Pilgrim Havens

Bethany Christian Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on the 29 & 30 July 2015 and was unannounced.

Bethany Christian Home is a residential care home provides care and accommodation for up to 26 older people, some whom are living with dementia. On the day of the inspection 22 people were using the service.

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

During the inspection people and staff were calm and relaxed; the environment was clean and clutter free. There was a happy, peaceful atmosphere. Comments from people, relatives and health professionals were exceptionally positive. People moved freely around the home and enjoyed living in the home.

Summary of findings

Care records were focused on people's needs and wishes and encouraged people to maintain their independence. Staff responded quickly to changes in people's needs. People and those who mattered to them were involved in identifying their needs and how they would like to be supported. People preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People told us they felt safe and secure. People told us they felt the home was "100%" safe. Comments included, "Yes, I feel extremely safe"; "Oh yes, happy and safe"; "Yes, more than happy with my relative's care and safety here."

There was an open, transparent culture where learning and reflection was encouraged. People's risks were monitored and managed well. Accidents and safeguarding concerns were managed promptly. There were effective quality assurance systems in place in all areas which drove improvement. Incidents related to people's behaviour were appropriately recorded and analysed. Audits were conducted in all areas, action points noted and areas improved where needed. Staff training was evaluated for its effectiveness. Research was used to promote best practice in dementia and end of life care.

People were encouraged to live active lives and were supported to participate in community life where possible. Activities were meaningful and reflected people's interests and individual hobbies for example many enjoyed reading and maintaining their spirituality. People enjoyed activities within the home such as fish and chip supper events, outings to the pantomime and choir performances.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for where possible. People were supported to maintain good health through regular visits with healthcare professionals, such as district nurses, GPs and mental health professionals.

People, friends, relatives and staff were encouraged to be involved in meetings held at the home and helped drive continuous improvements. For example one person had mentioned the sandwiches felt damp at tea time. As a result of this feedback they were removed from the fridge earlier so they did not feel cold. Listening to feedback helped ensure positive progress was made in the delivery of care and support provided by the home.

People knew how to raise concerns and make complaints. People and those who mattered to them explained there was an open door policy and staff always listened and were approachable. People told us they did not have any current concerns but any previous, minor feedback given to staff had been dealt with promptly and satisfactorily. A relative told us; "Any problems at all, I would just speak to the staff and would be confident it's dealt with immediately." Any complaints made would be thoroughly investigated and recorded in line with the organisation's own policy.

Staff understood their role with regards the ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. All staff had undertaken training on safeguarding adults from abuse; they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff received a comprehensive induction programme and the Care Certificate had been implemented within the home. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. Training was used to enhance staff skills and the care people received.

Staff were kind, thoughtful and compassionate. People, relatives and professionals were exceptionally positive about the quality of care and support people received. Supportive, kind and respectful relationships had been built between people, family members, professionals and staff. Comments included, "I'm treated like royalty"; "They (relative) deserves a nice place to be, mum looks ten years younger, all plumped up (referring to their weight gain) and re hydrated, always water within her reach"; "We walked in the door and the caring atmosphere enveloped us." Staff took pride in their roles and the small extra things they did made people feel special and showed they cared. For example the maintenance officer

Summary of findings

grew seeds at home for the garden and had put lilies in the pond at someone's request. They had built a planter for someone who wished to have their own little garden. One staff member had taken someone to the pantomime in their own time. Other staff had brought donations in for the shopping trolley so that people could buy magazines and sweets if they were unable to access the local shops. Two staff had personalised people's bedrooms in their own time as they did not have family to help them do this.

People's end of life wishes were known and specific details sought and recorded about how people wished to be cared for in their final days. Staff had recently completed the local hospice end of life care programme and acted as "champions" in this area. All staff had received training in providing a dignified death to enhance their care in this area.

Staff described the management as open, very supportive and approachable. Staff talked positively about their jobs. A GP told us "[…] (referring to the registered manager) is a real bonus, she's caring, kind, lovely manner." Staff comments included, "I love my job"; "I've really enjoyed my time here."

