

Bethphage

Plas Newydd

Inspection report

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Ratings

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| Overall rating for this service | Good ● |
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| 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

This inspection took place on 2 February 2016 and was unannounced. At our previous inspection no improvements were identified as needed.

Plas Newydd is registered to provide accommodation with personal care to a maximum of five people who have a learning disability. There were five people living at the home on the day of our inspection.

The home has a registered manager who was present for some of our inspection. They do not currently have responsibility for the day to day management of the home and a temporary manager was in post. A registered manager was in post and was present during 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.

Staff had been trained to recognise when people may be at risk of harm or abuse. Staff understood the procedures they needed to follow if this ever happened or they suspected it had. People were supported to take their medicine safely and when they needed it. Staff had received training to make sure they were confident and competent to assist people with their medicines.

Staffing levels and the skills mix of staff were sufficient to keep people safe and support their needs. Staff did not start working at the home until the provider had completed checks on their past employment and their background to make sure they were suitable to work with people who lived there.

Staff received the training and support they needed to make sure they understood people's needs and supported them effectively.

People's rights were protected when they could not make their own decisions. Where decisions were made on people's behalf these were made in their best interests. Staff asked people's permission before they supported them and made sure people understood what was being said to them.

People received enough to eat and drink and were encouraged to have a well-balanced diet. Staff sought advice from other professionals where there were risks to people's ability to eat or drink or with their health and well-being.

People had good relationships with the staff that supported them. Staff treated people with respect and encouraged them to be as independent as they could be.

Staff spoke up on behalf of people in raising concerns or making complaints. People were kept involved in their own care and were supported to make their own choices and understand the choices available to them.

People were supported by staff to spend their time how they wanted to. People attended regular clubs and events and staff helped them to identify other things that could interest them.

People were encouraged to be involved in the running of the home and contributed to the recruitment process of new staff. The home had a positive and welcoming atmosphere where staff put people at the heart of the service.

Despite recent changes to management there had been no change in the continuity of the running of the home or the support people and staff received. Systems were in place to monitor the quality of the service staff provided and improvements were identified and made when necessary.

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.

Staff understood the procedures they needed to follow should they suspect abuse was taking place. People were protected by staff who understood risks associated with their care and took action to minimise these risks. Staff followed systems that were in place to make sure medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's rights were protected when they could not make their own decisions. Staff were trained and had the skills to meet people's needs. They made sure people were supported to maintain a healthy diet and sought healthcare advice where needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had the opportunity to build relationships with. Staff provided support to people in a kind and considerate manner and respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to them. They were supported by staff to spend their time how they wanted to. Staff spoke up and made complaints on behalf of people where necessary.

Is the service well-led?

Good ●

The service was well-led.

People were kept involved in the running of the home and contributed to the recruitment process for new staff. The management team was approachable and staff understood their role in making sure people received a quality service. Systems were in place to ensure the quality of the service was monitored and improvements were made when needed.

Plas Newydd

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 2 February 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection, 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.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with one person who was able to give us their opinion of what it was like to live at the home. We spoke with one relative. We also spoke with five care staff, the registered manager and the home's manager. We viewed information in two people's care records which related to consent, medicines, assessment of risk and people's needs. We also viewed other records which related to staff training and recruitment and the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people.

Is the service safe?

Our findings

One relative told us they considered their family member was supported safely by staff. We saw staff support people in a way that was positive and did not discriminate against them. Staff recognised when one person was becoming anxious which could have put themselves at risk of harm and took action to support them and take them out of the situation. Staff had been developed and trained to understand and use safeguarding policies and procedures. They understood the signs that could indicate abuse and who they would report this to. They also knew how the people they supported could be at risk of discrimination and spoke about how they could speak up on their behalf if they felt this was happening. We saw that disciplinary action was taken against staff when unsafe or discriminatory practice was found to have happened at the home. Our records showed that where allegations of abuse had been reported the provider took the appropriate action, followed local authority safeguarding procedures and notified CQC as required.

Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe. We saw one person had a lap belt on whilst they were sat in their wheelchair. Staff were aware of why this was needed and the risk to this person's safety if this was not used. They understood the importance of following risk assessments and support plans to keep people safe. Where needed staff worked with other healthcare professionals such as occupational therapists to ensure people had the equipment they needed to keep them safe.

We saw there were sufficient numbers of staff working to safely meet people's needs. People were not kept waiting for support and staff were always available. There was a staff presence in the communal areas of the home which meant people had assistance as soon as they needed it. Staff told us there was enough staff working on each shift and that extra staff would be called in when needed. Agency staff were occasionally used however, these were normally the same staff to ensure a consistency of care. The manager told us that each new agency staff member had an induction on their first shift worked and was supported by a permanent staff member.

We spoke with two new members of staff about the checks that had been done prior to them starting work at the home. They both confirmed that the provider had requested their previous employers to provide references for them. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people who lived at the home. These checks are called disclosure and barring service checks. We saw records which confirmed staff had not started work at the home before these checks had been completed.

We saw one person supported to take their medicine when they needed it. The staff member asked the person if they would like to come to their room to take their medicine. The staff member ensured the person took the lead and was involved in the process, talking with them at all times. Their medicine was checked by another member of staff before being given to the person. The manager told us two members of staff always administered medicines, one to administer and one to witness. They told us this helped to reduce the risk of any medicine errors associated with staff practice.

Is the service effective?

Our findings

We saw staff showed a thorough understanding of what people wanted and needed and had the skills to support people effectively. One relative told us they thought staff understood their family member's support and communication needs and were able to respond well to these. Staff told us they received training which was relevant to the people they supported and this was kept up to date by the provider. Staff told us that by completing the training they had the confidence and skills to meet people's needs and it benefitted the people they supported. One staff member said, "Training really does make you think. You see things through their eyes and I can relate what I've learnt back to them". Another staff member spoke about the autism awareness training they had completed. They told us they now understood the importance of routine in people's lives and how altering these routines can have a negative impact.

We spoke with two new staff members who told us they had felt supported since they started work at the home and other staff made time for them when they needed it. Both were completing training, working alongside more experienced staff members and were supported by other staff and the manager. They told us their training and the support they received was helping them to gain confidence and understand the needs of people and how to support them. All staff told us they received one to one time with managers which gave them opportunities to discuss concerns, get feedback on their practice and be involved in their own development within their role.

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. We saw staff asked people's permission before they supported them. Staff told us that even though some people could not verbally give their consent they were able to recognise the non-verbal signs they showed. Staff explained this could be through body language or pushing something away if they did not want to do something. Staff understood about the MCA and the impact it had on their roles. Staff understood that any decision they made on behalf of people had to be made 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). Applications had been made for four people and the manager confirmed that none had been authorised yet. The manager could not confirm whether one person had an application made to the supervisory body. They told us the person had recently moved from another of the provider's homes and there was some confusion over whether a DoL had been applied for. The manager sent confirmation to us after our inspection that this had not been applied for previously and they had now completed an application. Although not all staff were aware who did or did not have a DoL in place we found they understood what a DoL was and the implications this had on people. We saw risk assessments were in place which detailed restrictions placed on people to keep them safe whilst the DoL were authorised. Staff were aware of these and told us how a multi-disciplinary team approach was used to ensure decisions about depriving people of their liberty were made only when there was no less restrictive

way of achieving this. We were therefore assured that people's rights were protected and their best interests considered when decisions were made on their behalf.

People were supported to have enough to eat and drink and to maintain a healthy diet. One relative told us they knew their family member, "ate well" and staff supported them to have a healthy diet. One person was able to tell us they enjoyed the food and they were able to have snacks and drinks when they wanted them. We saw staff offering healthier options of food to people and supported them to make these choices. One person was supported to identify their meal choices by the use of picture cards. People were supported to eat their meals at their own pace and in a dignified manner. We saw two people had been referred to and assessed by a speech and language therapist due to being at risk of choking. Recommendations had been put into place and we saw these were followed by staff. We saw people being supported to use aids which supported them to maintain independence when eating their meals. Each person was weighed monthly and staff told us this was so they could monitor people's weight as a gain or loss could indicate a health concern.

People had access to healthcare when they needed it. People had health action plans in place and we saw one person's had been updated in November 2015. This indicated the frequency of routine health checks the person was to have but we saw nothing had been booked for 2016. The manager assured us this would be dealt with as a priority. However, we could see that people received health care when they needed it and also received routine health checks. The manager and staff spoke about one person who had on going health issues. They were able to confirm the person was supported to access healthcare appointments and action was taken when the person needed to see their doctor. People who lived at the home did not all have verbal communication and so could not tell staff if they were in pain. Staff were able to tell us the signs they would look for when someone might be in pain.

Is the service caring?

Our findings

One person was able to confirm that staff were nice to them and looked after them well. One relative told us their family member had a good relationship with the staff that supported them. We saw staff supported people with kindness and warmth and listened to what people said. People were relaxed when staff were around them and there was lots of positivity throughout the home. Where people did not communicate verbally staff recognised what they wanted through their body language. Staff responded to people who became anxious or frustrated in a calm manner and showed that they understood people's personalities and how to support them. When staff spoke with us about the people they supported they did so in a way that was respectful and caring. We noted that most staff had worked at the home for a number of years. One staff member told us that this helped to build good relationships between people, staff and relatives.

We saw staff involved people in making choices about day to day decisions such as what to eat, drink or how to spend their time. People were given choices in a way they could understand and staff told us they would adapt their communication to make sure people understood them. One staff member said, "We respect the choices they make. Even though they [people] can't all talk it is important they choose and are supported to choose. We have to keep them involved". We saw staff used different communication methods to keep people involved and help them make their own choices, such as picture cards and signing.

One relative told us they were kept up to date and felt involved in what happened in their family member's life. They were invited to and attended their family member's care reviews and felt staff listened to and respected their opinions and views. Each person had a keyworker team who worked closely with them to ensure their views, choices and wishes were sought and respected. Some people had an advocate who visited them every three months. Staff told us the advocates had built good relationships with people and had got to know their preferences and wishes. The advocate attended people's care reviews and where necessary acted on behalf of the person to ensure their wishes were respected and decisions made were in their best interests.

We saw staff encouraged people to be as independent as they could be. One person asked for a hot drink and staff encouraged them to come with them to the kitchen to make it with them. Another person was reminded to wash their hands as they were leaving the bathroom. Staff spoke about the importance of people keeping their independence when this was possible. One staff member said, "We are here for them, for them to have a good quality of life. We don't do it for them if they can do it themselves, we need to increase their independence".

We saw staff respected people's privacy and own personal space. Staff asked before entering people's bedrooms and were discreet when they discussed personal care with them. Staff told us they ensured people's privacy by being respectful during personal care and having conversations that may be personal in a private area. One staff member said, "We show respect through our manners, we talk clearly and make sure they understand (what we are saying). We keep them involved in whatever we are doing and we talk with them, we don't talk over them or about them if they are there with us".

Is the service responsive?

Our findings

People were supported to spend their time how they wanted to. One relative told us the staff kept their family member active with things they liked to do. Staff told us that each person had regular weekly outings or clubs they attended. They then would choose daily what they wanted to do. During our visit one person had a "quiet day", another had their nails painted and two people were supported to go to the bank. Each person was offered choices and staff were able to speak about the hobbies and interests that each person had. One person could not make up their mind what they wanted to do with their time so staff kept them entertained by singing and talking about their favourite music. Staff told us they considered they had a diverse staff team which meant they could support people with their ranges of hobbies and interests.

