

# Bethphage

# Bethphage 3

## Inspection report

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22 February 2019  
01 March 2019

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

About the service:

This service provides care and support to people with learning disabilities who reside in supported living settings, so that they can live in their own home as independently as possible. At the time of our inspection 17 people were receiving personal care from Bethphage 3.

People's experience of using this service:

People were protected from the risk of abuse and avoidable harm because staff had been safely recruited and they knew how to recognise and report abuse. Safe staffing levels were maintained and staff understood how to manage the risks associated with care, including the risks associated with medicines and infection.

Staff had the knowledge and skills required to provide effective care. Care records guided staff in how to meet people's health, wellbeing and nutritional needs.

Effective systems were in place that ensured people's consent to care was gained. Where people were unable to consent to their care, the requirements of the Mental Capacity Act 2005 were followed to ensure decisions were made in people's best interests.

People were supported by caring staff who supported people to communicate their needs and wishes. This empowered people to make decisions about their care. Staff promoted people's rights to privacy, dignity and independence.

People were involved in the planning and review of their care and care and support was delivered in line with people's individual preferences.

Effective systems were in place to ensure lessons were learned from incidents and complaints. Regular checks were made to assess and monitor the quality of care and action was taken when needed to drive improvements to the quality of care.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:

At the last inspection, the service was rated good. The report for the service's last inspection was published on 5 April 2016.

Why we inspected:

This was a planned inspection based on the service's previous rating and was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Bethphage 3

## Detailed findings

### Background to this inspection

The inspection:

\* We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

\* Our inspection was completed by one inspector.

Service and service type:

\* This service provides care and support to people with learning disabilities who reside in supported living settings, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

\* The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

\* We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that staff would be in the office.

\* Inspection site visit activity started on 22 February 2019 and ended on 1 March 2019. We visited the office location on 22 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We also visited a supported living location on this date to speak with people and staff who used the service. We then called the relative of a person who used the service on 1 March 2019.

## What we did:

- \* We used information we held about the service and the provider to assist us to plan the inspection. This included any notifications the provider had sent to us about significant events at the service and any feedback from members of the public and local authorities. We also checked records held by Companies House.
- \* We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We produced an inspection plan to assist us to conduct the inspection visit.
- \* We spoke with three people who used the service, one relative, five members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.
- \* We observed how the staff interacted with people in communal areas and we looked at the care records of five people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

We rated safe as good. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- \* People were safeguarded from the risk of abuse because staff understood how to recognise the signs of abuse. Staff explained how they would report suspected abuse in line with the provider's policies.
- \* The registered manager understood their responsibilities to act on reports of suspected abuse.
- \* Records showed that suspected safety concerns had been appropriately reported to the local authority safeguarding team when required.

Assessing risk, safety monitoring and management

- \* People told us and care records confirmed that they were regularly involved in the assessment and review of the risks associated with their care.
- \* We found that where safety risks had been identified and assessed, suitable management plans were in place to promote people's safety.
- \* Staff showed they understood the plans in place to manage these risks as the information they gave us about how they managed people's risks matched the information contained in the people's care plan.

Staffing and recruitment

- \* People told us they felt safe around the staff. One person said, "The staff make me feel safe". One relative told us their loved one was, "Settled and secure".
- \* People and staff told us that support with personal care was given at times that suited each individual and that staff were always available to provide this support.
- \* The registered manager had effective systems in place to monitor and change staffing levels based on people's individual needs. For example, we saw that staffing had recently increased to accommodate a person's change in needs that meant they now required the support of two staff to support them with their personal care needs.
- \* We saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references and their suitability to work with the people who used the service.

Using medicines safely

- \* People told us and we saw that medicines were managed safely.
- \* Our observations and people's care records showed that effective systems were in place that ensured medicines were managed in a manner that protected people from the risks associated with them.

\* The service had signed up to the STOMP pledge (STOMP is a health campaign to stop the over-use of medicines to manage people's behaviour). Records showed the staff supported people to access medicine reviews with health care professionals.

