

Bethany Care Trust

Bethany

Inspection report

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Date of inspection visit:
28 May 2019
30 May 2019

Date of publication:
17 September 2019

Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

About the service

Bethany is a purpose-built care home for up to 37 people. There are en suite bedrooms across three floors, shared living spaces and dining areas.

Each floor of the building is adapted to provide care for people with different levels of needs with one floor dedicated to providing care to people living with dementia. At the time of the inspection there were 31 people living in the home.

There is also a café, chapel and purpose-built bungalows on the site which are privately leased.

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

Bethany provided high-quality, person-centred care and support to people living there. The service had good measures in place to ensure people were safe. People's risks were assessed and there were detailed support plans and measures in place to manage their risks. Medicines were managed safely and the home was clean and well maintained.

Care provided was in line with good practice and national guidelines. People were supported to achieve good outcomes and have a good quality of life. There were very positive relationships with other agencies and professionals to ensure people received joined-up, effective care. 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, their relatives and other professionals consistently told us of the outstanding, caring, patient and kind way in which staff supported people. People's views and preferences were at the centre of their care and people were supported to have a voice in all aspects of their care decisions. The service was exceptionally respectful of people's dignity and privacy and mindful of their emotional wellbeing.

People were supported in a way which met their needs, which reflected their individual choices and preferences, and which promoted their independence. People had access to a range of activities in the home and in their community, which reflected their cultural and spiritual needs, as well as their interests and preferences.

There was consistent, exceptionally strong leadership in the organisation and the home which drove a culture of continuous improvement and compassionate, person-centred care. People's relatives and other professionals consistently reflected on their confidence in the leadership and management in the home and that people were at the heart of the service.

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

Rating at last inspection and update

The last rating for this service was good (published 22 October 2016). At this inspection we found the service had improved to outstanding.

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 re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Bethany

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

The 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

Bethany is a 'care home'. People in care homes receive accommodation and 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. The registered manager was handing over to a new manager who had been promoted from within the home and was going through the process of registering. In this report we have referred to them as the home manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we held about the provider and the provider's website in order to plan our

inspection.

During the inspection

We spoke with ten people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, home manager, members of care staff and one of the kitchen team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the GP who supports residents living in the home.

We reviewed a range of records. This included three people's care records and medication records and four staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures.

We observed lunch time in the dining room and made observations around the home in communal spaces to see how staff interacted with people.

After the inspection

After the inspection we continued to liaise with the registered manager who provided us with further evidence to review. We received feedback from 11 people's relatives to tell us their experience of the home. We also received feedback from the trainer who is contracted by the provider to deliver training for staff and from the local Clinical Commissioning Group (CCG).

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were robust measures in place to protect people from avoidable harm. Staff had regular training in safeguarding people and understood signs of neglect or abuse.
- Staff knew how to report concerns. Staff told us they felt confident to report any problems and that any concerns they raised would be taken seriously.
- We saw that any concerns were appropriately reported to the local authority and were thoroughly investigated.
- People told us they felt safe in the home. One person told us, "I feel very safe here, it's very peaceful." Another person said, "You feel safe here, that's so important."

Assessing risk, safety monitoring and management

- People's risks were fully assessed, and people had support plans in place which helped reduce risks to their safety, while protecting their freedoms.
- Risk management plans were developed involving people and their families and reflected national guidance and good practice.
- For example, where people were at risk of falling from bed the service considered varied options, such as specialised low beds, sensor alarms and crash mats to ensure people were able to move freely, but staff were aware if they needed support. One person liked to walk around their room but needed support if they left it. Staff discussed their options with the person who agreed to have a sensor on their doorway which alerted staff if they left their room.
- Support plans considered a wide range of risks to people and gave staff detailed, practical guidance on minimising risks when providing care and support.
- The provider had good measures in place to assess the environment and ensure health and safety was maintained.
- One person had delegated responsibilities for health and safety and fire safety in the home and had robust procedures to ensure the building and equipment was maintained.
- People had personal evacuation plans in place which identified their needs should the building need to be evacuated due to fire.

Staffing and recruitment

- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working

with people who use care and support services.

