



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### **Bethel & Bethesda Residential Home**

**Equity Road East  
Earl Shilton  
Leicestershire  
LE9 7FY**

*Lead Inspector*  
David Bacon

*Unannounced Inspection*  
31st October 2007      08:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Bethel & Bethesda Residential Home
<b>Address</b>	Equity Road East Earl Shilton Leicestershire LE9 7FY
<b>Telephone number</b>	01455 847505
<b>Fax number</b>	01455 850042
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Cooper Residential Homes Limited
<b>Name of registered manager (if applicable)</b>	Mrs Judith Anne Wright
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	34
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (34)

# SERVICE INFORMATION

## Conditions of registration:

1. Bethel and Bethesda Residential care home is registered to provide personal care to male and female service users who fall within the following categories:- Old age, not falling within any other category (OP) 34
2. The maximum number of persons to be accommodated at Bethel and Bethesda Residential care home is 34.

**Date of last inspection** 1st August 2007

## Brief Description of the Service:

Bethel and Bethesda is a residential care home for older people. It is close to the centre of Earl Shilton where there is a range of shops and other local amenities. The home caters for 34 residents. All bedrooms but one are single and 21 have ensuite facilities. There are four lounges, two dining rooms, two kitchens, and a secluded courtyard garden. The premises are single-storey and all areas are accessible to residents with limited mobility.

The range of fees is from £320 to £327 per week. Copies of inspection reports are made available to service users and displayed in the home.

# SUMMARY

This is an overview of what the inspector found during the inspection.

This key unannounced inspection took place during October 2007 and the visit to the home was undertaken over approximately 5.5 hours.

The care received by three service users was looked at in detail. This process is called "case tracking" and individual service users care records and general home records were looked at as part of this along with discussions with service users about their experience of life within the home.

The inspector spoke with three service users, six staff members, the registered manager and registered provider. The outcome of the homes own recently completed satisfaction surveys were also viewed along with any notifications received as part of the overall gathering of information regarding the service.

A partial tour of the premises was conducted including areas relating to the service users who were case tracked. Service users care records and staff records were inspected along with policies/procedures and administrative systems.

## **What the service does well:**

The home staff work hard to provide excellent standards of care tailored to meet the individual needs of service users who are treated with dignity and respect. Service users rights and choices are fully promoted and they are actively supported to voice their opinions about the services they receive. Service users comments included: "Well, it's easy to say about the care, it's tremendous, they do a marvellous job, for me I couldn't do better". "If I had any reservations I wouldn't have stayed but they are wonderful, it is clearly run in everyone's best interests". "Yes, they look after you alright, I'm happy enough".

Service users receive a wholesome and nutritionally balanced diet of which there is good choice and service users views regarding meals is regularly sought and acted upon.

The home is well managed and comprehensive recruitment procedures are in place to protect service users. Staff receive good levels of support, individual to their own development needs and to maintain high standards of care.

The physical environment is of a good standard, safe, very well maintained and provides a clean and comfortable place for service users.

Comprehensive quality assurance systems are in place, which are continuously monitored and evaluated to maintain and improve the standards of care.

## **What has improved since the last inspection?**

No areas of improvement were identified during the previous inspection. A continual programme of maintenance and redecoration is in place and several bedrooms have been decorated since the previous inspection visit.

## **What they could do better:**

Service users care needs must be fully assessed and care records must clearly individuals care needs, any risks and how these should be minimised. For example, regarding mobility and also meeting service users personal care needs.

A variety of activities are made available, which are tailored to meet service users needs and personal preferences although these could be more regularly held and more clearly promoted.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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Health and Personal Care (Standards 7-11)

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

3 Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Service users are satisfied with the admission process, of which they receive comprehensive levels of support. Service users are involved in planning the care they receive although records do not consistently provide staff with sufficient information about service users care needs.

### EVIDENCE:

Several specifically trained staff are in post to support service users during their admission to the home and admission procedures have recently been reviewed to more fully meet service users needs during this time. Service users are encouraged to visit the home at a time that suits them and they can stay for a months trial period, of which there is no obligation to stay.

The care records seen identified that an assessment of each service users care needs had been undertaken although some records were too brief and did not provide staff with clear details of service users care needs. For example, the

records of one service user requiring support with their personal care needs stated: "assist if required" although the area of need was not noted. The owner and manager acknowledged this and took steps to rectify the matter during the visit. Information regarding service users personal daily living preferences were clearly noted and records showed where service users had been involved in the admission process of which they were fully satisfied. Comments included: "I would have moved if it wasn't right but from the start they've done whatever they could do to help". "They tell you what you need to know but it's how they tell you that makes them so good". "They have been perfect with me". "I've got all the information they gave me somewhere, but I don't need it". "They put your mind at rest and do whatever they can to help, it's a very personal service".