Summary of findings

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. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected from harm. Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People received their medicines safely. Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept for most medicines.

The environment was clean and hygienic.

Is the service effective?

Good

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's human and legal rights were respected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Outstanding

The service was very caring. People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported and respected their choices.

Activities were meaningful, enjoyable and planned in line with people's interests.

People's opinions mattered and they knew how to raise concerns.

Is the service well-led?

Good

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care for people.

Quality assurance systems drove improvements and raised standards of care.

Summary of findings

Good communication was encouraged. People, relatives and staff were enabled to make suggestions about what mattered to them.

Bethany Christian Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The unannounced inspection took place on 29 & 30 July 2015.

The inspection was undertaken by one adult social care inspector and an expert by experience (Ex by Ex). The ex by ex was a lay person with experience of caring for an older person. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from health and social care professionals and the local authority.

Before the inspection, the provider 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.

During the inspection we spoke with seven people who lived at Bethany Christian Home. We spoke with seven visiting relatives, the registered manager and five members of staff. We received feedback from a visiting GP and the local authority quality team. We observed the care people received, participated in the staff handover and pathway tracked five people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked around the premises and observed how staff interacted with people throughout the two days.

We looked at five records related to people's individual care needs and people's records related to the administration of their medicines. We viewed five staff recruitment files, training records for staff and records associated with the management of the service including quality assurance audits and maintenance records.

Good

Is the service safe?

Our findings

People told us they felt "100 %" safe. Comments included, "Yes, I feel extremely safe"; "Oh yes, happy and safe"; "Yes, more than happy with my relatives care and safety here."

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed that staff completed safeguarding training regularly and staff accurately talked us through the action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Staff told us safeguarding issues were discussed regularly within team and residents' meetings to ensure everyone understood the different forms of harm and abuse. Staff explained what they might look out for "Bruises, people retracting, unusual behaviour, afraid to talk or not wanting to talk."

People's needs were considered met in the event of an emergency situation such as a fire. People had personal evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. Staff at the home had participated in the fire training and the maintenance officer informed us there were regular drills and "spot" fire drills. Regular health and safety checks had been undertaken and possible risks noticed for example wardrobes were secured to the wall to prevent them falling on to people. The service had contracts with external agencies to help ensure any equipment was safe and fit for purpose. Most routine maintenance was carried out by the maintenance officer, staff recorded broken items / faults promptly and these were quickly repaired. Where there had been health and safety incidents, lessons were learned. For example one area of the home had piping where staff had hurt their head, these pipes were now protected to prevent a reoccurrence. Daily walk rounds additionally kept the environment safe, for example the registered manager's walk round on the second day of the inspection noticed the vacuum lead was trailing across an area of the home but the cleaner not visible. Prompt action was taken to secure this and bring this to the cleaner's attention. This helped keep people safe.

Incidents which had occurred were learned from to improve safety within the home. For example there had been a stranger in the home's gardens. As a result of this, CCTV was now in place and the external lighting had been improved. Falls and other incidents were analysed for trends and themes. Staff told us they made sure people had the equipment they needed around them such as their call bells and mobility aids to encourage their use. Care records reminded staff to prompt people to use their bells to call for assistance when mobilising and part of the registered managers checklist was making sure call bells were within people's reach as this had been noted as one of the reasons falls had occurred.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. People who lived at Bethany Christian Home were involved in meeting potential staff during their visit to the home and were encouraged to give their feedback and be involved in the recruitment of staff to the home. The recruitment process ensured staff had the values the home wanted.

Staff, people and relatives told us there were sufficient numbers of staff on duty to keep people safe. Staff were visible throughout our inspection and conducted their work in a calm, unhurried manner. People told us staff were there when they needed them.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records were accurate and fully completed. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People had signed to consent to staff administering their medicine. People had been asked whether they preferred liquid or tablet medication and allergies were recorded and known. One person had requested liquid medication and staff had organised this with the person's doctor; when swallowing became difficult for people at the end of their life, liquid medicines were prescribed. Homely remedies were kept separately and recorded. The use of homely remedies was monitored and GP advice sought if necessary. Regular audits were undertaken to ensure the ongoing safety of medicine storage and administration.