- The service used values-based interviews to ensure potential staff reflected the values of the home.
- The majority of people told us there were enough staff. Some people fed back that sometimes they had to wait for call bells to be answered, particularly people living on the ground floor who were more independent. One person said, "Not enough staff! We could do with more staff. On this floor, most of us can walk so the staff don't come here unless you ring the bell." Another person commented, "They're a bit short staffed. Sometimes they come quickly, sometimes not because they could be busy."
- Staff also reflected that staffing levels could be a challenge. One staff member told us, "Staffing can be a challenge; some days, not all. I don't always feel I can provide the quality of care I would like." The home manager was actively and successfully recruiting staff to fill vacancies. Staff worked flexibly to cover shifts and the home used selected agencies if necessary to cover shifts.
- The manager had recently implemented a dependency tool to calculate safe staffing levels and had changed shift patterns to reduce staff fatigue and improve flexibility. Rotas demonstrated that staffing had been provided above the indicated levels of the dependency tool.
- In response to feedback from people about delays in response to call bells, the home manager reviewed the call bell equipment and found some pagers were low in battery. They ordered additional pagers to allow them longer to charge between staff shifts.

Using medicines safely

- Medicines were managed safely. Staff who delivered medicines were trained and had their competency assessed. People received their medicines as prescribed.
- Medicines were stored and disposed of safely and in line with good practice.
- The service had recently switched pharmacy with a change in medicines administration practice, this had been managed proactively and safely to ensure staff were aware and competent in new procedures.
- People's records had details of the medicines they were prescribed and their use and had medicines support plans which identified what help they needed. People's support plans promoted their independence to manage their medicines and assessed their safety to do so.
- People had protocols for 'as needed (PRN)' medicines, such as pain relief. Protocols identified whether the person was able to communicate the need for the medicine, and if not, what signs the person would show that they may need it. Protocols identified maximum doses and when to refer to other professionals, such as the GP.

Preventing and controlling infection

- The home was clean and tidy. Policies and training were in place to ensure staff followed good infection control procedures.
- People, their relatives and the visiting GP told us the home was always clean. One person's relative said, "[Loved one] is always clean, the home is clean there is never a smell. I get peace of mind, I never have to worry."
- There was hand washing facilities and personal protective equipment available throughout the home. Staff followed good practice when supporting people with their meals.
- The service had a score of five out of five for food hygiene by the Food Standards Agency on 12 March 2019, reflecting 'very good' food hygiene practices.

Learning lessons when things go wrong

- Incidents were reported openly and investigated when things went wrong.
- Staff told us that they felt confident reporting and that any concerns would be treated as a learning opportunity and would be addressed fairly. Staff were encouraged to carry out professional reflection following incidents to support them to learn and improve their practice.

- Staff told us that learning from incidents was shared with them and practice was changed to reduce the likelihood of re-occurrence after any adverse events.

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 has remained the same. 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

- People's needs and choices were assessed using evidence-based tools which looked at their range of needs, risks and preferences.
- The service utilised national and best practice guidance to deliver effective care, such as supporting people living with dementia to manage anxiety and distress through behavioural support plans.
- People's support plans clearly identified things which were important to them and what quality of life meant for them. People were supported to maintain their health and wellbeing for as long as possible. One person's relative told us, "Bethany staff's sensitive support and can-do approach have been invaluable. [Loved one's] recovery - with such care has been amazing. He looks better - skin condition-wise - than he did a year ago."

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable. They felt supported to gain the skills and experience they needed to deliver effective care.
- The service had a robust induction for new staff, which included completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff fed back that the training provided was very good, and that they felt confident to deliver the care people needed. Training was regularly refreshed if any guidance or policies changed in the home to ensure staff were up to date.
- New staff had a period of shadowing which was adapted based on their experience and confidence in the role.
- Staff had supervision to support them to deliver high quality care. Some staff told us that supervision sometimes "slipped" when there were staffing issues, or the service was busy. However, all staff told us they felt supported and that they knew they could go to their supervisor or the home manager if they needed anything.

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

- People were supported to drink enough and to maintain a healthy, balanced diet. People fed back positively about the food. One person said, "The food is good, we do get a choice." Another said, "I'm pretty finicky about my food – I don't like pasta, but they make different things."
- Menus were planned with people to take into account their preferences and to give variety and choice. People could choose an alternative to the menu if they preferred. The service had food and drink available for people to help themselves if they wished.

