



Inspection Report on

Bethshan Sheltered Housing Association

**Heol Treowen
Newtown
SY16 1JA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

05/06/2023

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About Bethshan Sheltered Housing Association

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Bethshan Sheltered Housing Association
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	22 December 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This was a focused inspection, and, on this occasion, we did not consider care and support, the environment or leadership and management in detail. We focused on the priority action notice issued at the last inspection.

People are supported by care staff who know the people they support well. They are kind and respectful. People's outcomes have improved because of positive changes made to the quality and presentation of the food. Staff have access to care records, so they know how people want to be supported. Improvements continue to be made to make sure people can do things that matter to them.

There is improved oversight of the service. The responsible individual (RI) and manager show a commitment to improve the service for people. They are working towards addressing the areas for improvement raised at the last inspection to ensure better outcomes for people.

Well-being

People have choice in areas including what they eat and drink, where they spend their day and what if any activities, they want to join in. People can join in group activities or do things they like doing on a one-to-one basis with support from the activity coordinators. The food service has improved, and people can choose what they want to eat and where they want to eat their meals. The RI recognises further improvements are needed to make the dining room more inviting for people to further enhance their dining experience.

The service promotes people's physical and mental health. Staff are competent using the new electronic care record system meaning they can access up to date information about people's care when they need it. However, staff tell us updating the records is time consuming and often takes them away from spending time with people. Further work is needed to ensure people are involved in developing their personal plans and reviewing their personal outcomes. Observations show staff are kind to people and respect decisions they make.

Processes are in place to keep people as safe as possible. People are asked to sign into and out of the home. Staff have access to information electronically, so they know of risks to people's wellbeing and how to manage this. They have training to support people who are at risk of choking. The RI has identified, through his oversight of the need to reinforce the reporting of concerns and safeguarding so action can be taken in a timely way.

The provider continues to make improvements to the environment to support people to achieve their outcomes. This work is ongoing.

Care and Support

As this was a focussed inspection, we have not considered this theme if full.

At the last inspection, we issued a priority action notice because the provider was not ensuring people's dietary needs are met. At this visit, we saw outcomes for people have improved. Catering is still provided by an external company. However, the hours the chefs work is extended to cover all main mealtimes including tea-time. This means food is fresher for every meal. People living in the home and staff we spoke with confirm the quality and presentation of the food has improved. We saw this during our visit. This includes food for people assessed as needing a soft or pureed diet. Care staff tell us people are eating more which has a positive impact on their well-being. There are less people losing weight because they are enjoying the food. There is more choice, people are asked what they would like to eat. Comments about the food include "*breakfast choice is excellent,*" "*It's a real treat*" and "*marvellous*".

Staff told us people can have their meals where they want them. We saw people eating in their bedrooms and the dining room. There was a group of people, eating in the craft area so they could continue to socialise following their morning activity.

We spoke to staff about their knowledge of supporting people on various diets including soft or puree. Staff, including agency staff confirm they have this training. They have access to information about the dietary needs of people on their hand-held devices, part of the electronic care system. They find this particularly good and can check on people's needs quickly.

However, the meal experience needs further improvement. The RI recognises this. During our visit, the dining tables were not dressed nicely for people and the dining room was not inviting for people to sit and enjoy a meal. When the food was brought up from the kitchen, no plates had been sent up. Staff spent some time trying to source plates so the food could be served. The food did remain hot. One person was late to the table, so staff warmed their food up in the microwave. The menu which has food choices for people and any dietary needs did not come up from the kitchen with the food, so staff did not know what people had ordered. The staff worked extremely hard to make the meal service go as smooth as possible with little impact on people. We discussed this with the RI. The need to rely heavily on agency chefs mean there is not always a consistent approach. Whilst outcomes for people have improved, the provider must ensure further improvements planned are actioned and improvements already made are sustained. This will be followed up at the next inspection.

Care staff are using the new electronic care planning system. Staff tell us it is a good system and they have access to people's records instantly. However, nursing staff said it takes time to input information and carry out regular reviews of the documentation. We discussed ensuring people are involved in planning and reviewing their care. An area for

improvement was raised at the last inspection and will be considered in full at the next inspection.

Activities are provided on both units of the home. People were making chocolate ice-cream on one unit while others were creating a mural on the wall. The hairdresser was providing a service to people who wanted it. We spoke with both activities' officers. Both spoke enthusiastically about their role. They showed us flowerpots people had been involved in planting and told us about the music sessions held weekly which people enjoy. One to one activity take place in people's rooms. One person had requested to make sunflowers in their room which was going to take place later in the day. An area for improvement was raised in relation to activities at the last inspection, this will be followed up at the next full inspection.

Environment

As this was a focussed inspection, we have not considered this theme if full.

People live in accommodation which is undergoing improvements. We saw new flooring being fitted in some bedrooms during our visit. New furniture was in the hallway ready to be put in the right areas of the home. The RI tells us new dining furniture is on order. Bedrooms we saw are personalised with items important to people. At the last inspection we raised an area for improvement relating to the environment. This will be considered at the next full inspection.

Entry to and from the home is monitored. We and other people are asked to sign in and out of the building.

Leadership and Management

As this was a focussed inspection, we have not considered this theme in full.

The RI has good oversight of the home. He visits often and speaks to people living there and staff. He told us he has a focus for his visits with the last being a focus on activities. Staff tell us he is visible in the home and they can approach him to speak to if need be. The RI completes a monthly report to the trustees which includes progress on improvements raised at the last inspection. Areas for improvement relating to leadership and management were raised at the last inspection and will be considered further at the next full inspection.

Staffing levels can fluctuate in the home. The management try to make sure all shifts are covered. There is a heavy reliance on agency staff. The RI states the home could not operate without the use of agency. Recruitment of permanent staff is ongoing but difficult. This is an issue nationwide. The agency staff we spoke with feel well supported by the permanent staff. They have access to people's personal information, so they know how people want to be supported. They have training including how to support people with swallowing difficulties. Staff tell us the management are approachable and try their best to ensure all the shifts are covered. They tell us they are always available to talk to should they have any issues.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
21	The provider does not ensure that people's dietary needs are met in line with good practice.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
35	The provider does not ensure pre employment practices are robust.	Reviewed
44	The premises, its decoration, furnishings and fittings require maintenance, updating and replacement.	Reviewed
19	The guide to the service does not contain all the required information.	Reviewed
79	Policies and procedures are not reviewed regularly and do not contain up to date information.	Reviewed
73	The responsible individual has not visited the home and prepared a report of the findings in 2022.	Reviewed
80	Measures are not in place to monitor, review and improve the quality of the service.	Reviewed
7	The statement of purpose does not contain all the required information.	Reviewed
36	The provider has not ensured staff are provided with all necessary training, supervision and appraisal.	Reviewed
15	Personal plans and risk assessments are not always completed and the provider does not involve people or their relatives in decision making that impacts on them.	Reviewed
18	The provider does not complete an assessment of people's needs within seven days of admission.	Reviewed

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