### Preventing and controlling infection

\* Staff told us the procedures they followed and the equipment they used to prevent the risk of infection. This included the use of personal protective equipment such as; gloves and aprons and also colour coded cleaning equipment.

\* People confirmed that staff washed their hands and wore gloves and aprons when they supported them with their personal care needs.

### Learning lessons when things go wrong

\* Effective systems were in place to respond to safety incidents. These systems ensured action was taken to reduce the risk of further incidents from occurring.

\* Staff told us how they reported incidents and how they received feedback from incident reporting. This included lessons learned from incidents across the provider's other services. This ensured learning from incidents was shared across all of the provider's services.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

We rated effective as good. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- \* People's needs had been assessed, planned and reviewed to ensure they received care that met their changing needs.
- \* Care plans had been developed with people and where appropriate, their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff support: induction, training, skills and experience

- \* People told us they had confidence in the skills of the staff. One person said, "They always know what they are doing".
- \* Staff told us and records showed they had received training to give them the skills they needed to provide care and support. Staff demonstrated their training had been effective by telling us about the knowledge and skills they had acquired. For example, two staff members told us how they had recently received training that provided them with the skills to support a person with needs associated with their Percutaneous endoscopic gastrostomy tube (PEG). A PEG is a tube that delivers nutrition directly to a person's stomach when they are unable to gain adequate nutrition orally.
- \* An effective induction process was in place for new staff and staff who worked temporarily at the service (also known as agency staff).

Supporting people to eat and drink enough to maintain a balanced diet

- \* People told us they chose the foods they ate. One person said, "I have what I want to eat".
- \* Care plans showed that people's nutrition and hydration needs had been assessed and planned for and people's weight was monitored when this was required.
- \* Staff told us about people's individual dietary needs. This included people who required modified diets.

Staff working with other agencies to provide consistent, effective, timely care

- \* The staff group was small and people told us they were supported by the same staff who they knew well. This helped staff build relationships with people and ensured people received consistent care.
- \* An effective handover system was used to pass on any changes in people's needs and care records showed that updates were made in response to people's changing needs. This meant that staff had up to date

information which helped them to provide effective care.

## Supporting people to live healthier lives, access healthcare services and support

- \* People told us they were supported to stay healthy. One person said, "The staff remind me to make appointments for the dentist and doctor".

- \* People told us and care records showed they were supported to access health and social care professionals as and when required. For example; staff identified that a person required equipment to enable them to access their bath safely. Care records showed this person had been referred to an Occupational Therapist to assess their bathing needs.

- \* Staff told us the action they would take in response to a medical emergency or a deterioration in people's health and wellbeing. This action was in line with best practice.

## Ensuring consent to care and treatment in line with law and guidance

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 that staff respected their right to make decisions about their care. One person said, "I decide what I do and when I do it".

- \* Care records showed that where appropriate people had signed their care plans to show they consented to their agreed care.

- \* Some people were unable to make important decisions about some of the more complex decisions relating to their care. We found that in these circumstances the staff followed the requirements of the MCA. Care records showed that mental capacity assessments and best interest decisions were completed as required in accordance with the Act.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

We rated caring as good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- \* People told us staff were kind and caring. One person said, "I like the staff, they are kind and have a sense of humour". Another person said, "The staff are all nice. They talk to me and listen to me".
- \* Staff demonstrated they knew people well. They told us about people's likes, dislikes and care preferences. This information matched the information contained in people's care records.
- \* Staff told us they treated people like they would like to be treated themselves and they demonstrated a genuine respect for people's individuality. One staff member told us, "I like working here as every person is so different which makes every day different".