Good

Is the service safe?

People's needs with regards to administration of medicines had been met in line with the MCA. The MCA states that if a person lacks the capacity to make a particular decision, then whoever is making that decision must do so in their best interests. For example, some people were unable to consent to their medicine. People's doctors had been involved in these decisions. This showed the correct legal process had been followed.

People were supported to take everyday risks to enhance their independence and enable them to feel in control where possible. For example those people who liked to wash independently but needed some staff support to reach areas such as their backs were supported. Staff were thoughtful regarding people who liked to be mobile but were at risk of falling and might forget to use their call bell. In these instances staff considered alternative ground floor rooms, having call bell necklaces on people and engaging the memory team in discussions to reduce the likelihood of a fall where staff felt this may be why people were not using their mobility aids.

Risk assessments highlighted individual risks related to people's diet, skin care and mobility. Those who were at risk of developing sore skin had special equipment in place to reduce the likelihood of their skin breaking down, for example cushions to sit on and special mattresses. Personal care plans highlighted checking people's skin vigilantly, using prescribed skin creams when needed and helping people maintain their mobility.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use. Staff were able to explain the action they would take to protect people in the event of an infection control outbreak such as a sickness bug.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. They told us "Yes, staff are well-trained."

Staff undertook an induction programme at the start of their employment at the home. The registered manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. The Care Certificate induction was in place and used for new staff. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. Staff were booked onto the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Ongoing training such as first aid, moving and handling, skin care, diet and nutrition, communication skills and food hygiene were planned to support staff's continued learning and was updated when required. Staff shared with us how learning new techniques in moving and transferring had recently helped them care for one person better. Most staff had additional health and social care qualifications to support their work. Staff commented "June has a mandatory training week"; "Dementia training included the signs, treatments needs and capacity"; "The managers and deputies attend conferences the organisation arranges, they stay up to date, and share their knowledge."

Staff felt supported by a regular system of supervision and appraisal which considered their role, training and future development. In addition to formal one to one meetings staff also felt they could approach the registered manager and deputy informally to discuss any issues at any time. Staff competency was observed in areas such as hand washing, moving and transferring people and communication. If any issues were identified additional training was provided for staff. Staff found the management team supportive "Doors always open, the registered manager is approachable and helpful." The deputy manager regularly worked alongside staff to encourage and maintain good practice.

Staff communicated effectively within the team and shared information through handovers. This supported staff to have the relevant information they required to support people's needs. Healthcare professionals confirmed communication was good within the team. Staff were able to adapt their communication styles dependent on people's needs. For example if people were resistant to personal care during the morning, different approaches were used to support the person to wash, for example trying at different times of day when the person was in a different mood and more receptive to care. If people were confused or disorientated staff knew to speak calmly, clearly, repeat information and alter their approach so they were understood.

People when appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS applications had been appropriately made. The registered manager was aware of the legal process they were required to follow and sought advice appropriately from the local supervisory body.

People's capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink or wear and what they wanted for lunch. However, when it came to more complex decisions the relevant professionals were involved. This process helped to ensure actions were carried out in line with legislation and in the person's best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests. Staff understood this law and provided care in people's best interests.

People confirmed and records evidenced consent was sought through verbal and written means for example the frequency people wished to be checked at night and if they

were happy for staff to take their photograph. Staff ensured people were able to make an informed choice and understood what was being planned, for example one person was changing GP surgery.

People were involved in decisions about what they would like to eat and drink. Regular meetings were held and people were asked what they would like to eat that week and the menu was developed from people's preferences. For example people had requested croissants at breakfast and this was being added, other people had suggested Sunday be a "special" tea and crumpets available. We were told people had since enjoyed crumpets. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. For example some people had diabetes but liked sugary foods. Staff supported them to make an informed choice so they were aware of the potential risks of sweet foods.

During lunch people were relaxed and told us they had sufficient choice. People had chosen chicken pie or chicken thighs although sausages had been offered instead of two chicken dishes. We observed people having a leisurely lunch with support from staff when required and nobody appeared rushed. We noticed staff helping people to eat. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged. We observed staff offering people a choice of drinks when they asked and their preferences were respected. People said "Yes, the food is very good."

People's care records highlighted where risks with eating and drinking had been identified. A specific record detailed when staff had informed the kitchen of people's needs and whether a food or fluid chart was in place, advice was needed, a dietician was involved or a referral to the speech and language team (SALT) had been made. Care records noted health conditions such as diabetes or if the person was of a low weight. Staff were mindful of those at risk of weight loss and monitored their food and fluid intake closely. Staff confirmed if they were concerned about weight loss / gain they would discuss people's care with their GP. Staff informed us there had been a recent choking incident at the home. Staff were closely observing the person when they ate, their GP had been involved and a referral to SALT discussed. Staff shared this information during handover and discussed cutting food up and observing the person closely until they had an assessment completed.

Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments or GP visits. People had access to a range of community healthcare professionals to support their health needs and received ongoing healthcare support. For example opticians, dentists and chiropodists. Staff promptly sought advice when people were not well for example if they had a suspected urine infection. One person had recently had sore feet, an appointment was promptly made with their GP and treatment commenced. Staff were mindful of each individual's behaviours and mannerisms which might indicate they were not well or in pain. Staff were alert to individual's triggers which made them feel low at times, for example if family were away. The GP we spoke with confirmed advice was sought promptly and appropriately by staff.

Outstanding ☆

Is the service caring?

Our findings

People, relatives and professionals were exceptionally positive about the quality of care and support people received. Supportive, kind and respectful relationships had been built between people, family members, professionals and staff. Comments included, “I’m treated like royalty”; “They (relative) deserves a nice place to be, mum looks ten years younger, all plumped up (referring to their weight) and re hydrated, always water within her reach. "A GP told us " “X” (referring to the manager) is a real bonus, she’s caring, kind, lovely manner."

People told us their privacy and dignity was respected and relatives confirmed this. Respecting people’s dignity, choice and privacy was part of the home’s philosophy of care. The service had a Dignity Champion to promote people living with dignity and respect, choice and control. The registered manager and deputy manager regularly attended the local dignity forum where best practice ideas were shared.

People’s individual choices were respected; people dressed, ate and partook in activities of their liking and individualised care was central to the home’s philosophy. One relative said; “Mum is always well groomed and in freshly laundered clothing.” There were private areas of the home where relatives could be comfortable and have a private conversation during their visit. Relatives told us they were always made to feel welcome and could visit at any time. Comments included; “I’m always made to feel welcome.”

People were able to choose whether they wanted gender specific staff for their personal care and told us this was respected. Staff spoke to people kindly and in a gentle, polite manner and in ways they would like to be spoken to. We heard staff returning from holiday introduce themselves to people who were new to the home, all interactions we observed were courteous. Staff knew those people who enjoyed joking with staff and were polite and courteous with those who preferred a more formal conversation.

People were encouraged to express their views and be actively involved in decisions about their care and aspects of the service. Suggestion and comments boxes were displayed and views sought through questionnaires and residents’ meetings. For example we read that residents had been asked their opinion of a picture which had been donated to the home. People were asked whether they liked the picture, where they wanted it displayed and a vote was taken. People were involved and had a say in suggestions for meals, the frequency they wished to see the hairdresser, the activities which occurred and where they wanted to eat.

Care plans and reviews occurred with people and their families so their views about how they wished to receive care were known. Advocacy services were involved where appropriate to support people’s views to be heard if they did not have capacity, notices with Age UK Advocacy details visible and the PIR informed this information was available to residents in their bedrooms and in the service’s information book.