The home does not provide intermediate care.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 9, 10 Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Service users feel satisfied with how they are treated and they can be assured that their care needs will be met by a well informed and caring staff team although some minor adjustments are needed with the homes care recording systems.

Procedures for the administration of medication are appropriate and support service users to maintain their independence where possible.

### **EVIDENCE:**

The service users spoken with were fully satisfied with the care provided and said: "Anything you want or need you are given here, I like to be independent where I can so that's precisely what happens". "You can rest assured you don't want for anything, they look after you, you get everything you need". "I do need some help but they are happy to do what they can, there's no worries with the care here".

The staff members spoken with confirmed that they received regular awareness training and support specific to meet service users care needs and to promote their privacy and dignity of which comprehensive policies and procedures are in place.

Information gathered from the initial assessment is used to complete a care plan, which is person centred and service users are involved. The records seen briefly documented each individual's care needs but did not clearly instruct staff as to how these were to be met or the care provided. Care records were reviewed and updated as necessary. A risk assessment is undertaken of each service user although some information seen did not provide staff with adequate guidance to minimise identified risks. For example, the record of one service user at risk of falling only stated: "keep safe and secure". It is important to note that the owner and manager were keen to take action to address this through further developing the homes care recording systems. Also, staff are to be commended for the respectful way service users are treated in the home.

Systems are in place to enable service users to administer their own medicines where this is risk assessed as appropriate. Staff whom administer medication receive accredited awareness training regarding this. Medicines were properly stored and records clearly documented medicines as receipted into the building, as administered and where disposed.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

### JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 15 Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Service users can choose how they spend their time and to maintain and develop community links as they prefer.

Service users enjoy the meals provided and their views regarding meals are regularly sought.

### EVIDENCE:

Service users are initially consulted with about their likes and dislikes and any preferred routines as part of the admission process, which is recorded in their individual care plan. Service users said they were fully supported to make decisions about their lives, that there were no restrictions as to how they could spend their time and that their visitors were made welcome. Comments included: "You do as you like, you are free to spend your time as you would at home but obviously the environment is different". "I like the fact that you can really do what you want to with your time, it's not regimented, the staff ask you what you would like so you are encouraged to do as you please".

The diverse religious needs of service users residing in the home are provided for. Other general activities include: bingo, crafts and entertainers. Service users said they enjoyed the activities available although records of these are intermittent. The manager and owner acknowledged that the provision of activities would benefit from being reviewed and better promoted overall to enable more service users to be aware of the provision. Service users comments included: "It would be nice if there was more, the girls try hard though". "I'm happy doing what I do, there's sufficient for me, you would need to ask someone else". "I'm not aware of what's to do but I'm getting to know things".

Service users dietary needs and preferences are assessed upon arrival of which the homes kitchen staff are made aware. Two full time cooks are employed and a three-week rolling menu is in place, which is regularly reviewed and developed as per the views of service users. Records of meal and equipment temperature checks are maintained. Service users views regarding the provision of meals is regularly sought during residents meetings and quality satisfaction question questionnaires, which are assessed and acted upon. Comments regarding meals included: "The thing is others may not appreciate it all but I thinks it's lovely and I'm just getting bigger". "Some may not like it but I look forward to the meals, they are delicious and you get cooked breakfasts". "There is an alternative and they are keen to know what you think about the meals and they change things accordingly, you can't really beat that". "Yes, it's very good, I'm satisfied with it and there's enough". Senior staff have recently attended nutrition awareness training to further improve the standard of meals provided.

## Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

16, 18 Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Systems are in place to enable service users to complain about the care they receive. Staff are made aware of how to protect service users from abuse.

### **EVIDENCE:**

The Service users spoken with said they felt able to express any views about the care they received, even if these were negative. Comments included: "I can't for the life of me see what anyone would have to complain about". "You do have views about things and they listen to you, there's no problem". "You can talk with the staff or managers, we get asked in meetings if we have any concerns or things to say". "They will always change things for you, it is very good in that way". Policies and procedures are in place to protect service users from abuse and to enable them to express any views regarding the services provided.

There have been no safeguarding adult's referrals since the last inspection visit and the one concern raised was swiftly addressed to the complainant's satisfaction. Any received complaints or concerns are taken seriously and acted upon. The complaints procedure is displayed in the home and information regarding this is located within the service users guide.

The staff members spoken with were aware of the need to safeguard service users from abuse and the correct action to be taken in the event of a concern

being identified and confirmed they had received awareness training regarding this.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

19, 26 Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

Service users benefit from a safe, hygienic, comfortable, homely and very well maintained environment.

