

Bethphage

Bethphage - 1

Inspection report

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Date of inspection visit:
24 May 2016

Date of publication:
19 August 2016

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

The inspection was announced and took place on 24 May 2016. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary Care and we wanted to be sure that staff would be available. Bethphage 1 provides personal care to people with learning disabilities or autistic spectrum disorder, people with mental health issues, physical disabilities or sensory impairment in their own homes. At the time of our inspection there were 11 people receiving support from the service.

There was a registered manager in post at the time of our inspection. 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 and their relatives were positive about the care provided by the service and said that they felt safe. Staff recognised how to identify the signs of abuse and knew how to report it to keep people safe. There were sufficient numbers of trained staff who had the appropriate recruitment checks to ensure they were suitable to their role. Staff arrived on time for their visits and the right number of staff were available to provide the support people needed. People received the medicines they required in order to support their health.

Risks to people were assessed and reviewed regularly to ensure care remained appropriate to people's needs. Staff were supported in their roles by the management team, this included regular training and meetings with the registered manager. People and relatives told us staff were kind, caring and competent in their roles. Where possible people were supported from a consistent team of staff. Where required, staff supported people to receive a diet which promoted their health and well-being. People were supported to access healthcare services when required.

Staff ensured people consented to the care they received. Staff were aware of how to respect people's choices and rights. Staff respected people's privacy, dignity and independence. People and their relatives were involved in decisions about their care and support. People and their relatives knew how to complain if they had any issues with the care they received. The provider dealt with complaints in a timely and thorough way. The registered manager created a positive culture within the service and everyone felt the management team were friendly and approachable. Systems were in place to ask people their views about their care. Quality audit processes were in place to monitor the quality of the service provided and to learn and make improvements when required.

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 because staff understood their responsibilities to protect people from the risk of abuse. Risks to people were assessed and managed safely. There were sufficient staff recruited who had the skills, knowledge and training to care for people. People were prompted where required to receive their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet people's care needs. People were asked for their consent before care and support was provided by staff. People were supported to access healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

People told us they had a good relationship with the staff who supported them. People told us they were able to make decisions about their care and support. People's dignity and privacy was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care plans were in place. Changes in people needs were identified quickly and appropriate action taken. People and their relatives knew how and felt confident to raise any concerns about the service. Processes were in place to ensure that the service learned from people's experiences.

Is the service well-led?

Good ●

The service was well-led.

People were supported by a committed and skilled staff team. People said the managers and staff were friendly and approachable. Staff told us they felt valued and supported by the provider and felt confident to raise any concerns they may have. Quality assurance systems were in place to monitor the quality of care people received.

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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 is 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 24 May 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service.

During the inspection we spoke with two people who used the service and four relatives. We also spoke with the registered manager, area manager and six members of staff. We reviewed a range of records about how people received their care and how the domiciliary care agency was managed. These included four care records of people who used the service, three staff records and records relating to the management of the service such as audit checks.

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person said, "I feel safe with [staff name]." A relative told us, "[Person's name] is in safe hands with [staff's name], the service is good." People who used the service and their relatives said they were confident in the staff's ability to keep people safe.

We spoke with staff about identifying and reporting alleged or potential abuse. Staff were clear about their responsibilities and the actions they would take to support people if they suspected abuse, to ensure people remained safe. One member of staff told us, "I would report any concerns I had straight away to the manager or go further up [within the organisation] if needed." Another staff member said, "There are different types of abuse like physical or emotional. I would report any concerns straight away to [registered manager]." All staff confirmed they had received training on how to keep people safe from harm; the different types of abuse and the signs they would look out for which may indicate that a person was at risk of harm or abuse. We spoke with the registered manager who demonstrated they had a detailed understanding of how to protect people from potential abuse and make referrals to the local safeguarding authority to keep people safe.