- There was a spacious dining room for people to choose should they wish to, or they could eat in their rooms. People who required support to eat and drink were helped by staff in a sensitive and patient way.
- People's support plans reflected their dietary risks, requirements and preferences and these were well understood by the catering staff.
- People who had swallowing difficulties had these assessed by speech and language therapists and their guidance and advice was reflected in their support plans. If people were at risk of dehydration, their fluid intake was monitored.

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

- The premises were suitable to meet the needs of the people living at Bethany. People had enough quiet spaces for privacy, and there were ample communal spaces for activities and day-to-day living.
- People had choices regarding the décor of their rooms and could bring their own furniture and belongings to make their rooms their own.
- The service had implemented dementia friendly guidance, for example rooms were signposted to enable people to find them independently. Each floor was colour themed to orientate people to where they were.
- People had access to a secure garden space. Some people fed back that the garden was overgrown and had declined recently. There were plans in place to review the garden as well as renovate the aviary to keep birds again.
- There was a large communal coffee lounge and coffee shop open to residents, families and people living in the bungalows on the site – people could order food and drinks. The service was looking to re-open the coffee shop to the public, which had been enjoyed by the local community in the past.

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

- People were referred on to other professionals as needed in a timely way to ensure they received effective care. The service was proactive in involving and engaging other professionals and agencies to ensure people received joined-up care which met their needs.
- The service had developed positive working relationships with other agencies, such as the local CCG, the local authority, the GP and community nurses.
- The service had worked to improve processes should people be admitted to hospital to allow for their timely discharge, particularly if people were reaching the end of their life.
- People had hospital "grab packs" to enable swift admission to hospital should they need it, with all of their important information ready to be taken with them.
- The local CCG had sent a thank you card and fed back to us about the home, giving examples where they felt the service had gone above and beyond. The home manager and staff had facilitated a discharge from hospital at short notice and out of hours to support the hospital to free a bed and to ensure the person was safe under these circumstances.
- People were supported to access healthcare services, such as the dentist, GP, optician and podiatrist as needed.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The home manager and staff understood the principles of mental capacity and consent. Staff sought people's consent when supporting them and gave them maximum choice and control in their every-day lives.
- People's capacity to make specific decisions was assessed and best interest discussions and decisions were evident in people's records.
- People who were deprived of their liberty had appropriate authorisations in place, and the service used the least restrictive approach in all elements of their care and support.

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 outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The home had maintained and built on their strong, caring and person-centred culture, which was reflected by a highly motivated staff team. Staff spoke about the mutual respect which the home held highly as one of their values, which was reflected in all elements of care.
- People and their relatives told us consistently and passionately about the kindness of staff and the respectful way in which they were supported. One person said, "They're all very kind to me." One person's relative told us, "The staff were amazing. Gentle, patient, interested. The staff listen and go above and beyond." Another said, "The staff show great compassion to my [relative] and go above and beyond the call of duty to care for him."
- Another person's relative said, "The level of care is outstanding because it isn't just on a professional level, which it is of course important, but there really is a genuine depth of concern and affection. It is really a true home for my [loved one]. He is so happy and always saying how well he is cared for." Another said, "I have been impressed on numerous occasions with the seemingly endless patience of the staff and the efforts they go to in coping with her agitation and quietening her fears."
- The GP and CCG also reflected this staff approach and the positive impact they had on people. The GP told us, "The kindness, the compassion and the gentleness with which they treat some very [challenging] people is remarkable." The CCG told us, "The professionalism shown by all members of staff is always exemplary, they are kind and considerate and the environment is always pleasant and calm."
- We observed staff were gentle, patient and caring and were exceptionally compassionate in their approach. People were visibly comforted by staff members' gentle and engaged approach to speaking with them, offering supportive touch. Staff were patient when supporting people, spending time reassuring them.
- People's emotional state and needs were explored with them and reflected in their support plans, which identified sources of comfort for them. This might be a particular staff member, or relative, physical touch, a comforting object or a subject for staff to speak with them about. Staff were quick to identify any signs of emotional distress and took effective action to support and comfort them.
- The home identified as a "Christian home" which "reflected Christian values" of love, kindness and being non-judgemental. The home manager told us that all were welcome in the home if they respected their ethos values and where their needs and preferences could be met by the home, regardless of their religious beliefs. The home placed a strong emphasis on supporting people's religious beliefs through activities, spiritual support and through the values and manner of staff. The success of the service in meeting people's spiritual needs was reflected by people and their relatives. One person's relative told us, "To find a context where there is excellent care, and which supports the faith of people like my [loved ones] is invaluable. The fact that they are so comfortable with the values and way things are done at Bethany is of worth beyond

words."

