

Bethesda Care Home Care Home Service

Springfield Road
Stornoway
HS1 2PS

Telephone: 01851 706222

Type of inspection:

Unannounced

Completed on:

30 October 2019

Service provided by:

Bethesda Care Home and Hospice, a
Scottish Charitable Incorporated
Organisation

Service provider number:

SP2014012329

Service no:

CS2014328053

About the service

Bethesda Nursing Home provides nursing care for up to 30 older people. Nine places in the service, all located on the upper floor of the premises, are used to provide respite care. Referrals for respite care are made through the local authority who have a contract with the provider to deliver this service. The remaining 21 places, all located on the ground floor of the building, are used for long term care.

Bethesda is located in a residential area of Stornoway. The spacious accommodation is located over two floors, with the upper floor being accessed by either stairs or a lift. All the bedrooms are en suite (including shower). There are a number of communal lounge areas throughout the home, a dining room on the ground floor, and very pleasant, easily accessed garden areas around the building.

Bethesda's philosophy of care is to "provide care based on models of good practice, provide a homely atmosphere which generates a sense of belonging within which it will be easy for the individual to adjust to new surroundings, encourage maximum independence through innovative programmes of rehabilitation".

The premises, management and staff are shared with a four bedded hospice located in a separate wing of the building.

What people told us

Eight questionnaires were submitted to us before the inspection. These showed a high level of satisfaction with the standard of care they themselves or their relatives received. Specific comments included:

- "I am quite happy with the way things are now. I can get a cup of tea any time I want one"
- "My room is lovely and I like the food"
- "I would prefer more observance"
- "It's all very good"
- "I am very impressed by the leadership of Bethesda. The manager is very approachable, professional and proactive"
- "There is currently no facility for relatives or friends to have a cup of tea or coffee with their relative while visiting. This is a key social interaction opportunity and it is a shame that this is lacking"
- "Would not change anything - It is wonderful"
- "The staff look after the residents to make sure they are comfortable at all times"
- "(Setting) very good"
- "Very good staff team".

There was a response that indicated that the person did not think that there were enough staff to care for their relative properly, and also two people disagreed that they were involved in regular reviews with staff about their relatives care.

During the inspection we were able to speak with people who live in the care home and with 11 visiting relatives. People we spoke with gave feedback that demonstrated a high level of satisfaction with the service. This included about the standard of care, comfort, the respectful approach from staff, and the manner in which staff engage with relatives.

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?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

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

Bethesda Care Home continues to provide a very good standard of service provision. We assessed that the service provided demonstrated major strengths with regard to how they supported people, and that there were very few areas for improvement.

People should experience warmth, kindness and compassion. Feedback from people living in the service, and their relatives, was very positive about this aspect of care. People told us about a staff team who were kind and caring, and who responded appropriately to any requests for assistance. We saw that staff engaged well with people, encouraging conversation with those they were supporting, and their friends and visitors. Interactions were polite, respectful and offered encouragement. It was apparent that staff worked well to develop meaningful relationships with people, getting to know what people liked, what was important to them as well as what their needs were.

People received care and support in a way that we saw maintained their individual dignity, and demonstrated respect. Individuals were very well supported with personal care needs, and were being given the right level of assistance with grooming, and dressing, so that they were able to maintain personal standards.

People should get the most out of life. We recognise that for many residents the opportunity to attend Christian worship, which is well supported within the care home, remains an integral part of daily life, and contributes towards meeting their spiritual needs.

Furthermore we saw that the staff team, and activity volunteers, were working to develop meaningful activities on a regular basis. There were some regular entertainment arranged, for example visiting musicians, which we saw people enjoyed. Children and young people from local schools and nurseries visited, and we saw that there were regular group activities, led by care staff which we observed made a real difference to people's experience. As well as participating in the activity we saw that the interaction, conversation and often reminiscence offered stimulation, which resulted in some people becoming animated and engaged.