Staff told us information provided by the service was available in people's homes to tell them how to care for people safely. One relative told us, "Staff know [person's name] very well and are fully aware of any risks. We are kept informed by the staff as well." A member of staff said, "Have all the correct information about [person]." All the staff knew the process to report any new risks people might have. They said if any new risks were identified they would contact the manager, such as reviewing people's needs and risks following periods in hospital. Reviews were undertaken quickly to ensure the safety of the person using the service. Records we looked at confirmed this and we saw that risk assessments were reviewed regularly.

All the people we spoke with told us staff were always on time and stayed the expected length of time for their visit. One relative told us, "[Person's name] seems to have the same two carers and there are no problems." Another relative commented, "They [staff] stay the time they have to stay. Don't have any problems with [staff]." Members of staff we spoke with said they felt there were adequate staffing numbers to meet people's needs. One member of staff said, "I feel there are enough staff, we cover each other if need be." Records we saw demonstrated that there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by the numbers and requirements of people using the service. The registered manager informed us that the agency did not have any missed visits. We saw there were effective systems in place to ensure visits were not missed.

The registered manager informed us that people using the service were involved in the recruitment process for new staff. Records we looked at demonstrated people's involvement during the interview process and showed that people were involved in asking questions. We saw evidence of the questions staff were asked at interview which were appropriate to the role. We looked at three staff member's files and saw the provider had undertaken appropriate checks to ensure staff were safe to support people. Staff told us and records we saw demonstrated that the provider had undertaken the appropriate pre-employment checks, which included assessment of staff's suitability for the role. We saw references were sought and disclosure and

barring (DBS) checks completed. DBS checks help employers reduce the risk of employing unsuitable staff.

People we spoke with said they were happy with the support they received to take their medicines. One relative said, "I have no concerns about [person's name] medicines. They support [person's name] to take them [medicines]." Staff were able to describe how they supported people with their medicines. For example, specific medicines to control health conditions. One staff member told us, "We had medicine training, I feel confident. I complete the MAR [Medicine Administration Record] when I give [medicines]." Discussions with staff and the records we looked at confirmed staff had been appropriately trained and had their competencies checked to support people with their medicines safely.

Is the service effective?

Our findings

People and their relatives told us they thought the staff were trained in their role. One relative said, "They [staff] know [person's name] very well, I can't fault service." Two people we spoke with confirmed they were happy with the care they received. One member of staff said, "I feel very confident in my role. I know [person's name] well and feel supported in my job by [registered manager]."

Staff told us they were well trained and had the opportunity to complete a wide variety of training courses such as Makaton. Makaton is a form of sign language to help people to communicate. One member of staff commented, "We have more training now and a lot more communication from the management, it's good. I feel I have the skills to meet [people's] needs." Another member of staff told us "Good employer; I have had lots of training in safeguarding, health and safety and the Mental Capacity Act." All staff spoken with confirmed they received regular one to one meetings and appraisals and they had regular contact with the office staff. Staff said during their individual or team meetings they felt they could discuss their own personal development along with any care or support issues they thought were relevant to the role.

One recently appointed member of staff said that they had received a formal induction when they started work. This included the training required to meet people's needs such as medicines and moving and handling. They also said they worked alongside more experienced members of staff to build their confidence in the role and get to know the people they were supporting. Staff told us they had clear communication processes in place to share any concerns or issues to the next shift. This ensured people received the appropriate care they needed but also attended appointments or activities which had been arranged.

People told us staff sought their consent before providing care. One relative said, "They [staff] always ask [person's name] first before doing anything." A member of staff told us, "I ask if it is okay to provide care first. If they say no I might work with the person and go through why it is important, try different approaches or leave it and ask again later." All the staff we spoke with were able to explain how they communicated with people and ensured they had people's consent before providing care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that it was.