- The home ran a Cognitive Behavioural Therapy (CBT) group, run by fully trained staff from the home, which supported people's mental health and wellbeing. The group was well attended on a regular basis by people, including supporting them through changes in their mental health or with grief or life changes.

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

- The service was proud of the strong, open relationships they had built with people and their families. They were proud of the trust they had built and were particularly skilful in exploring and resolving conflict and complex family relationships.
- People were valued as the decision-makers and partners in their care. The service had made considerable efforts to involve people and their families and to support their choices. Particularly in one example, where a couple had different needs, the wife had been her husband's carer, the service had worked to enable a couple to stay together by adapting funding arrangements, utilising the charity's funds and liaising with other agencies and services. This allowed the couple to each have their individual needs met, have their space from one another while enabling them to keep a close relationship and take advantage of the 'good days' together.
- People and those important to them were involved in decisions about their care and were supported to be as involved as possible. People's families told us they felt very involved and were always made to feel welcome. One person's family member told us, "The staff were amazing. Gentle, patient, interested. The staff listen and go above and beyond." People had access to independent advocacy services if they needed them.
- Staff were particularly strong advocates for people to ensure their voices and wishes were heard and respected. The service encouraged people to explore their care and support options and supported them to explore sources of additional help and advice with a high level of care and sensitivity. In one example, the home had worked with one person's family and loved ones, hospice services and others to ensure their choices and wishes around their end of life care were listened to and respected. This took place under considerable time pressure, however the home worked to ensure arrangements were in place for whichever decision the person and their family made to ensure this could be achieved and the person could be where they wished for their end of life care.
- Staff gave people choices in their everyday lives and routines. People were supported to express their views in all aspects of their care and support and undertook regular reviews of their support plans with them. Staff knew people very well and so knew how best to communicate with them and how to enable them to best express their wishes.
- Where people had communication needs which affected their ability to make decisions, staff did not see this as a barrier and ensured their approach was adapted to enable people to be involved, such as using non-verbal cues and body language, pictures and visual aids and large print. Wherever possible, if someone was admitted to hospital, staff would travel with them to ensure vital information was handed on to hospital staff and there was someone who knew the person well with them, to provide comfort and support with communication if needed.

Respecting and promoting people's privacy, dignity and independence

- Respect, dignity and promoting independence continued to be at the heart of service delivery in the home and was reflected by all staff and in all aspects of care.
- Staff understood how to respect people's privacy and dignity when delivering personal care and support. Staff were mindful of people's different personal boundaries and how to emotionally support people without prying into elements of their life people were not comfortable discussing.
- Staff respected people's wish to have private space and spend time on their own if they wished to. One person preferred to spend time alone in their room, rather than in communal spaces and staff ensured they gave them space.

- Staff were mindful of privacy and dignity in all aspects of care. For example, in the dining room, plants were used to screen part of the room so that people who required more support with eating and drinking could have more privacy if they wished.
- People and their families told us they felt respected by staff throughout the home. One person's relative told us, "Little things mean a lot, like the friendliness of the 'laundry lady' who takes such a pride in returning beautifully ironed and folded clothes to the residents, always with a smile. What I witness with my [loved one] I see replicated elsewhere with residents being treated with dignity and respect."
- People were encouraged to maintain their independence in their day-to-day lives and people's support plans reflected how staff could promote this wherever possible. For example, one person liked to go out into the garden, but due to their risk of falling they had required supervision to ensure their safety. The service felt this was restrictive, so discussed options with the person, risk assessed the outdoor area and obtained a pendant alarm for them to be able to call for help if needed to allow them to go out independently if they wished.
- One person's relative told us, "I am very impressed at how hard they work to make Bethany a true home for each of the residents, tailoring things to suit each individual, and their specific needs and preferences. If there are issues or a resident is struggling with something they will work to find a solution and are willing to adapt their care to help in the best way possible."

