

Bethphage

Viewmount

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

The inspection was carried out on 20 January 2017 and was unannounced.

Viewmount is registered to provide accommodation with personal care needs to a maximum of five people who have a learning disability or autistic spectrum disorder. There were five people living at the home on the day of the inspection.

There was a registered manager in post who was present during the 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.

Relatives were confident that their family members were safe and well looked after. Staff had received training and knew how to recognise and report the signs of abuse. Staff were aware of the risks associated with people's needs and how to minimise these without restricting their choice.

People were supported by sufficient staff who had undergone safe recruitment checks to ensure they were suitable to work at the home. Staff felt well supported by management and could approach them at any time for guidance. Staff had good training opportunities that enabled them to meet the individual needs of people living at the home.

People were encouraged to follow healthy diets and received the assistance they needed to eat and drink enough. Staff monitored people's health and responded quickly to any changes. Staff worked with other professionals to ensure people received the care and support they needed. People were supported to take their medicines safely and accurate records were maintained. Staff received regular competency assessments to ensure the on-going safe management of medicines.

People were treated with dignity, respect and compassion. Staff knew people and their preferences well. Staff provided people with information in a way they could understand to allow them to make their own decisions where able. Where people were unable to make certain decisions for themselves we saw that these were made in their best interest by staff who knew them well.

People were supported to follow their interests and were provided with opportunities to broaden their experiences. People were supported to keep in touch with friends and relatives that were important to them. People's relatives were able to visit when they wished and were always welcomed by staff.

There was an open and transparent culture at the home where staff and management worked together to deliver the values of the service. The provider had a range of checks in place to monitor the quality and safety of the service. The provider used feedback gathered to make improvements.

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.

Relatives were confident that people were safe and well looked after.

There were enough staff to safely meet people's needs.

Risks associated with people's needs had been assessed and measures put in place to minimise these without restricting people's choice.

People received the support they needed to take their medicine as prescribed to maintain good health.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to effectively meet the changing needs of the people that lived at the home.

People were encouraged to follow a healthy diet and received assistance to eat and drink enough.

Staff monitored people's health and wellbeing and responded quickly to any changes.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

Staff had formed positive relationships with people and their relatives.

Staff treated people with dignity. Staff respected and supported people to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive

People received care and support that was tailored to their individual needs and ability.

People were supported to do things they enjoyed and given opportunities to explore new activities.

The provider had a clear complaints process that was followed by staff.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture in the service that benefitted the people and staff.

People, relatives and staff found the management team approachable.

The provider had systems in place to ensure that people received a good standard of care.

Viewmount

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 20 January 2017 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we met with five people who lived at the home. We spoke with four relatives and one Independent Mental Capacity Advocate (IMCA) by telephone. We spoke with five staff which included the registered manager, the service manager and three support staff. We viewed two records which related to the assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine records, incident reports and two recruitment records.

We were unable to communicate verbally with everyone who used the service. We used staff and observation to gain an understanding of people's experience of the care and support they received.

Is the service safe?

Our findings

Relatives we spoke with were confident that their family members were safe and well looked after by staff. One relative explained that their family member's needs had changed and the provider arranged for their bedroom to be moved to the ground floor to reduce the risk of falls.

The registered manager had an enabling approach to managing risk. They said, "It not about stopping people doing things. We look at how we can make it safer. There is always something that can be done." Staff were aware of the risks associated with people's care and their environment. One staff member told us they ensured people's pathways were clear of objects that they could trip over. They also maintained people's safety by locking chemicals away after use. We saw that risks to people's safety had been assessed. Staff were provided with guidance on how to support people safety without restricting their choice and independence. The provider completed health and safety checks on the environment and reported any faults as necessary. We saw that there were personal emergency evacuation plans in place to support people in the event of a fire or other such emergency.

Accident and incident form were completed by staff and reviewed by the registered manager. The registered manager told us they looked at these to identify if there were any patterns and ensure necessary action was taken. For example, where there were increases in people's anxiety they requested the support of the provider's positive behaviour team. The team provided guidance on how to best manage these situations. This was confirmed by staff we spoke with and we saw there were behaviour support plans in place which reflected the support provided by staff.

We looked at how people were protected from abuse and poor practice. All the staff we spoke with had a good understanding of the different types of abuse. They were able to recognise and describe the signs of abuse. They knew where to locate the policies and how to report any concerns. One staff member told us they would report any concerns to the senior on duty. If there were any marks or bruises they would also complete a body map to show where they had found these. There had not been any safeguarding concerns, but the registered manager demonstrated they would take the appropriate action to protect people from further harm. They would also report any concerns to the relevant external agencies.

Relatives felt there were enough staff to support people safely both when they were at home and when they were supported to go out. This was confirmed by staff we spoke with. The registered manager told us they considered the staff team to be the experts on the level of staffing required as they supported people on a daily basis. They had recently liaised with the commissioners to secure additional funding for extra staffing due to changes in a person's needs. They told us they were using agency staff to cover some of the shifts. They had regular agency staff who knew people well and therefore provided continuity of support. At this inspection we saw there were sufficient staff readily available to meet people's needs in a timely manner.

The registered manager told us before potential new employees started to work at the home they completed recruitment checks to ensure they were suitable to work with the people living there. These included the provision of two references, identity checks and Disclosure and Barring Service (DBS) checks.

The DBS helps employers make safer recruitment decisions. We looked at two staff records which confirmed safe recruitment procedures had been followed. The provider had systems in place to recognise and address poor practice including disciplinary processes if necessary.

Relatives we spoke with told us that staff managed their family member's medicines for them. We observed staff gave people their medicines safely and ensured that they were given a drink to take them with. Some people had to take medicine with them when they went out and that there were procedures in place to ensure that these were available when needed. We saw that there were protocols in place for medicines people needed to take as required. Staff received regular competency assessments to ensure the ongoing safe management of medicines. We observed that medicines were stored safely and accurate records were maintained.

Is the service effective?

Our findings

Relatives and an Independent Mental Capacity Advocate (IMCA) we spoke with felt staff had the skills and knowledge to meet people's needs. