Christadelphian Care Homes

Bethesda

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bethesda provides accommodation and personal care for up to 23 older people who may be living with a dementia or physical disability. Bethesda is part of the Christadelphian community but also offers support to people outside of that faith. At the time of the inspection there were 17 people living at the home. The home offers both long stay and short stay respite care. Bethesda does not provide nursing care. Where needed this is provided by the community nursing team.

This inspection took place on the 8 and 13 March 2017; the first day of the inspection was unannounced. One adult social care inspector carried out this inspection. Bethesda was previously inspected in January 2015; we found people's individual evacuation plans (PEEP) did not contain sufficient information and improvements were required in relation to the homes recruitment processes. At this inspection, we found improvements had been made.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe and well cared for at Bethesda, their comments included "I do feel safe," "I'm very happy here" and "I would recommend this home to anyone and we do." Relatives told us they did not have any concerns about people's safety. People were protected from abuse and harm. Staff received training in safeguarding vulnerable adults and demonstrated a good understanding of how to keep people safe. There was a comprehensive staff-training programme in place. This included safeguarding, first aid, pressure area care, infection control, and moving handling. Staff had also received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were encouraged to make choices and were involved in the care and support they received. Staff had a good understanding of the MCA and DoLS and how to support people within their best interests.

People told us they were happy living at Bethesda, staff treated them with respect and maintained their dignity. Throughout our inspection, there was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people with kindness and compassion. People and relatives told us they were involved in identifying their needs and developing the care provided. People's care plans were informative, detailed, and designed to help ensure people received personalised care. Care plans were reviewed regularly and updated as people's needs and wishes changed. Risks to people's health and safety had been assessed and regularly reviewed. Each person had a number of detailed risk assessments, which covered a range of issues in relation to their needs, which included personal emergency evacuation plans (PEEP).

People received their prescribed medicines when they needed them and in a safe way. There was a safe system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of

safely when they were no longer required. Staff had received training in the safe administration of medicines.

People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. People chose to live at Bethesda because of its Christadelphian ethos. Although the home was able to accommodate people who were not Christadelphians, they understood that the home offered people this experience. People were supported, to attend the local Christadelphian church or if they wished, they could take part in Daily prayer meetings and Bible readings within the home.

People told us they enjoyed the meals provided by the home. Comments included, "the food is excellent", "well cooked," and "very nice." One person said, "There is always plenty of choice and if I don't fancy what's for lunch all you have to do is let them know and they will fix me something else."

People, relatives, and staff spoke highly of the management team and told us the home was well managed. Staff described a culture of openness and transparency where people, relatives and staff, were able to provide feedback, raise concerns, and were confident they would be taken seriously.

The provider used a variety of quality management systems to monitor the services provided at Bethesda, which included a range of audits and spot checks.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

Risks to people's safety were appropriately assessed and well managed.

People received their medicines as prescribed and medicines were managed safely.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported to make decisions about their care by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were cared for by skilled and experienced staff who received regular training and supervision, and who were knowledgeable about people's needs.

People's health care needs were monitored and referrals made when necessary.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

Is the service caring?

Good

The service was caring.

People were supported by staff who promoted their independence and respected their dignity.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Concerns and complaints were managed well. People felt comfortable to make a complaint and there was a variety of ways for people to make suggestions and share ideas.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

There was a programme of activities and social events, meaning people were well occupied and stimulated.

Is the service well-led?

Good

The service was well-led.

The provider had systems in place to assess and monitor the quality of care.

There was an open culture where people and staff were encouraged to provide feedback, which was used to drive improvements.

High staff morale led to a happy and vibrant place for people to live.

Records were well maintained, up to date and accurate.

Bethesda

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 8 and 13 March 2017; the first day of the inspection was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection, we reviewed the information held about the home. This included previous inspection reports and notifications we had received. A notification is information about important events, which the home is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection, we spoke with five people individually and met with most people who used the service. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us. However, we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at care records for four people to check they were receiving their care as planned, and how the home managed people's medicines. We also reviewed the staff recruitment, training and supervision files for three staff. We reviewed the quality of care and support the home provided, as well as records relating to the management of the home. We spoke with six members of staff, and the registered manager. We looked around the home, including some people's bedrooms with their permission, as well as the grounds. We also spoke with four relatives of people currently supported by the home. Following the inspection, we sought and received feedback from two health and social care professionals who had regular contact with the home.

Good

Is the service safe?