People’s end of life wishes were known and specific details sought and recorded about how people wished to be cared for in their final days. Staff had recently completed the local hospice end of life care programme and acted as “champions” in this area. All staff had received training in providing a dignified death to enhance their care in this area. A resource file related to end of life care was available and sharing of information about people’s end of life wishes occurred through handover and staff meetings. The registered manager attended the local End of Life meetings where best practice was discussed. People’s end of life wishes were asked, for example whether the person wanted to be in hospital or stay at the home, whether they wanted any specific music or hymns or bible readings. People were asked if they wished staff to sit and be with them; whether they would like flowers or any fragrance in their room. Health professionals confirmed end of life care was thoughtful and compassionate and palliative care specialist advice sought when needed. Staff talked with us about how they would provide personal care and described talking to the person to explain what they were doing at each stage, involving where appropriate their family and supporting them to join in if they wished. A GP shared, “X” was the loveliest patient, they had a dignified death made possible by the home; their needs were met so they didn’t need to move somewhere else” and “The wishes of both the patient and family are always considered.”

Staff knew the people they cared for. They were able to tell us about individuals’ likes and dislikes, which matched what people told us and what was recorded in individual’s care records. Staff knew who liked to wake early, how

Is the service caring?

people liked their tea, who liked to maintain their faith and they supported people to maintain these choices. One staff member commented "We realise everybody is different and we do what is best for each individual."

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. The registered manager told us improving the quality of life for people at the home was central to all they did. Throughout the inspection we observed kind, patient interactions with people. Staff were in tune with people's verbal and non-verbal communication so they noticed when people needed support or wanted company. Care records detailed how to communicate with people so they understood staff "Speak clearly, look at "X" face when you are talking." Care records were thoughtful, for example one person's care record detailed that the person would need support and time to adjust from moving from their home into a care home.

Staff took time to listen to people and ensure they understood what mattered to them. Through walk rounds of the home, resident's meetings, the surveys which were conducted and concerns raised the things which were important to people were noted and where possible the staff made sure they met people's wishes. For example people were asked what they worried about. One person worried about wasting food and liked to have a small plate with smaller portion sizes so food was not wasted, another person liked their bed to be made early in the day so staff ensured this happened.

Staff had undertaken training in Emotional Intelligence / Mattering and were familiar with David Sheard's research in this field to ensure people felt they mattered, could see they mattered and knew they mattered. The registered manager had trained all staff in this and regular reflection occurred through staff supervision to consider this important concept to help people feel cared for. The PIR informed Pilgrim Haven's (the provider organisation) were also looking to develop and introduce a training module based on the 6 C's – Care, Compassion, Competence, Communication, Courage and Commitment. This would support staff to become more caring. Staff feedback included; "Everyone matters at Bethany, we are a team who work together to help each other, I feel valued, we need one another to get our work done and help our clients."

Bethany Christian Home had a Christian ethos and met people's spiritual needs through daily devotions where this was important to them. People had requested changes to the Sunday teatime as this clashed with Songs of Praise which many enjoyed. As a result of staff listening and hearing people's views, tea was now offered in the upstairs lounge for those who wished to watch Songs of Praise at this time. People had also requested morning devotion was later in the morning so they had time to get ready and have breakfast, the time of these meetings was moved to enable people to attend and not feel rushed in the mornings.

All staff we met took pride in their roles and the small extra things they did made people feel special and showed they cared. For example the maintenance officer grew seeds at home for the garden and had put lilies in the pond at someone's request. They had built a planter for someone who wished to have their own little garden. Another staff member had taken a person to the pantomime in their own time. Staff also supplemented the shopping trolley and brought donations in so that people could buy magazines and sweets if they were unable to access the local shops. Two staff had personalised people's bedrooms in their own time as they did not have family to help them do this.

Special occasions such as birthdays and Christmas were celebrated. People received a card from staff and other people at the home had signed these, birthday cakes and buffets were frequent to mark these days. Staff dressed up as elves last Christmas and Father Christmas had visited which people had enjoyed. Relatives were invited to the special celebration events held at the home. Relatives told us "We walked in the door and the caring atmosphere enveloped us"; "We viewed three homes and we knew as soon as we came in here."