### EVIDENCE:

All the areas seen were clean, tidy and well maintained and significant effort has been made to create an overall "homely" feel to the environment, which meets the individual needs and preferences of service users. A rolling programme of maintenance and decoration is in place along with regular environmental risk assessments. Any maintenance needs are recorded and swiftly acted upon.

All internal and external areas are wheelchair accessible. A range of moving and handling equipment, aids and adaptations are in place, appropriate for the care needs of service users.

The service users spoken with were satisfied with the cleanliness of the home and their own rooms. Comments included: "It's always clean, you could do it yourself if you wanted to but they look after the place very well". "My room and everything is kept very clean". "I noticed at first how homely it is everywhere". Service users are supported to personalise their own rooms and there is a range of communal areas.

Substances identified as being potentially hazardous to health are stored appropriately and information sheets are in the place, which provide guidance for staff who confirmed they received health and safety awareness training.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28, 29, 30 Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

Comprehensive recruitment procedures are in place to safeguard service users.

There are sufficient numbers of staff, appropriately deployed and well trained to allow them to care for service users.

### **EVIDENCE:**

The staff records seen evidenced that appropriate recruitment checks and procedures had been undertaken of which clear guidelines are in place. Staff records contain application forms, references, criminal record bureau checks, and identification.

The owners and manager place significant importance on supporting and developing staff and continuously look at how to improve the homes training provision to provide the best care outcomes for service users. For example, the staff team is multicultural and staff having English as a second language are able access support from a local college for help to improve their language skills.

Newly appointed staff attend a comprehensive, nationally recognised induction training programme upon commencing work at the home of which records are maintained. An individual training plan is in place for all staff and any training

needs are identified and met where possible to further improve the care provided. The staff members spoken with confirmed that they received regular training appropriate for their roles. Staff said that they enjoyed working at the home and that any routines were flexible where possible to meet service users individual choices and lifestyles. Staff also felt able to voice their opinions about the care provided including during supervision and staff meetings, of which records are maintained. Staff turnover in the home is low.

The service users spoken with said that they were satisfied with the standards of care provided, which was further evidenced in the completed satisfaction questionnaires seen. Comments included: "I can only say that they are a godsend, they provide just what you need". "There seems to be enough staff and of course they are marvellous". "They are there when you need them and they treat you properly". "You don't have to wait too long when you need help". "We are very well looked after here".

The pre inspection information received identified that there are plentiful levels of staff to meet the needs of service users in an individualised and person centred way, which was further evidenced during the visit.

## **Management and Administration**

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

31, 33, 35, 38 Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

Service users are supported to express their views regarding the care they receive, which positively influence the care provided.

The home is well managed and systems are in place to ensure that care is provided in a safe and appropriate manner.

### **EVIDENCE:**

The registered manager has extensive experience in working with older people and attends regular training to further develop their role. The owners also have significant experience and are involved in the day-to-day running of the home to further support the "person centred" care provided. The service users and staff spoken with were all satisfied with the overall running and

management of the home and comments included: "You can talk with any of them and know that they will listen". "You don't know what to expect in these places but they really do care about you here and you can always talk with them". "Well, they want to know what you feel about things, your opinions and they try and change things if you don't like them". "All of the staff are approachable, from the top to the bottom". Quality satisfaction questionnaires are sent to service users once a year, which are assessed and acted upon as part of the strategy to continuously review and improve the services provided. Regular service users meetings are also held and service users are actively supported to express their views regarding the services provided.

The home refrains from involvement in service users personal finances and policies and procedures are in place to protect service users where any monies are held for safekeeping. Records of any transactions are also maintained.

Comprehensive systems are in place to maintain a safe environment and safe working practices, which are regularly updated. For example, environmental risk assessments are regularly undertaken and staff receive appropriate training and information appropriate for their work. Safety tests had been undertaken regarding legionellosis and water temperature safety systems are in place. Substances identified as being potentially hazardous to health are stored appropriately. Fire safety tests were appropriately maintained and the home staff receive regular awareness training regarding this. The most recent fire safety inspection report was satisfactory.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	2
4	X
5	X
6	N/a

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	4
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	4
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	4
20	X
21	X
22	X
23	X
24	X
25	X
26	4

STAFFING	
Standard No	Score
27	4
28	3
29	3
30	4

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	4
34	X
35	3
36	X
37	X
38	4

Are there any outstanding requirements from the last inspection?

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP3	14 (1)	An assessment of each service users care needs must be undertaken to ensure service users care needs can be adequately met.	31/01/08
2	OP7	15 (1)	A comprehensive care plan must be completed for each service user, which clearly identifies each care need met.	31/01/08

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP12	It is recommended that the homes provision of activities are reviewed and more fully promoted.

## **Commission for Social Care Inspection**

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