Our findings

Bethesda was previously inspected on the 27 and 28 January 2015, we found people were not fully protected by the home's recruitment practices. At this inspection, we found improvement had been made. We looked at recruitment records for three members of staff. Recruitment procedures were robust and records demonstrated the provider had carried out the necessary checks to help ensure that staff employed, were suitable to work with people who use care and support services. These included checking applicant's identities, obtaining references, checking gaps in people's employment history and carrying out DBS checks (police checks).

At our last inspection, we found people's care plans did not contain sufficient information to help ensure people could be safely evacuated from the building in the event of a fire or other emergency. Following this inspection the registered manager told us they had reviewed and updated each person's personal emergency evacuation plan (PEEP). At this inspection, we reviewed a sample of people's personal emergency evacuation plans and found they were personalised and contained detailed information that enable staff to evacuate people safely from the building in the event of a fire or other emergency.

People said they felt safe and well cared for at Bethesda, their comments included "I do feel safe," "I'm very happy here" and "I would recommend this home to anyone and we do." Relatives told us they did not have any concerns about people's safety. One relative said "People are safe and well looked after" We saw people were happy to be in the company of staff and were relaxed when staff were present. A visiting healthcare professional said people always appeared to be happy and well cared for.

People told us they felt safe and were protected from the risks of abuse and harm. Staff had received training in safeguarding adults and whistleblowing. Staff demonstrated a good understanding of how to keep people safe and how and who they would report concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse or harm, were displayed in the staff office and main hallway. This contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the registered manager. Staff knew which external agencies should be contacted should they need to do so.

People living at the home, their relatives and staff all told us they felt there were sufficient staff on duty to meet people's care needs. One person said, "I have this bell and all I have to is press it and someone will come, their truly marvellous." Relatives we spoke with told us they did not have any concerns about the staffing level at the home. One relative said, "there is always plenty of staff when we visit, we have never been concerned." On the day of the inspection, there were three care staff on duty, which were support by a senior care worker. The registered manager and a number of ancillary staff such as housekeepers, chef, kitchen, laundry, and administrative assistants were also on duty. The registered manager told us staffing levels were determined according to people's needs and adjusted the rota accordingly. Staff confirmed that when people's care needs increased, for instance, if they were unwell, staffing levels were increased to ensure people's care needs were met safely. During the night, people were supported by two waking night staff.

People received their prescribed medicines when they needed them and in a safe way. People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. Each person had their own lockable medicines cabinet within their room and were appropriate, people were able self-administered their own medicines. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy. We checked the quantities of a sample of medicines against the records and found them to be correct. Medicines that required refrigeration were kept securely and at the appropriate temperature. Medication Administration Records (MARs) clearly identified people's, allergies and protocols for 'as required' medicines (PRN). We saw from these records, where changes to prescriptions had been made, these had been appropriately documented. Staff had received training in the safe administration of medicines and records confirmed this.

Some people were prescribed topical applications, such as creams, ointments, and gels. Each person had a body map indicating which creams should be used, when and where. However, when we checked we found staff had not always recorded the application of topical creams, as they should do. This meant staff could not be sure if people had their topical applications applied as prescribed by their GP. We raised this with a senior member of staff who assured us they would take immediate action and address our concerns with the staff team.

Risks to people's health and safety had been assessed and regularly reviewed. People's care plans contained detailed risk assessments and management plans, which covered a range of issues in relation to people's needs. For example, risks associated with skin care, poor nutrition and mobility had all been assessed. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk and action, staff should take in order to minimise these risks. For instance, one person's mobility assessment identified this person was at increased risk of falling due to a decrease in their mobility. Records showed staff had arranged for this person to be assessed by an Occupational Therapist (OT). Following which the registered manager had updated the person's risk assessment and provided guidance to staff on how to assist this person to move around the home safely using their mobility frame. During the inspection, we saw staff encouraging and supporting this person to use their walking frame when moving around the home.

People were kept safe as the registered manager and staff carried out a range of health and safety checks on a weekly and monthly basis to ensure that any risks were minimised. For example, fire alarms, fire doors, emergency lighting, equipment, and infection control. Records showed that equipment used within the home was regularly serviced to help ensure it remained safe to use. However, we found the system in place was not robust and potentially placed people at risk of harm. During the inspection, we noticed that the window restrictors in the main lounge had been disengaged, given the height of the windows; this meant people were at risk of falling a considerable distance onto a hard surface, which could have caused significant injuries. We brought this to the manager's attention who took immediate action to address our concerns by making the windows safe. The registered manager asked a senior staff member to check all windows in the home and assured us this would be followed up with all staff.

