

## Bethesda Care Home Care Home Service

Springfield Road  
Stornoway  
HS1 2PS

Telephone: 01851 706222

Type of inspection: Unannounced  
Inspection completed on: 14 December 2016

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

**Service provider number:**  
SP2014012329

**Care service number:**  
CS2014328053

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The service re-registered with the Care Inspectorate on 12 November 2014. This was because of a change to the legal entity of the provider organisation. The service provider, Bethesda Care Home and Hospice, is a Scottish Charitable Incorporated Organisation (SCIO) and is an inter-denominational charity.

Bethesda Care Home provides nursing care for 30 older people. Nine places in the home are used for respite care, for which referrals are made through the local authority social and community service department.

The home is situated within a residential area of Stornoway. The accommodation is located over two floors with the upper floor being accessed by either stairs or a lift. All the bedrooms are en suite. There are pleasant garden areas surrounding the home, with seating areas, which can be enjoyed during good weather.

Bethesda's philosophy of care is "to provide appropriate 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 appropriate innovative programmes of rehabilitation".

This inspection focused on standards of care for people living with dementia. We are using a sample of 150 care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample.

The areas looked at were informed by the Scottish Government's Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

## What people told us

We obtained feedback about the service both from care standard questionnaires submitted before the inspection, and from those who we were able to speak with while we were present in the home. This included the views of people living in the service, people using the respite service, and their relatives or carers. Overall people told us that they were satisfied with the standard of care they, or their relative received in the service.

People told us :

" Bethesda offers a blue print that other care homes should follow".

" Standard of care excellent overall. Staff professional and competent , making for a happy respite stay".

" He is very happy with the care , the staff and the food , no complaint at all".

" Happy with the high standard of care, very clean and free from odours. Enjoyed my stay when in for respite. Impressed with standard of care and professionalism of all staff ".

## Self assessment

The Care Inspectorate received a fully completed self assessment from the provider. The provider identified what it thought the service did well and gave some examples of areas for development.

## From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	5 - Very Good

## Quality of care and support

### Findings from the inspection

During this inspection we concluded that the service were continuing to evidence very good standards of care. Staff support was provided in a way that was warm and compassionate. We saw that the opportunity for respite care was much valued by people using the service, including family carers.

We observed that people were well supported with personal care needs. Support was provided in a respectful and dignified manner. People were seen to receive support when this was required and by staff who understood individual needs, and were clear about how this support should be provided.

There were good arrangements in place to support people who may need support from other health or social care professionals. We saw evidence of health needs being monitored, and that where necessary arrangements had been made for a GP or other health professional to visit as appropriate. Support plans indicated that advice from external professionals was consistently followed through.

The service had good arrangements in place to ensure people have their nutritional needs met. The mealtime experience was positive. Meals were attractively served and seemed tasty. Appropriate levels of support were available to those who need this to eat and drink. We saw that kitchen staff had a clear understanding about individual dietary needs.

Personal plans were, overall, an up to date and accurate reflection of individual care needs. These could be further developed to ensure that they included relevant information about supports the person needed because of dementia or other conditions which affect cognition. We identified some on going areas of improvement to ensure that the information set out in plans, particularly around details such as pressure care prevention was sufficiently detailed and clear to the staff group. Records held to demonstrate what care has been provided, for example oral care, sometimes showed many gaps, and should be improved.

We checked practice around the administration of medication. Medicines were administered by trained nurses, and at the inspection we were satisfied that practice in this area was satisfactory. However, because there have been some incidents / errors concerning medication happening over the past period we have made a recommendation about checks and audits in this area under Quality Theme 4 ( Management and Leadership).

**(See recommendation 1 , Quality Theme 4).**

We also highlighted that there may be some items, for example topical preparations, such as skin moisturisers which the MAR (medication administration record ) may not be appropriate for. Often these are applied by care workers as they support individuals with their personal care. Staff applying these products should be able to refer to clear information as to when they should be used, and where they have used a preparation they should sign accordingly. **(See recommendation 1).**

We observed a variation in the standard of reviews that were taking place for people using the service. Records of some review meetings were not clear in demonstrating that these had been a consultative meeting and an opportunity for individuals or their representative to discuss how their care was provided. While reviews were taking place at regular intervals we assessed that further monitoring was required to ensure that these meetings were an effective forum to review individual care and support. **( See recommendation 2).**

