspects of the running of the service were well-kept and up-to-date. The Care Quality Commission received notifications as required.