Accidents and incidents were recorded and reviewed by the registered manager. They collated the information to look for any trends that might indicate a change in a person's needs and to ensure the physical environment in the home was safe. Staff were trained in first aid and first aid boxes where easily accessible around the home.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the care and support they received at Bethesda. People told us they were well cared for, and had confidence in the staff supporting them. Comments included, "I am very happy, we choose to live here with our friends", "Staff are kind, caring and always considerate of our needs."

People told us they were supported to use a range of health care services when needed, and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. People told us staff responded to their needs promptly and people's care plans contained details of their appointments. Where changes to people's health or wellbeing had been identified, records showed staff had made referrals to the relevant healthcare professionals in a timely manner. For instance, records showed when staff were concerned about one person's weight loss they discussed this with the person who agreed for a referral to made to their GP, following which their GP prescribed a nutritional supplement. Another person's records showed that staff had sought guidance from the community nursing team where they had concerns about the condition of the person's skin integrity. External healthcare professionals told us staff made appropriate referrals and were confident any recommendations would be acted upon appropriately.

People were supported by staff that were knowledgeable about their needs and wishes and had the skills to support them. Records showed new staff undertook a detailed induction programme, which followed the Skills for Care framework, including the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. There was a comprehensive staff-training programme in place and staff we spoke with confirmed they received regular training in a variety of topics. These included dementia care, first aid, infection control, moving and handling, food hygiene, safeguarding, and Mental Capacity (MCA). Other more specialists training included palliative care [care of the terminally ill], pressure sore prevention, and stroke awareness.

Staff received regular supervision and annual appraisals with a named supervisor. Staff told us supervision gave them opportunity to discuss all aspects of their role and professional development with their line manager. The registered manager and senior staff assessed staffs' knowledge by observing their practice and recording what they found. Staff told us they found this style of supervision very useful as it gave them the opportunity to discuss and identify any gaps in their knowledge or raise concerns. However, some staff told us they did not feel the management team always acted on information discussed or raised within supervision sessions. I raised this with the registered manager who told me it was not always possible to directly feedback action they had taken, as sometimes this was confidential.

Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. For instance, supporting people to maintain a balanced healthy diet or by encouraging people to seek advice from healthcare professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us they were involved in developing their care and support and had access to their records. People's care and support plans contained assessments of people's capacity in relation to specific decisions that had been carried out. For instance in relation to providing personal care or sharing information. When people were assessed as not having the capacity to make a decision, a best interests decision was made involving people who knew the person well and other professionals, where relevant. Although the majority of people had capacity to consent to care and treatment. Staff told us if people were not able to make decisions for themselves, they would speak with relatives and appropriate professionals to make sure people received care that met their needs and was deemed to be in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. The home had a keypad system in operation, which prevented people, who would be unsafe, from leaving the home without support. However, not everyone living at the home had been assessed as unsafe to leave. These people were given the keypad number to the front door, ensuring that their legal rights were protected and they were not deprived of their liberty. At the time of our inspection, the registered manager told us that five DoLS applications had been made to the local authority. Due to the large number of applications being processed by the local authority, only one authorisation had been approved.

People told us they enjoyed the meals provided by the home. Comments included, "the food is excellent", "well cooked," and "very nice." People were able to have their meals in the dining room, the lounge or in their own rooms if they wished. People who did not wish to have the main meal could choose an alternative. One person said, "There is always plenty of choice and if I don't fancy what's for lunch all you have to do is let them know and they will fix me something else." Another person told us they had never really liked to have their main meal at lunchtime. They generally had a sandwich or omelette, they would then have their main meal at teatime, and it had never been a problem.

We observed the lunchtime meal; tables were set with tablecloths, cutlery, and serviettes. People sat in small groups and staff sat with people providing assistance where necessary. Where people needed assistance, this was provided appropriately and discreetly. Meals times were relaxed, social occasions were people and staff engaged in conversation, and light-hearted banter whilst enjoying their meals. Care records highlighted where risks with eating and drinking had been identified. For instance, where people required a soft or pureed diet, this was being provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

Throughout the inspection, we heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available. People and staff told us that food and drinks were freely available during the evening and night. A staff member told us if people want something to eat or drink during the night all they have to do is ask and we will bring it up to their room.

Good

Is the service caring?