From our direct observations during the inspection, and from looking at information about activity provision we concluded that this was an area which required further development. We saw that the normal activity sessions took place twice a week. At these times a range of interesting activities were on offer in the home, led by a dedicated volunteer who was supported by two staff with allocated responsibilities in this area. However, we concluded that given the size of the home, and the diverse nature of the resident and respite group, that this provision needed extending beyond the current arrangements. This would be so as to ensure that a planned programme of stimulating and meaningful activities were regularly available to people, with opportunities for both group and individual engagement according to their needs and preferences. **( See recommendation 3).**

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. The provider should ensure that care staff supporting people with topical medicine preparations have access to clear written information and guidance about their use , and sign accordingly for what they have applied . This is in accordance with NCS - Care Homes for Older People - Standard 15 - Keeping Well- Medication - 9

2. Personal plans should be reviewed at least every six months . The review should, where possible, be inclusive of the person, or where appropriate, their representative . A record should be maintained of these discussions highlighting any actions to be taken forward and by whom.

This is in accordance with NCS - Care Homes for Older People - Standard 6 - Support arrangements - 3 and is also supported by  
SS1 2011/210 The Social care and Social Work Improvement Scotland ( Requirements for Care Services )  
Regulations 2011 -5 (2) (b) (iii)

3. 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 in accordance with NCS - Care Homes for Older People - Standard 12 : Lifestyle , (social, cultural and religious belief or faith).

**Grade:** 5 – very good

## Quality of environment

### Findings from the inspection

We have assessed that this service continues to evidence consistently high standards in relation to all aspects of the environment. The care home, located over two floors, was very well maintained and furnished. The standard of accommodation and comfort throughout the home was very good.

The premises are bright and airy with spacious communal areas. The home is decorated to a very good standard and any remedial works within the environment were quickly addressed and resolved. Bathrooms and en suites were well-appointed, and suitable adaptations were in place for use by individuals who require assistance or special equipment.

There are good systems in place for equipment maintenance and regular safety checks .

The service was in the process of taking forward recommendations identified in their annual fire inspection.

The care home premises were very clean throughout. Infection control practice was regularly checked and audited.

The service has regularly updated risk assessments which they use to inform all aspects of safety within the care environment.

There are safe garden areas which can be used in better weather. Outside areas were well looked after and attractive. The care home has a balcony area which can be accessed directly from a sitting area. As the balcony is elevated we would recommend that the environmental risk assessment is reviewed to ensure that all appropriate measures are in place to reduce any associated risks. **(See recommendation 1).**

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 1

1. The service provider should carry out a comprehensive risk assessment of the balcony. In doing this they should consider all relevant factors concerning risks associated with people who use the service, as well as the design, and access to the area. This risk assessment should be regularly reviewed and any identified and necessary protection implemented.

NCS \_ Care Homes for Older People - Standard 4 - Your Environment - 1, 2 and Standard 5 - Management and Staffing Arrangements -1

**Grade:** 5 - very good

## Quality of staffing

### Findings from the inspection

This service had, just over a year ago, extended their service provision to include a nine bedded respite unit. This has obviously resulted in a large increase in their staffing requirements which meant that they have taken on a significant number of new staff. This has presented some challenges as groups of new staff have settled into working within the service, and as some less experienced staff have been supported to develop their skills .

The service had good arrangements in place which supported safer recruitment and induction, which ensured that staff were registered with relevant professional bodies. There was an ongoing process for staff training, so that staff received a range of mandatory and developmental training courses, both at a point of induction and at regular intervals thereafter.

Trained nurses, supported by care assistants, lead shifts, carry out clinical nursing duties as well as being responsible for key tasks such as developing care plans and the administration of medication. Nurses are allocated responsibility for overseeing and developing certain areas of practice, for example, tissue viability, nutrition, oral care and foot care, infection control and dementia training. We concluded that this supported the development of staff skills and positively influenced the provision of direct care. The skill base of staff is considerably supported by the training and learning opportunities relevant to palliative care, available to those who work in the hospice service. The hospice, although a separate service, is located from the same premises and staffed from within the same group.

Dementia training has been well supported within this service, with a comprehensive approach towards developing staff knowledge and skills in this area. Through an ongoing programme, this is gradually being made available to staff working in different disciplines within the service.