Relative feedback from surveys, thank you cards and letters were plentiful and highly positive; "Amazing in the loving care and compassion you showed not just to "X" but also to me" ; "You are very, very special" (referring to all the staff at the home); ""X" felt settled and secure in the warmth and environment at Bethany." Feedback on a care home website reiterated the above "Staff are welcoming, caring and helpful; great peace of mind knowing they were on hand."

Good

Is the service responsive?

Our findings

People's individual needs were assessed prior to admission and a more in depth care plan was developed as they settled into the home. Health and social care professionals, family and friends were involved in this process to ensure the home could meet people's needs. Staff took time to get to know people so they knew how people liked to be supported. Friends and family were encouraged to be a part of the assessment and care planning process where appropriate.

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. Personalised care plans described how they wished to be cared for, their life histories, what people's favourite food and drinks were and what hobbies and activities people enjoyed for example one person liked the musical evenings and fish and chip suppers. Where people's dementia affected their orientation at times, care records documented the importance of reminding the person of the time and a 24 hour clock was in place to help orientate them.

People's care needs were discussed daily in staff handovers and people supported to make informed choices where possible. For example, one person had swollen feet but continued to wear their shoes which caused discomfort. The potential risks of continuing to do this were discussed with the person, they had been supported to get better fitting shoes but their choice was respected by staff.

People who were able, were involved in planning their own care and making decisions about how their needs were met. Residents' meetings were held at least quarterly to involve people in their care, discussions about activities and plans for the home. People were encouraged to share the meals they wanted on the menu and suggest activities for the week ahead. People engaged in a variety of activities of their choice, the people currently living in the home preferred events rather than frequent, daily activities and the service had responded by having musical evenings, quiz evenings and fish and chip suppers. A dreams and wishes event had been held. One person had wished for a garden of their own and staff had supported them to have an area which was their own with plants and bird tables.

Another person desired to see the pantomime and staff were arranging for this to happen for them. Many people liked the opportunity to do their own activities such as word searches, puzzles and reading. Puzzles, books, DVD's were all available in the lounges and one person who liked DVD's was supported to purchase new ones through an online company.

People told us they were able to maintain relationships with those who mattered to them. Several relatives and friends visited during our inspection. Relatives confirmed they were able to visit when they wished and often enjoyed a meal at the service. Events and celebrations were shared with relatives and family members such as the Harvest supper, Christmas festivities and the male choir evening.

Staff, people and relatives all told us people were encouraged to raise concerns informally or formally with any staff, through residents' forums, questionnaires or the suggestion box. Any concerns raised were thoroughly investigated and feedback given to staff so learning could be achieved and improvements made to the delivery of care and support. For example one person had mentioned the sandwiches felt damp at tea time. As a result of this feedback they were removed from the fridge earlier so they did not feel cold.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their families and professionals. The policy was clearly displayed in the home. People, family and health and social care professionals knew who to contact if they needed to raise a concern or make a complaint but told us they had no complaints. A relative told us; "Any problems at all, I would just speak to the staff and would be confident it's dealt with immediately." We reviewed all concerns and complaints which had been made to the service, the investigation, action taken and feedback. All were taken seriously, investigated and where needed action taken to address any shortfalls in care or service delivery. For example, a complaint had been received regarding one person's jumper being spoiled in the laundry. Compensation and an apology had been offered and staff reminded to take care of people's clothes. Staff confirmed any concerns made directly to them, were communicated to the registered manager and were dealt with and actioned without delay.

Good

Is the service well-led?

Our findings

People, friends and family, healthcare professionals and staff described the management of the home to be approachable, open and supportive. Everyone described the service as person centred and well-led. People, relatives and health professionals had confidence in the leadership team and felt the values and ethos of the home was inclusive and empowering. The manager shared their goals "To be a role model, to listen, to empower people, for residents to have a good quality of life"; "For us to be a community that suits our residents; I want my staff to be happy; I think they care and that is why they give extra, it comes from the heart"; "We address people's concerns, however trivial they might appear, they are taken seriously and are seen as important for that individual." Feedback regarding the registered manager included "Truly genuine, charming, efficient and resident care focused lady. Clear the home is in good hands."

