

# Christadelphian Care Homes

## Bethesda

### 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bethesda is a residential care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. Bethesda is part of the Christadelphian community but also offers support to people outside of that faith.

Bethesda can accommodate up to 23 people in one adapted building. The service offers both long stay and short stay respite care. Some people were living with dementia. Bethesda does not provide nursing care. Where needed this is provided by the community nursing team.

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

People told us they felt safe living at Bethesda. People were protected from the risk of harm. Risks were managed safely, and safe processes were in place.

There was a relaxed atmosphere between people and staff. Staff were kind, caring and attentive. People told us, "They're so friendly; so obliging" and "They're very kind and all lovely. I couldn't be anywhere better."

Staff had enough time to meet people's needs and spend time with them in conversation. Staff had the skills and knowledge to meet people's needs effectively. Staff told us they were well supported in their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in making decisions about their care and supported to maintain their independence. Care plans contained detailed up-to-date information about each person's needs and preferences. People received personalised care from staff who knew them well.

People enjoyed taking part in social activities, going out in the local community, and spending time with family and friends. People chose to live at Bethesda because of its Christadelphian ethos. The service also accommodated people who were not Christadelphians. People were supported, to attend their local church. Daily prayer meetings and bible readings took place within the service.

The service was well managed. When speaking about the registered manager, staff said, "(Registered manager's name) has huge knowledge about everything" and "A good leader of the team." Quality assurance processes ensured people received high quality care.

### Rating at last inspection

The last rating for this service was good (published 26 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Bethesda

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector 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 care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care

provided. We spoke with nine members of staff including the home manager, registered manager, wellbeing assistant, care workers, the chef, and domestic staff. We also spoke with a representative of the welfare committee and a trustee of the charity. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We reviewed feedback from five professionals and two further relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and comfortable living at the service. One person said, "Oh yes, I do feel safe and my family know I'm safe." A relative said, "It's lovely, I feel it is perfectly safe with him in here."
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- Environmental risk assessments ensured the building was safe. Staff took part in regular fire drills and discussed how they responded in different situations.
- The environment and equipment were well maintained. For example, the bath lift, stair lift, and fire extinguishers had been serviced.

Staffing and recruitment

- There were enough staff on duty to meet people's needs and keep them safe. People told us staff were available when they needed them. One person told about an occasion when they used their call bell and said, "I only used it once and they came pretty quickly." Another person said, "They're very quick."
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- People received their medicines when they should. Some people managed their own medicines. Each person had a locked medicines cabinet in their bedroom.
- Systems in place ensured medicines were received, administered, stored and returned safely. The service used electronic medicine administration records and staff continually monitored systems to ensure each person had received their medicines.
- Only staff who were trained and assessed as competent, administered medicines.
- When a person was finding it difficult to take their medicines, staff sought advice and gave medicines in a different way.

#### Preventing and controlling infection

- The environment was very clean, tidy and free from unpleasant odours.
- Staff used protective clothing such as aprons and gloves to reduce the risk of spread of infection.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed monthly to identify themes or increased risks. This reduced the risk of reoccurrence.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care assessments were carried out before people began to use the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- People were involved in their care planning and their wishes were respected.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs. One person, when asked if they thought the staff were well trained, said, "Oh yes, I would say so. I see them training regularly." Another said, "they're ever so good with me."
- Staff told us they had the skills and knowledge to meet people's needs effectively. All staff told us the training was good. New staff were supported to complete the care certificate. The care certificate is a nationally recognised induction for staff.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed. The registered manager had completed a mental health training course. This gave them a better understanding of people and staff and enabled them to support them.

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

- People told us they enjoyed the food. Comments included, "I am very happy with the food. It's absolutely first class" and "The food is excellent. I have no complaints and there are plenty of snacks." People all said if they didn't like something they were offered an alternative.
- At lunchtime, staff sat with people and created a more sociable experience for them. Staff supported people who needed assistance to eat their meals. Staff showed patience and encouraged people to eat a suitable amount of food.
- Where people required food to be prepared to meet their medical or cultural needs, this was catered for.
- Staff monitored people who were at risk of not eating and drinking enough. Nutritionally enhanced food and drinks were provided. Professional guidance was sought where necessary.

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

- Staff were able to quickly identify when people were unwell.
- People were supported to see health care professionals to ensure their healthcare needs were met. For

example, people had seen GPs, dentists, district nurses, specialists, and chiropodists. During our inspection, staff supported a person to go for a scan at the local hospital.

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

- The environment was very homely. People's bedrooms were personalised, and people had items that were important to them.
- There were two lounges and a dining room on the ground floor. Since the previous inspection, the hall and stairs had been re-decorated and re-carpeted. Stairs and lifts provided access to the upper floors. People's bedrooms had a kitchen area, so they could make drinks and prepare food. All bedrooms had en-suite bathroom facilities, some being wet rooms. There was also a bathroom with a bath lift.
- Equipment was used effectively to meet people's needs. For example, coloured plates and cups were used to support people living with dementia to eat and drink more.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff were aware of the MCA and knew to always ask for people's consent.
- Mental capacity assessments had been completed where appropriate. Following this assessment staff had also completed best interests' decisions.
- DoLS applications had been made appropriately.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