The service had recently reviewed their policy and practice arrangements to support supervision and appraisal. They had previously identified that existing arrangements did not support a consistent approach. New arrangements had recently been agreed, but at the time of the inspection implementing this remained a work in progress which we will look at again at the next inspection.

### Requirements

**Number of requirements:** 0

## Recommendations

Number of recommendations: 0

Grade: 5 – very good

## Quality of management and leadership

### Findings from the inspection

We have continued to assess that this service benefits from effective, caring management and leadership. The manager remains visible within the service and is up to date with all aspects of service provision on a daily basis. This approach enables a responsive approach towards any issues which arise. Senior staff having delegated responsibility for the delivery of care and clinical nursing care, actively oversee and work closely alongside care workers. This seemed to result in a well-organised staff group within which roles and responsibilities were well-defined and understood.

There are regular planned meetings of senior and nursing staff. We saw that through these meetings a service improvement agenda was being promoted. This was appropriately based on practice issues that have arisen, updated best practice, changes in legislation and the findings from various quality checks (audits) regularly carried out in different departments of the home. Groups with responsibility for monitoring key areas of service delivery, for example, health and safety include staff from the relevant disciplines. We concluded that this supported staff to develop skills and knowledge relevant to the work they were doing and also demonstrative effective governance of these areas. Findings from audits were used to highlight where improvements were needed. The service quality assurance plan was being reviewed for the forthcoming year so as to ensure that they remained the most relevant and effective tools for using to check service standards.

As outlined under Quality Theme 1, there has been a number of adverse incidents around the administration of medication. We concluded on each separate occasion that the service has taken appropriate remedial action with regard to the individual concerned and have sought to identify causal factors with a view to preventing a re occurrence. We are also satisfied that there is an openness and transparency within the service regarding errors, and that the emphasis is appropriately on service improvement. However, the ongoing nature of these events indicate that further work is required to improve safety around this task. **(See Recommendation 1, Quality Theme 4).** A separate recommendation has also been made specifically regarding the records in place to support the administration of topical medicines.

**(See Recommendation 1, Quality Theme 1).**

The service at Bethesda Care Home has experienced and responded to new challenges in the last year since they began to provide nine respite places. This is a very valuable service, and we are mindful of the contribution that respite provision makes towards sustaining informal carers, and to supporting people being supported in the community with extensive care packages. We concluded however that the provider needed to ensure that they continued, with their partner agency, the local authority, to monitor and review how the respite service was organised and delivered so as to ensure an ongoing quality service.

## Requirements

Number of requirements: 0

## Recommendations

### Number of recommendations: 1

1. The service provider should carry out a review of their policy, procedures and practice in relation to the administration of medication. In doing this they should involve staff who have responsibility for the safe administration of medication in auditing and evaluating practice. This would be with a view to identifying potential risks, and where required, implementing any necessary measures.

This is in accordance with NCS - Care Standards for Older People - Standard 15 - Medication 1-15

**Grade:** 5 - very good

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

## Previous requirements

There are no outstanding requirements.

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

## Previous recommendations

### Recommendation 1

It is recommended that the service will implement newly revised protocols to support the safe administration of medication. This is with particular emphasis on using methods appropriate to the service user and their circumstances, to check that an accurate list of up to date medicines are obtained when people bring their medicines with them into the home. This should also include up to date details of topical preparations.

**NCS- Care Homes for Older People - Standard 15 -6**

**This recommendation was made on 15 February 2016.**

### Action taken on previous recommendation

The service did review, and make improvements, to their policy and procedure with regard to medicine management. However, as stated previously there have been some on going issues with regard to the administration of medication, we have concluded that there is further work to be done to identify and then eliminate, as far as is possible, recurrence of medicine administration errors. A recommendation will be made in



this report under the quality theme management and leadership about this key area of care provision. ( See **recommendation 1 , Quality Theme 4)**

## Recommendation 2

The service should ensure that the arrangements in place for the safe storage of oxygen cylinders meet the best practice guidance. Staff should be made aware of necessary safety precautions to be applied when handling medicinal gasses.

## National Care Standards - Care Homes for Older People - Standard 4 - Your Environment

This recommendation was made on 15 February 2016.

### Action taken on previous recommendation

The provider has arranged a suitable outside facility for the storage of oxygen cylinders. This recommendation has therefore been fully met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
22 Dec 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
14 Nov 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good

Date	Type	Gradings	
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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