

## Bethesda Care Home Care Home Service

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Stornoway  
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Telephone: 01851 706 222

**Type of inspection:**  
Unannounced

**Completed on:**  
27 March 2025

**Service provided by:**  
Bethesda Care Home and Hospice, a  
Scottish Charitable Incorporated  
Organisation

**Service provider number:**  
SP2014012329

**Service no:**  
CS2014328053

## About the service

Bethesda Care Home is located in a residential area of Stornoway. It can provide care and support for up to 30 older people. At the time of inspection 27 people were living in the home.

The care home has attractive rooms and facilities for people. It is surrounded by its own gardens and outside spaces for people's use.

## About the inspection

This was an unannounced which took place on 26, 27 and 28 March. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service and four of their family and friends;
- spoke with four staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- People had opportunities to participate in well planned activities.
- People told us that they felt well-supported and cared for in the service.
- Staff worked well together to provide a compassionate and caring service for people.
- Improvements need to be made in some areas of support and the documentation used to record these.
- The service was responsive to suggestions made during the inspection.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate, while the strengths had a positive impact, key areas needed to improve.

Throughout the inspection we found that staff treated people with compassion, dignity, and respect. People told us that they felt "happy" living in the home and that their views were sought about all aspects of their care.

People told us:

"I couldn't wish for better".

"If I don't want anything they will do as I ask them".

The spiritual needs of people living at Bethesda were well supported, with daily prayers and regular religious visitors. People were provided with choice if they wished to participate in both religious or group activities.

Activities staff worked hard to tailor a wide range of person-centred activities for people. Activities were culturally appropriate and well-planned. However, on days the activities staff did not work there was limited opportunities for activities. We highlighted to the service that people would benefit from additional stimulation and interaction on these days.

Meals looked appetising and were well prepared. People told us the "food is good and there is a selection". Staff were caring when assisting people to eat main meals, which meant people were supported to have good nutritional intake and throughout the inspection there was evidence that people had access to fluids.

Relatives told us that they were made to feel welcome. They felt that the service was responsive and attentive to changes in their relatives. They had good communication with the home and received newsletters.

Relatives told us:

The staff are "amazing" and they are "delighted" with the care their relative receives.

We were able to see evidence that systems were in place for the prevention of falls. However, it was suggested to management during the inspection that a more detailed analysis of falls is put in place to identify and minimise risk of harm from falls.

Personal plan reviews were being conducted but not always in a timely manner or reviewing people's outcomes. We discussed the need to accurately record and document people's needs in personal plans. Management was aware of the necessity for clearer documentation about decision making and consent, to ensure good outcomes for people.

**(See area for improvement 1).**

We found evidence that high quality nursing care was being provided. The staff were knowledgeable about people and their needs, and responsive to any concerns. However, information in records did not always accurately reflect this or document the follow up actions to concerns. Management were aware of the need for accurate recording of information and that this can pose a potential risk of harm for people who are being cared for.

Medication was stored safely and securely. We looked at documentation for medication and found that there were several errors in recording. The service are aware of the need for accurate recording of information and that this can pose a potential risk of harm to people they care for. The service has been responsive to suggestions to improve practice in this area and sought advice and guidance from the Care Inspectorate pharmacist to ensure they are following best practice guidelines. **(See requirement 1).**

## Requirements

1. By 8 May 2025, the provider must ensure they keep people safe and healthy by making certain that medication management is handled and administered correctly.

To do this, the provider must, at a minimum:

- a) carry out a medication audit to establish a baseline which identifies what improvements are necessary and implement those;
- b) ensure that people administering medication are suitably trained and that they have had their competency assessed;
- c) introduce regular auditing processes to check medication, identify errors and rectify them.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

## Areas for improvement

1. To support positive outcomes for people who use this service, the provider should ensure timely reviews of personal plans are undertaken. Personal plans should identify how the health and wellbeing needs of people are being met. Personal plans should be complete, accurate and contain sufficient information to ensure people's needs are met and reflect the wishes and choices of people.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Our observations were that there was an appropriate skill mix of competent staff on shift. Staff knew how people liked to be cared for and did this in a kind and supportive manner. However, there was no staffing

tool analysis in place and methods to assess staffing were not informed by the latest guidance. We recommended to management that a more robust staffing tool is used to assess and support their decision making in relation to staffing cover.

Staff told us they "love" their job and provided examples of ways in which they worked with staff from other departments, describing them as being "like a family...we all work together, and each department overlaps". There was an ethos of care, feeling valued and supported by management. This meant staff felt listened to and valued.

There was evidence that staff views were sought, and information was communicated and disseminated in various ways, such as team meetings and notices on staff boards.

Feedback from a professional was that "staff know people well" and there was "exceptional' mentoring in place for new nurses/trainees. There was evidence of staff being supported to progress their careers with training and qualifications.

From our observations and feedback received, the manager had good oversight and running of the home. They were viewed as being approachable and responsive to the needs of staff.

## How good is our setting?

## 5 - Very Good

We found significant strengths in aspects of care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The home was bright, airy and the layout was spacious. It was very well maintained and benefited from a robust cleaning schedule and maintenance programme. The grounds were well maintained and there was a greenhouse where plants for the gardens were grown by the maintenance officer. There was access to outside areas from downstairs rooms. Taking into consideration the spacious layout in the home, we have fed back to management that they consider ways to support people who "walk with purpose" to access all areas within the building.

There were several communal areas and people had both opportunity and choice to use either private or communal areas. Rooms were homely and decorated with personal belongings. People who lived in the home told us about ways in which they had personalised their room and how staff have supported them to do this.

The management have sought and listened to feedback from families. A family member told us about the coffee station which had been suggested and was now in place, showing that their views were listened to.

It was apparent that the manager had clear expectations of high standards of cleanliness and maintenance within the home, which was evidenced from our observations and the care taken to make the setting homely for people.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The provider should ensure that effective arrangements are in place to meet all service users' social and recreational needs in a manner that promotes choice and independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that

'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22)

**This area for improvement was made on 30 August 2022.**

#### Action taken since then

An activities co-ordinator had been employed and planned activities have commenced. There was evidence of the interests and views of service users' being sought from families and other professionals for planning of activities.

We found that the spiritual and cultural needs of people are respected within the home. People are provided with choice if they wish to participate in both religious and group activities.

It is apparent from observations and feedback, the engagement of an activities coordinator has provided positive outcomes for people who use this service.

#### Previous area for improvement 2

To support people's safety, health and wellbeing, the provider should ensure that quality assurance for IPC and people's general health and wellbeing support is comprehensive and effective.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

**This area for improvement was made on 30 August 2022.**

#### Action taken since then

Evidence of regular audits and quality assurance checks for IPC being undertaken by senior staff and management.

An IPC Champion is now in place and regular meetings and reviews are taking place to review IPC.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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