Our findings

People told us they were happy living at home. One person said, "I have lived here for some time now and I have always felt completely safe, and the staff are wonderful." Another person said, "The staff are exceptional, they are more than staff they are friends." Relatives told us they were happy with the care and support people received. One relative said, "I have never had any cause for concern the staff are kind, the home is always clean and tidy, people are safe and well looked after."

There was a relaxed and friendly atmosphere within the home. Staff spoke fondly about people with kindness and affection. Staff knew how each person, liked to be addressed and consistently used people's preferred names when speaking with them. Throughout the inspection, staff had the time to sit and spend with people and showed a genuine interest in their lives. People responded well to staff and we observed a lot of smiles, laughter and affection between staff and people they supported. People told us they were happy with the care and support they received and said staff were kind, caring and responsive to their needs. Staff told us they enjoyed working at the home. Staff comments included, 'we have a good team', and 'everyone works well together'.

People's preferences were obtained and recorded during their pre-admission assessment. People's care plans were clear about what each person could do for themselves and how staff should provide support. People were involved in making decisions about their care and support. They told us they made choices every day about what they wanted to do and how they spent their time. People felt their views were listened to and respected, records showed people's views had been sought as their needs had changed. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, how they liked to spend their day, when they liked to get up and go to bed.

People said that staff always treated them respectfully and encouraged them to remain as independent as possible. When people needed extra support this was provided in a considerate way, which did not make them feel rushed. Throughout the inspection, we saw and heard people being supported, staff spoke with them in a calm, respectful manner, and allowed people the time they needed to carry out tasks at their own pace. People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms.

People told us they were able to practice their faith and were supported by staff to attend their local church. Where people were unable to attend, they were able to take part in "Daily prayer meetings" and Bible readings within the home. The majority of people who lived at the home were Christadelphians. Not all staff who worked at the home practiced this faith, but understood and respected people whose faith was important to them. People who did not belong to the Christadelphian church were also welcomed to live at the home, as long as there was mutual respect for each other's beliefs.

People's bedrooms were personalised, decorated to their taste, and furnished with things that were meaningful to them. For instance, photographs of family members, treasured pictures from their childhood,

favourite ornaments, or pieces of furniture. Relatives and visitors were free to visit at any time and told us they were always made to feel welcome.

Good

Is the service responsive?

Our findings

People and their relatives, were involved in identifying their needs and developing the care provided. The registered manager carried out an initial assessment of each person's needs before and after they moved into the home. This formed the basis of a care plan, which was further developed with the person and their relatives after the person moved in and staff had got to know them.

People's care plans were personalised and provided staff with detailed guidance about each person's specific needs and how they liked to be supported. Care plans were informative, easy to follow, accurately reflected people's needs, and reviewed monthly or as people's needs changed. Records showed people, who were able, were asked to be involved in planning and reviewing their own care. Where people lacked the capacity to make a decision for themselves, staff involved family members or other advocates in the review of their care. People were given the opportunity to sign their care plans if they wished. One person told us a staff member had sat with them and went through the care plan and after they had signed to say, they had read it. We saw another person returning their care plan back to office for the registered manager to make an alteration after they had reviewed it.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. Each person's care plan contained a life story, which covered the person's life history. This gave staff the opportunity to understand a person's past and how it could influence who they are today. Relatives told us they had been asked to share life history information and provided photographs were possible. One relative said, "They asked me all about Mum's life history, what's important to her, her likes and dislikes, this showed me they really wanted to get to know Mum."

Some people's care plans identified they needed support to manage long-term health conditions. We saw from one person's records the registered manager had consulted with the person's GP and provided staff with information on how to recognise signs and symptoms that would indicate this person was becoming unwell and what action staff should take. Where people had specific needs relating to living with dementia, guidance was provided for staff in how best to support people. For instance, one person was known to become distressed and anxious. The home had sought guidance from the 'older person's mental health team' and developed a plan for staff to follow to support this person's well-being and minimise the impact this might have. Staff were able to describe how they supported this person during these times and we saw this had also been discussed in a team meeting to help ensure a consistent approach was taken by all staff.

People were supported to follow their interests and take part in a range of social and leisure activities. Each person's care plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. People who wished to stay in their rooms were regularly supported by staff in order to avoid them becoming isolated.

People chose to live at Bethesda because of its Christadelphian ethos. Although the home was able to

accommodate people who were not Christadelphians, they understood that the home offered people this experience.

People were supported, to attend the local Christadelphian church or if they wished, they could take part in Daily prayer meetings and Bible readings within the home as well as regular services hosted throughout the week in the main lounge.