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 the same. 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

- Care and support was personalised to meet people's individual needs and preferences and reflect their choices.
- People's care and support reflected their individual wishes, such as their routines, their preferred support for personal care, their likes and dislikes and their interests. People were involved in writing their support plans which enabled people to have maximum choice and control.
- People were supported when they moved into the home to emulate their daily routines from home so that they were more orientated to the time of the day and to avoid disrupting their sleep cycle.
- One person's relative told us, "We are always so impressed when we come to visit [loved one] who is very happy there. The home is always clean lovely food, activities and [loved one] is always up and dressed and looking well."
- The GP fed back positively about the home and that they are alerted to any problems or changes in people's needs.

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 service assessed people's communication needs and put in place support plans which detailed how best to communicate with them and how they expressed themselves.
- Staff followed people's support plans and ensured information was given to people in a way they could understand.

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

- The service invited in local nursery children who visited the service regularly. People could join in activities with the children every week if they wanted to.
- Many of the residents were animal lovers and had grown up with pets or on a farm. The home had two cats and were looking to get a dog, as the registered manager's dog had recently moved to be with family. They were also looking to once again get chickens and other canaries which people had previously enjoyed being involved with.
- People were supported to maintain their relationships with family and others that were important to them. For example, one person's relative lived abroad, with their permission the home manager used an

application to send them updates, pictures, and video messages from their loved one on their work phone. With people's permission, the home manager had set up a closed group on social media for people's relatives so that they could share experiences and activities to loved ones across the world.

- One person's family member told us, "The activities are varied and inventive and I just love getting glimpses into these times with the family group on Facebook. It is a true joy. Life is rich at Bethany, it's no dull waiting room and I am so, so thankful my [relative] has found such a home with such loving and excellent care."
- There were a range of activities run in the service with a weekly schedule of activities available so that people could plan ahead. There was a focus on ensuring people were able to get out of the home and enjoy their local community. For example, the home manager had arranged for their residents meeting to be held in one of the staff member's garden as it was a nice day.
- The home regularly planned outings and trips based on people's wishes. People were supported to go to the shops, or to visit relatives or important places to them. For example, one person was supported to visit their husband's grave.

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints policy and procedure in place. People and their relatives knew how to make a complaint should they need to.
- One complaint had been received in the 12 months prior to the inspection. This had been managed according to the provider's policy and had been resolved satisfactorily. The response to the complaint had included an apology and had been written in a sensitive and compassionate way.
- Families felt that any concerns they raised would be addressed immediately and reflected that the service took a proactive approach. One person's relative told us, "Our experience is that practical problems are addressed when they arise, in a proactive manner, and anticipated when possible."

End of life care and support

- The service had "six steps" training, a nationally recognised training programme in providing end of life care and support.
- Staff spoke openly and assessed people's wishes around care at the end of their life, and after death so that their views and wishes would be respected. People's support plans gave details of their choices and reflected their cultural and spiritual beliefs.
- Where possible and where people wished, they were supported to stay at Bethany for their end of life care.
- We saw an example where the service was working with other agencies and providers across geographical borders and to support someone nearing the end of their life to stay in the home in complex circumstances.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- There was a strong sense of the values and culture within the home reflecting kindness and respect of others. The staff and managers would go above and beyond to ensure people's needs were met and they had maximum quality of life, often spending their own time and considerable effort to resolve issues which could negatively impact people.
- As examples, the registered manager and home manager had gone to collect specialist equipment from the equipment provider to prevent delays in delivery over a weekend, the home manager had also arranged staff and transportation to collect someone from their home when an emergency had arisen which meant their carer would not be able to care for them for a time.
- People and their relatives consistently fed back positively about the registered manager and the home manager. One person's relative said, "I have always been impressed with [home manager's] professionalism combined with genuine compassion."
- Staff told us they felt proud to work for the home and wanted to stay, they felt valued and respected. Staff felt part empowered and responsible for maintaining the quality of care and for achieving positive outcomes for people. One member of staff told us, "People get better here due to the brilliant quality of the care. We have had people come here 'palliative' and recover and get quality of life."
- People living in the home were empowered to maintain their independence and live their lives as they wished to. One person living in the home had been supported to set up a book group, which they then ran regularly in the home. Staff supported people to the library and stayed nearby in case they were needed. We observed a relaxed atmosphere, with people enjoying taking turns to read, or were just listening.
- There was a culture and approach in the home where no idea or wish was impossible. One person had expressed their wish to go to the beach. The service had sought support from their staff training company and a staff team had taken a group of people to Bournemouth where they had had fish and chips and paddled in the sea.