Staff understood people's needs and adapted care and support if their needs changed over time. One person who had recently moved into the home was able to tell us they felt settled and liked living there. This person had moved to the home from another one of the provider's homes due to a change in their mobility and the availability of a lift at Plas Newydd. Staff had recognised what the changes meant for the person's mobility and safety and had supported the transition between the homes. The person had been supported by a staff member from the other home when they first moved into Plas Newydd. Staff told us this was to help them settle in and become familiar with their new surroundings and the change of staff.

Each person met with a staff member from their keyworker team every month to identify their goals, ensure these were being achieved and review and update them where needed. Staff told us they used information and feedback collected throughout the month from the person, family or other staff to review their care and ensure it was still relevant to meet their needs. Information from healthcare appointments was recorded and people's support and care plans updated if required. All staff including the manager were able to tell us in depth about people's support needs and their individual preferences. We saw that information contained in people's care plans reflected what staff told us.

We spoke with staff about how they supported people to make a complaint or raise a concern. One staff member said, "We speak up on their behalf if we know there is an issue". They told us the people they supported would not be able to make a complaint independently so when necessary staff acted on behalf of people and made complaints to management. We saw staff had previously made a complaint to management when a person's personal property was damaged. Staff were kept up to date on investigations into concerns and complaints they raised on behalf of people. The registered manager told us this was because, "Staff need to feel confident to raise concerns".

Is the service well-led?

Our findings

We found the provider's quality assurance systems had not identified that some records were not kept up to date or were missing. Weekly checks were meant to be completed on one person's bedrails in accordance with their risk assessment. Staff and the managers assured us that these checks were completed however, the records of these checks could not be found. One person's health action plan had been updated in December 2015 but their routine health checks had not been noted on their annual health record and their annual eye check was overdue. The manager could not find evidence to show this had been considered or arranged. We also found that one person had not had their DoL applied for when they moved from another one of the provider's home. Although these had not had an impact on any people living at the home the manager admitted these were an oversight and should not have happened. The manager informed us the day after our inspection that actions had been taken to address these issues and confirmed the DoL had now been applied for.

People and staff contributed to and were involved in the running of the home. Potential new staff were invited to the home for their second interview to meet people as part of their recruitment process. They were introduced to the people who lived at the home and managers were able to see how people interacted with them. One new member of staff told us this was, "To see if they [people] liked us". All staff told us that they worked for the benefit of the people they supported to ensure they had a good quality of life. One staff member said, "This is their house, we respect what they want and what they want to do". Another staff member said about the people they supported, "I respect them, I look after them as if they are a member of my own family". Staff were able to voice their views about the support they delivered and the running of the home. They understood and were confident to 'whistle blow' and report poor practice or any concerns they may have.

Staff told us they had a good staff team at the home. One staff member said, "We all respect each other and we support each other". The registered manager had a new role within the organisation and was in the process of removing their name as the registered manager of the home. They were present for some of our inspection. The home was being managed by a temporary manager whilst a permanent manager was recruited. Staff told us there had been no impact due to this change of management because they had kept things "normal" for the people who lived at the home. Staff told us they found management approachable and supportive. They told us the manager would help support people when needed and was a visible presence around the home. Staff were confident in their roles and understood how their practice impacted on the quality of life people experienced and the service they provided.

The registered manager told us that feedback and information they gained from audits was used to improve practice and make positive changes. We saw systems were in place to support this. Once a year a team of 'quality checkers' completed a visit to the home. This team was made up of people who used services for people who had learning disabilities. They provided feedback on their visit to the home and were able to use their own personal experiences to suggest improvements which could be made. Following monthly checks the manager completed a report for the provider of their findings which included information such as any accidents or incidents that had happened and any health and safety issues. Where actions were identified

these were addressed as required to make improvements. Information was shared throughout the organisation through manager and board meetings, annual staff conferences and regular newsletters.