Supporting people to express their views and be involved in making decisions about their care

- \* People told us they were enabled to make choices about their care. One person said, "I get up when I'm ready" and, "I call the staff when I'm ready for them".
- \* Care plans were in place to guide staff on how to support people's individual communication needs. Staff demonstrated they understood how to support people to express decisions about their care and this information matched the information in people's care plans. This included the use of some people's own versions of signing.
- \* We saw that easy to read guides were in place to help people prepare for visits to health care professionals and prompt cards were used to help staff talk to people about sensitive issues such as safeguarding concerns. Using these aids supported people to be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- \* People told us their independence was promoted. One person said, "They let me do things on my own, but help me when I need it".
- \* Staff told us how they promoted people's right to privacy and dignity during personal care support. This included; ensuring doors were closed, covering up body parts and explaining the support they proposed to provide before doing so.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

We rated responsive as good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

\* People told us and care records showed that they were involved in the assessment and review of their care. One person said, "I decide what's in the folder and I see quite often".

\* We saw that care records were personalised to each individual and each care plan reflected people's individual care preferences. For example, one person told us they liked staff to bring them a cup of tea in the morning before they were supported to with their personal care needs. This preference was recorded within their care plan which ensured staff had access to the information they required to provide person centred care.

\* We saw that people's care plans were adapted and changed in response to changes in their care needs. For example, staff told us and care records showed that one person's mobility needs had recently significantly changed. This person's care plan recorded how staff should support them to move safely in response to their changing needs.

Improving care quality in response to complaints or concerns

\* People told us they knew how to complain about the care. One person said, "I'd tell the staff if I was unhappy with my care". A relative told us, "We can contact any staff right up to the chief executive. They've always acted on any questions or concerns raised".

\* There was an accessible, easy to read complaints procedure in place.

\* Staff demonstrated they understood the provider's complaints procedure.

\* Records showed that complaints were investigated in accordance with the provider's complaints policy.

\* We saw that lessons were learnt from complaints and changes in care were made in response to complaints as required.

End of life care and support

\* At the time of our inspection no one was in receipt of end of life care.

\* However, staff told us how they had recently supported a person during the end of their life. This included ensuring this person received this care at their preferred place which was at home.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

\* People and staff told us the registered manager and other managers were approachable and responsive. Staff described the registered manager as; "Supportive", "Contactable" and "Knowledgeable". This showed staff could always access the registered manager to share any concerns they had about the quality of care.

\* Staff were aware of the provider's vision and values. Values included; personal growth, respect, honesty and active involvement.

\* A relative told us their loved one received consistent, person centred care because staff stayed at the service for long periods of time.

\* The registered manager showed a good understanding of their responsibilities under the duty of candour requirements. No duty of candour incidents had occurred in the 12 months prior to our inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

\* Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, incidents, care records and health and safety. Where potential concerns with quality were identified, action was taken to improve quality.

\* The training and development needs of the staff were assessed, monitored and managed through regular meetings with the staff. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. For example, staff who administered medicines were observed to check they followed the correct medicines management procedures.

\* The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

\* A relative told us the chief executive was accessible and approachable. They described how he sometimes manned the phones at the head office to get a feel of what was taking place within services. This relative told us this, "Gives us confidence as he's got a hands on feel of what's going on, on the ground floor".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

\* The provider had a system in place to formally gather feedback about the quality of care from people who

used the service. An external provider, who employed people with learning disabilities as part of their review teams was used to gain this feedback which meant an inclusive and objective approach was used. We saw that action plans were devised in response to this feedback to drive improvement.

\* Staff told us their feedback about the quality of care was sought through one to one meetings and staff meetings. Staff told us that their views were listened to and acted upon to improve the quality of care.

#### Continuous learning and improving care

\* We saw the training needs of staff were reviewed and updated as people's needs changed. This ensured staff had the skills they needed to provide safe and effective care and support as people's needs changed. External providers were used to provide this training if required. For example, community nurses had recently trained staff to meet a person's changed medical needs.

\* A relative told us they felt the provider's attitude to training was very positive. They told us how staff had recently completed a two-day training course in Makaton (a form of signing used to communicate) to refresh their skills so they could communicate effectively with their loved one.

#### Working in partnership with others

\* The registered manager and staff worked in partnership with other professionals and agencies to ensure people received positive outcomes. We saw these relationships were reflected in people's support plans which contained guidance to assist people to receive the care they needed.

\* Where changes were made we saw staff had good communication systems in place to share information about people's needs.