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

- The change of management in the home was being well-managed with a staged transfer of responsibilities. The registered manager was maintaining a "hand in" until the home manager's registration was completed.
- With the home manager changing role to become the registered manager, the management structure had been evaluated and the deputy manager role has been developed and divided into three. This would allow

pressures and responsibilities to be shared between a role known as 'duty manager' and provided additional support out of hours.

- Families told us they felt confident in the change in management and had no concerns. One person's relative told us, "I had no anxiety about [home manager] taking over as she had already proved how capable and sensitive she was." Another person's family member said, "[Home manager's] care, kindness and professionalism were memorable, and I have every confidence in her doing a great job, fulfilling the role of Manager."
- The service had clear measures in place to review the quality and safety of the service and to address any issues or improvements identified.
- The provider also scheduled monthly visits which involved a review of the home, speaking to people and their loved ones and to identify any requirements. There were good procedures in place to follow up on any actions to ensure these were addressed.
- The nominated individual and other chair persons within the charity were a visible presence within the home and were engaged and involved in all aspects of the service, such as attending the daily meeting with residents once a week. People clearly knew them well, some had known them for many years, and had a friendly and open relationship.

Continuous learning and improving care; Working in partnership with others

- The home manager regularly reviewed positive and negative CQC reports about other homes to look for learning which could be implemented. For example, one report highlighted concerns in people's nutrition and hydration needs being met. The home manager reviewed how people's needs were being met in the home and updated their support plans to add further detail and information for staff.
- The home manager was enthusiastic and open to new ideas and innovation. For example, they were exploring how to open a crèche in the home to support staff with their childcare needs and to bring together younger and older generations in the home.
- Staff felt empowered to try new things and there was a clear strategy to safely and effectively roll out new ways of working and support staff and people through periods of change, such as with the change in medicines administration process.
- The service held meetings with the ambulance service and the specialist nurse from the local commissioning group to review calls from the home to emergency services. This allowed the service to learn and improve their response to people becoming unwell and to reduce unnecessary draw on resource from the ambulance service.
- As part of this review, the home manager implemented a nationally recognised 'SBAR' tool used in hospitals to collate information about people to aid decision making and clear communication when seeking support from other agencies. Though this was in early stages, there were examples where calls had been more appropriately directed to the GP or out of hours services rather than 999. The home manager was continuing to monitor the impact of this piece of work for its effectiveness and was feeding back to staff on any learning.
- The service had created a drink volume crib sheet to help staff monitor fluid intake more accurately. This had been shared with the local CCG who had used this as a good example for other homes. This tool meant staff could quickly and more accurately calculate people's fluid intake, monitor this and reduce their risk of dehydration.

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 home manager understood their responsibilities to be open and honest when things went wrong and took an open approach to all aspects of care, support and improvement.

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

- People's relatives told us they felt engaged and involved in the service and there was a sense that they were a team with the staff. One person's relative told us, "We have excellent relationships with both the old and new manager." Another relative said, "The staff listen and go above and beyond." A number of relatives fed back how valuable the Facebook group was at letting them feel involved and up to date in their loved ones' lives.
- The service created a strong community network with people, their families, the local community and other professionals and agencies. For example, the home linked with a local choir group which came regularly to the home which supported people's links into their local religious community. One person's relative told us, "My [loved one] giggled with delight through his Ribena, as we sang old hymns I had known as a child when our family too was in a brethren church. The hymn singing is really important to [loved one] who can sing well, even though he can't find words to tell us the latest funny story from the home."
- People were supported to feedback about services through questionnaires, care plan review meetings and in regular meetings in the home. People knew the registered manager and home manager, who would speak with people each day to see if there was anything that they wanted or could be improved.