We concluded however that further evaluation would be beneficial to planning meaningful activities, with a focus on ensuring that activities take into account each individuals' interests, preferences and needs. Specifically we observed that further development of meaningful activity was necessary within the respite unit so that people using that aspect of the service would enjoy a range of options during their stay. **(See area of improvement 1)**

People's health should benefit from their care and support. We saw that people benefitted from consultation with and advice from a range of healthcare professionals. We were very satisfied that nursing staff, who were skilled in assessing healthcare needs, were proactive in seeking further support when this was indicated as being necessary. Changes in health, or presentation, were carefully monitored and followed through, and it was evident that staff were attentive to following any advice obtained. We concluded that these factors supported people to keep as well as was possible, and to have their individual needs, particularly in relation to key healthcare areas, such as skin care and nutrition met. We observed that people who required intensive support due to frailty, or whose health had significantly deteriorated, and had palliative care needs, received skilled care which supported their wellbeing and maximized their comfort. We observed that people whose care was being provided predominantly in bed, were well positioned, and had been well supported with personal care. We observed that individuals were receiving the right level of support with eating and drinking. We saw this being provided with care and compassion.

We were satisfied that the management of medication was good and was based on best practice and guidance which protects individual health and wellbeing. The exception to this was in relation to how they managed

topical medicines, for example emollients or creams which moisturise or cleanse the skin. We could not see that care staff, who would primarily be responsible for this as part of personal care support, had sufficient written guidance available to inform them as what the person was prescribed, and how and when it needed to be applied. We would also expect, in line with best practice, that records would be maintained of any preparations applied. **(See area of improvement 2)**

Being able to eat and drink well is important to overall health and wellbeing. At mealtimes we saw that people ate well, were offered choices, and we were told that the food was good. People who required assistance were supported in a way that promoted their dignity, and which also encouraged nutritional intake. The communal dining room offered a pleasant environment within which to enjoy a positive and sociable dining experience. The lunchtime service was well organised, meaning that people received their meals, and any support that they needed in a timely and well paced manner.

Of relevance to the good practice in this area, and supportive of overall health and wellbeing, are high standards in relation to environmental cleanliness and infection control. The premises were seen to be very clean, and as well as supporting good health indicates a staff group who take a pride in their work, and who demonstrate respect to the people who use these facilities.

Areas 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 care and support is consistent with the Health and Social Care Standards 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)

2. To promote good skin care staff should ensure that when people are prescribed emollients and creams as part of their planned care, that they administer them as prescribed. The service should also follow good practice guidance in maintaining clear records that support effective practice.

This is to ensure care and support is consistent with the Health Social Care Standards which state that 'My care and support meets my needs and is right for me'. (HSCS 1.19)

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

5 - Very Good

We assessed that there were important strengths in how care and support was planned in this service, and we concluded that when taken together these contributed to very good outcomes for individuals.

The provider has recently reviewed their pre admission processes to allow them to evaluate whether they can appropriately and holistically meet the persons needs. In doing this they take into account a range of factors relevant to the service they provide, as well as the needs of the person. This also enables the staff team to make proper preparations when someone new is to be admitted in terms of making any adjustments, ensuring that key supports are in place. This also support the admission process through ensuring that as much relevant information has been made available to the team beforehand.

People's care plans should be right for them because they set out how their needs will be met, as well as their wishes and choices. We saw that each person had a personal plan, which used a range of assessment tools to inform needs and risks in key areas such as nutrition, skin care, mobility and falls. Care staff were supported to provide person centred care through the use of plans which inform them as to the persons needs, and about how they should work to provide this in the way that best suits the person. This supported continuity of care, and consistency of practice for the individual. Overall these support plans were person centred, and contained some detailed information, which we concluded enabled a well established staff team, with responsive supervision, to deliver individualised care.

We identified some areas which the service could take forward to further support care planning.

We observed that for some people using the respite service a more comprehensive approach would be of benefit in reviewing or when necessary renewing personal plans at a time of admission, or when needs have significantly changed. We observed instances when the plan was hard to follow because of incremental changes being recorded in an adhoc manner. At feedback we highlighted some areas where we observed plans, including risk assessments could be improved to ensure that they provided clear guidance, or evidenced continuity, and evaluation, of the clinical nursing care being provided. Our conclusion was that regular and robust application of care plan audits, looking holistically at the plan, should effectively address these types of issues on an ongoing basis.

We concluded that the service should now, in developing personal planning, consider how the plans might further develop to better support personal outcomes, including how to support people to retain skills and abilities, or to enhance the experience of people living with dementia or cognitive impairment.

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 care and support is consistent with the Health and Social Care Standards 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 6 December 2018.

Action taken since then

We identified that the service should further develop activity planning in the service. This was because although there were some regular opportunities available, particularly for people living in the home on a long term basis, these were, to date, more sporadic, and less frequent for those accessing the respite service. This area of improvement will therefore be continued.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	5 - Very Good

5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good
--	---------------

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.