# Is the service caring?

## Our findings

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

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

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

- Without exception, people and their relatives told us staff were kind and caring. Comments included, "They're so friendly; so obliging" and "They're very kind and all lovely. I couldn't be anywhere better." Relatives said, "There's a lovely ambience and feeling about the place" and "It's like a little hotel in here."
- A visitor from the welfare committee told us people were well cared for. They said "I love it here, I always feel better when I leave than when I came." Professionals praised the care provided. They said they had found staff to be welcoming and friendly.
- Interactions between people and staff were relaxed. People knew staff well and we saw them chatting, smiling and showing open affection. Staff showed an interest in what people were doing.
- Staff told us they enjoyed supporting people. One staff member said, "It's about looking after residents and knowing you've made a difference." When people showed signs of anxiety, staff were patient and reassured them.
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

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

- People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People and their relatives, where appropriate, were involved in their care planning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering.
- Some people had a key to their bedroom and could choose to lock it for privacy.
- People's independence was respected and promoted. We observed people doing what they could for themselves. One person proudly showed us their bedroom.
- People were supported to maintain relationships with those close to them. Relatives were made to feel welcome. One person said, "My son is always made welcome when he comes to see me."

# Is the service responsive?

## Our findings

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

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

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

- People received care and support that was flexible and responsive to their needs. A professional said the home had supported people in a person-centred way.
- Each care plan was highly personalised with people's preferences and detailed daily routines. Staff were able to tell us about people's preferences.
- Care plans contained information about people's life history. Staff used this to understand each person as an individual.

Meeting people's communication needs

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

- The registered manager was aware of the Accessible Information Standard (AIS).
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for individuals. For example, one person was registered blind. Staff followed the care plan and approached the person from the front. They spoke before any contact so the person knew they were there.

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

- People told us they were happy with the social activities at the service. The service employed an activities and welfare committee assistant. During our inspection, the church's welfare committee visited to host a coffee morning with flower arranging display session in the morning. They left the finished floral arrangements in the service for people to enjoy. In the afternoon, people enjoyed making cards in the dining room. Other arranged activities included musical entertainment, film afternoons, cooking, games, pamper sessions, yoga, chair exercises, gardening club, walking club and outings in the local area.
- Staff had arranged for pre-school children to visit the service and this was an ongoing relationship. They had taken part in the service's walking club, sports day, and music sessions. The visits were extremely popular. The registered manager told us these visits had a lasting effect on several people, as they had responded well and got involved in more activities.
- Staff involved people in daily living activities in the service. For example, one staff member saw a person living with dementia recognised a new plant. They spoke with the person about looking after the plant. The person cared for the plant and clearly enjoyed this.

- People were supported, to attend their church. People could choose to take part in prayer meetings and bible readings within the service. Regular services were hosted in the service. The service had supported one person living with dementia with a specialist book that provided simple ways to provide meaningful worship.
- Staff regularly supported people who were being cared for in their bedrooms, so they didn't become isolated.

#### Improving care quality in response to complaints or concerns

- People told us they had no complaints. They knew how to make a complaint and felt able to raise concerns if they were unhappy. One person said, "If I had a complaint and anything was wrong I would talk to the manager." They felt confident the provider would take action to address any concerns. A relative said, "The manager sorts out any problems quickly."
- The service had not received any complaints.

#### End of life care and support

- Staff supported people to stay at the service and ensured their needs and preferences were met. A relative wrote about the care provided and said, "He was looked after with such care. I could not have asked for anything more for him in his later years."
- People's contracts contained their expressed advanced decisions, wishes and preferences. Care was delivered in line with people's religious and cultural beliefs.
- The registered manager had completed a training course in palliative care. They had worked with the local authority to devise appropriate care planning forms.
- Staff worked with professionals and stored appropriate medicines to ensure people remained pain free.

# Is the service well-led?

## Our findings

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

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

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

- The registered manager was committed to providing high quality care for people in an environment where people could feel at home.
- People and staff told us the service was well managed. The registered manager was well liked and respected. They knew people well and worked on the floor alongside staff. When speaking about the registered manager, a relative said, "The manager has a good grip on the place."
- Staff told us they felt listened to and enjoyed working at the service. One staff member said, "It's the best place I've ever worked." They told us the management were very caring and always approachable. When speaking about the registered manager, staff said, "(Registered manager's name) has huge knowledge about everything", "A good leader of the team" and "She's an absolute star!"

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

- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- The registered manager knew their responsibility to communicate with people when things went wrong or when someone had had an accident.

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

- The registered manager was supported by the home manager, senior care staff and care staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability. One staff member said, "We've got a good team."
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. One of the charity's Trustees visited the service during the inspection. They carried out a monthly review of the service. Any issues identified were recorded in the service improvement plan. Actions were taken to make improvements.

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

- People were involved in the running of the service through 'residents' meetings. For example, people had been involved in making decisions about the décor of the home.

- People were encouraged to share their views. Questionnaires were used to gain feedback from people about the quality of care. Recent questionnaires showed a positive response.
- Staff felt able to contribute their thoughts and experiences informally and at staff meetings. For example, staff felt communication could be improved when they had been off work. As a result, the registered manager had introduced a handover sheet so staff knew what had been happening.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. For example, they had recently shared good practice about the introduction of electronic medicines administration with another provider. They commented on the registered manager's support and said they had been very helpful in explaining the process.