The registered manager told us people's capacity to make decisions was assessed. We also saw that within people's records capacity assessments and 'choice forms' were completed. Staff we spoke with were aware of the legislation and demonstrated knowledge of issues in respect of people's ability to make their own decisions. They said they had also received Mental Capacity Act (MCA) training. The registered manager

demonstrated knowledge and understanding around the law about people's rights and knew what steps to take if it appeared that someone's ability to make decisions was changing. This meant that people's rights and freedoms were supported by the service.

Where required, people received support from staff to maintain a balanced diet. One relative said, "They [staff] take [person's name] out shopping and help with choosing the right food." A member of staff told us, "I try and make sure [person name] eats a balanced diet to remain healthy." Staff told us they supported people with specific dietary needs such as diabetes and ensured they had regular meals which met their needs. Staff said if they had any issues in relation to supporting people with food and drink in order to remain healthy, they would contact the registered manager who would seek advice from healthcare professionals. We saw in people's records nutritional guidance was provided for staff to refer to in relation to people's individual dietary needs. For example, one person required soft and easy to chew foods to eat.

The management team contacted external healthcare professionals, when necessary, in order to support people's health care and well-being. One relative told us, "[Staff] support with medical appointments if required and keep me informed." Records we looked at showed when contact or involvement had been necessary with external healthcare professionals, information was updated and reviewed in people's care plans to reflect the advice given.

Is the service caring?

Our findings

People said the staff were kind and caring. They confirmed they knew the staff well and felt comfortable with them. One person said, "Happy with [staff name]." A relative commented, "Carers spend a lot of time with [person's name] they are very caring and kind." Another relative said, "Can't fault the service the carers are brilliant with [person's name] very well suited and very kind." Staff we spoke with knew people well and spoke about them in a respectful and compassionate way. They explained how they supported people with their individual needs and how they encouraged people with their daily tasks.

Where possible people were involved in making decisions about their own care and support. One person told us staff listened to their wishes and did as they asked; and that care was delivered in line with their expectations and choices. One relative told us, "They never rush [person's name] and check they are happy." Another relative said, "They [staff] explain things and [person's name] decides." A staff member said, "Talk to people and explain things clearly using words they understand to help them make a choice." Another member of staff explained how a person communicated their feelings, preferences and choices. They said they made different noises to demonstrate how they were feeling and make choices, the member of staff worked out from the sounds what the person wanted. Staff said they allowed time for people to make decisions and gave people enough information to make their own choices. For example, one member of staff said they showed a person different clothing for them to choose what to wear. Another member of staff told us they used pictures to communicate with a person to confirm their preferences.

Relatives we spoke with said staff promoted their family member's independence as much as possible. For example one member of staff explained how they supported a person to vote in an election. They said they showed photographs of the different candidates and shared other information which enabled the person to make a choice for them-self about who they wanted to vote for. Staff told us they understood people's individual abilities and assisted when needed. One member of staff told us they supported a person to go shopping for their food and clothing. Another member of staff shared with us how they supported a person to prepare their sandwiches at lunchtime, peel potatoes and support with daily tasks such as cleaning.

Staff told us and records confirmed that people had access to independent advocacy services if required. Although no one was currently using this service the registered manager told us of occasions where advocacy services were involved in supporting people to communicate their views or choices. Advocates are people who are independent from a service and support people to communicate their wishes and views.

People said their care was delivered in a respectful way. One relative said, "Staff talk to [person's name] respectfully." Staff we spoke with gave examples of how they ensured people's dignity and privacy was maintained. For example, covering people when providing personal care; talking to people to make sure they were happy with how care was being provided and allowing people enough time to complete tasks or explain what they wanted.

Is the service responsive?

Our findings

People and their relatives told us they were involved in all aspects of developing their care plan and in making decisions about how their care and support needs were met. One relative told us, "[Staff] keep us very well informed and will call about [person's name] care plan and any reviews. They [staff] always consult with us." Another relative said, "[Staff] always keep you well informed and you are invited to all reviews." One relative explained how staff responded quickly when their family member's needs changed? by supporting them to move their bedroom downstairs. Another relative told us about a change in the health of their family member and how the service supported them to receive extra support to meet their needs. Relatives told us the service was reliable and they did not have any concerns.