People spoke very highly of the level of activities and entertainment provided by the home. One person said, "There is always something going on." We saw a range of activities were available including music therapy, arts and crafts, arm chair exercises, board games and quizzes. Activities where designed to encourage social interaction, provide mental stimulation and promote people's physical and spiritual well-being. The home produced a weekly activities programme, and a seasonal newsletter, which was displayed within the home, and informed people about upcoming events. The newsletter, also featured recent trips out which had been funded and organised by the home's welfare committee. The welfare committee consisted of members of the local Christadelphian church who provided voluntary support and companionship to people who lived in the home. For example, we saw people had recently enjoyed creams teas at Cockington, lunch at Badgers Holt and a trip to the Donkey Sanctuary.

People and relatives were aware of how to make a complaint, and felt able to raise concerns if something was not right. The home's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Chairperson of the Board of Trustees, Care Quality Commission, the local social services department, and the Local Government Ombudsman so people were able to take their grievance further if they wished.

People told us they would have no hesitation in raising issues with the registered manager or staff. Relatives told us they felt the registered manager was available and they would feel able to approach them or staff with any concerns. Staff felt able to raise any concerns. They told us the management team were approachable and they would be able to express any concerns or views to them.

Good

Is the service well-led?

Our findings

People and their relatives told us the home was well managed and described the management team as open, honest and approachable. All of the people and relatives we spoke with during this inspection said they would recommend the home to others. One person said, "I am very happy here, were like one big family." A relative said, "Staff care about the people they support and go out of their way to make all our family feel welcome when we visit." Staff were positive about the support they received and told us they felt valued by the homes management team and the organisation. Staff had a real sense of pride in their work and spoke passionately about providing good quality care.

Bethesda is owned and run by Christadelphian Care Homes. The management team had a clear vision for the home, which they told us was to provide loving individual care enabling people to lead fulfilling lives within a spiritual environment centred on the Christadelphian ethos. Staff had a clear understanding of the values and vision for the home and told us they understood and respected that people's faith was important to them and this was reflected in their practice.

The management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through daily handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Regular staff meetings enabled staff to discuss ideas about improving the home. The management team used these meetings to discuss and learn from incidents; highlight best practice and challenge poor practice were it had been identified. Staff told us they were encouraged to make suggestions and raise concerns; however, some staff said they did not feel that the registered manager always acted upon their concerns. We discussed this with registered manager who told us it was not always possible or appropriate to provide direct feedback to the staff but assured us, they took all concerns seriously no matter how small.

People were provided with a copy of the home's service user guide and statement of purpose when they moved to Bethesda so they were clear about the service provided. The reception area contained useful information for people and relatives, for instance, copies of the homes complaint procedure, compliments, information about what people should expect form a good care home and copies of the homes annual resident's survey results.

People told us they were encouraged to share their views and were able to speak to the registered or senior managers when they needed to. Residents meeting where held regularly. We looked at the minutes of these meetings; records showed people were encouraged to share their feedback about all aspects of the home. For example, menus, activities, cleanliness and staffing. The registered manager used these meetings to keep people informed of forthcoming events and discuss any planned changes to the home. For example, minutes from the most recent meeting informed people that the home had purchased pendants for residents that wished to use the garden but liked the reassurance and security of knowing that they could still summon assistance if needed.

The registered manager annually sought people's views by asking people, relatives, and external professionals to rate various aspects of the home. For example, management, staffing, environment, food and activities. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were positive. The provider also had a Welfare Committee that met regularly to discuss the audits and the general running of the home. We saw action plans had been drawn up and appropriate action taken on any identified issues.

We looked at the home's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality of the services provided at Bethesda. We found the provider and registered manager used a variety of quality management systems to monitor the services provided and drive continuous improvements These included a range of audits and spot checks, for instance, checks of; environment, medicines, care records, accidents and incidents, finances and people's wellbeing. These checks were regularly completed and monitored to help ensure and maintain the effectiveness and quality of the care provided.

The registered manager told us they kept their knowledge of care management and legislation up to date by using the internet and attending training sessions. They were aware of their responsibilities under Regulation 20 of the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

The home had notified the Care Quality Commission (CQC) of most events, which had occurred in line with their legal responsibilities. However, we identified one event that the registered manager had referred appropriately to local healthcare professionals, but had not notified CQC. We discussed this with the registered manager who assured us this had been an oversight. Following the inspection the required notification was submitted.

Records were stored securely, well organised, clear, and up to date. When we asked to see any records, the registered manager was able to locate them promptly.