People, relatives and staff were involved in developing the service. Meetings were regularly held with people and their families and satisfaction surveys conducted which encouraged people to be involved and raise ideas that could be implemented into practice. One relative had raised people might not be able to see the signs on the noticeboard about these meetings so people now received invites in their room. The manager conducted daily walk rounds and anything which was mentioned by people was noted and action taken. For example, one person had been trialling a new bedroom but said they didn't like it, they were given the option of returning to their old room if they wished to. Walk rounds with a relative also occurred and ideas and suggestions for improvement to the environment noted for example a suggestion was made that some of the greenery was cut back in the garden so people could see the garden better. We noted this had been documented and signed as completed.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The registered manager had an "open door" policy, was visible and ensured all staff understood people came first. They told us their leadership style encouraged and sustained good practice. They felt the home's greatest achievements in the past year was the feedback from the quality assurances processes which indicated people were content. Other achievements included the increase in the home's occupancy levels as this had reduced for a period, obtaining the Dementia Quality Mark (DQM), this is a local award for good practice in dementia care, and the training which had been completed in end of life care and mattering.

Staff were motivated, hardworking and enthusiastic. They shared the philosophy of the management team. Staff meetings were used to share good practice and to feedback to staff improvements required. For example night staff had requested more storage space was required to hang clean clothes. Action was taken to move a hanging rail to this area. All staff told us they enjoyed their work and it was a good place to work. The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I love my job"; "I've really enjoyed my time here."

Staff were involved in identifying areas for improvement. For example the housekeepers meeting had identified further training on cleaning products was required so a meeting with the cleaning representatives was being arranged.

Health and social care professionals who had involvement in the service, confirmed to us communication was good and the service was well led. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

There were effective quality assurance systems in place to drive continuous improvement of the service. The management carried out regular reviews which assessed the home's standards against the CQC regulations and guidance. Staff had engaged in a quiz to help people understand the new CQC methodology and what was meant by Safe, Effective, Caring, Responsive and Well-Led. Information following investigations was used to aid learning and drive improvements across the service. Daily handovers, supervision, meetings and audits were used to reflect on standard practice and challenge current procedures. For example, following a staff working practice audit undertaken by the registered manager additional

Good

Is the service well-led?

training was being provided on hand washing technique where this had been identified. The development of a pressure ulcer in the home had led to all staff undertaking training in skin care. Feedback from the local council quality team had suggested a staff picture board, this was in place during our inspection. Residents had suggested new signage in March 2015, during the inspection new yellow signage was in place.

Annual audits related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests were carried out. An environmental audit had identified loose cables which could potentially be a trip hazard, these had been tied back with cable to reduce any injury. We saw in the maintenance records where areas had been noted as needing repair these were followed through promptly. Daily visual walk rounds by the management occurred to ensure the environment and care was safe. Each month had specific areas which were reviewed. During July it was waste management and we were informed more environmentally friendly waste disposal was being implemented. Pre and post training surveys occurred to understand the effect of training and whether staff knowledge and skills had improved. An infection control audit had led to improved labelling and recording of when drink cartons were opened so they were used within the recommended date, noted a new carpet was needed in one of the bedrooms and new toilet seats were required. All audits undertaken had timescales attached to the actions required and when these had been completed.

The registered manager felt very supported by the provider organisation. The operational manager who directly supported the registered manager was described as supportive and visited regularly and maintained frequent phone contact. The registered manager described the additional support they had received in the previous year from the marketing department and human resource colleagues as very helpful.

Plans for the year ahead included an improved garden area for people, embedding the learning from the end of life course and receiving accreditation later this year, improving the environment for people living with dementia and sustaining a person centred ethos.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.