Records showed that people's care was regularly reviewed to ensure it was updated and relevant. Some people's needs were complex which meant that they required staff to be with them the majority of the time. We saw records were written in a personalised way and gave details of daily activities and what was important in people's daily lives. Staff we spoke with had a detailed knowledge of the people they supported; their likes, dislikes and personal history. Relatives and staff told us up to date care plans were kept in people's homes and they could look at them at any time. One member of staff told us, "The care plan details everything we need to know about a person and is something you can refer to."

People and their relatives were encouraged to give their views and raise any issues or concerns. One relative said, "If I had any concerns or questions I would speak with the registered manager." Another relative said, "Quite happy to speak with the registered manager if there are any issues but I am very happy with the service being provided." All the relatives we spoke with were confident their concerns would be listened to, acted upon and resolved. Staff we spoke with were able to clearly explain what they would do if a person was not happy about something. One member of staff said, "I use pictures to communicate with [person's name] if they had a concern which I could not help with I would contact the registered manager." All the staff we spoke with felt the registered manager would investigate and respond appropriately to any issues. We saw concerns that were raised with the service were dealt with in a timely manner. Any investigations into complaints were thorough with the outcomes communicated to all parties involved.

Is the service well-led?

Our findings

Relatives spoke positively about the service their family members received and told us they thought the service was well-led. One relative said, "Overall I am happy with the service it is well-run." Another relative commented, "Think the service is good and the management is very approachable." Relatives described a positive caring culture at the service which reflected in the attitudes of the staff. People, their relatives and staff felt involved in the service and thought that their views were listened to. They all said the registered manager was approachable and friendly. Relatives we spoke with told us that they received questionnaires from the provider which they responded to. We looked at some of the completed questionnaires and saw that families felt the service was well-led, the management approachable and the complaints procedure understood.

The registered manager explained how the service was involved in developing links within the local community. They showed us examples of their recent involvement in developing art workshops and working with groups of people to share hobbies and interests. The registered manager also told us about a person they had supported to get a voluntary job and another who they were supporting to develop cookery sessions within the community. The registered manager also told us about a charity fashion show which was organised and attended by some of the people the service supported.

Staff told us they felt supported by the registered manager and were aware of their roles and responsibilities. Staff felt the registered manager communicated well and listened to their views and suggestions. They said they received regular opportunities to discuss their individual performance, training and any matter which might affect people who used the service. They felt confident any concerns would be listened to and issues dealt with appropriately. Staff were aware of the provider's whistle-blowing policy, including raising concerns to external agencies if required. Whistle-blowing means raising a concern about a wrong doing within an organisation. They also said they were able to contact the office or on call system at any time and speak with a team leader or a manager should they need to. The registered manager demonstrated a good knowledge of the people using the service, staff members and their responsibilities as a registered manager. This included the requirement to submit notifications when required to CQC when certain events occurred; for example, serious incidents.

Before our inspection we asked the provider to send us a Provider Information Return (PIR), this was a report that gave us information about the service. This was returned to us on time and was completed appropriately. Information provided was consistent with what we found during the inspection for example, people involved in the recruitment of new staff, comprehensive audit processes and appropriate staff development and training systems.

The provider had systems and processes in place to audit the quality of care people received. This included observing staff intervention with people and looking at what was good about the support people received and areas which might be improved. This information was shared during one to one meetings with staff. The registered manager also explained a monitoring system the provider used to record the experiences of care people received. A small number of people who used the service conducted an audit to record people's

experiences. This was used to review and improve the quality of care. We also saw that regular checks of medicines, care plans and health and safety were completed. Information was shared with the head office and where required action plans produced. The service ensured effective communication mechanisms were in place to manage and distribute information within the organisation. For example, regular management meeting took place from which information was cascaded to staff during team or individual meetings.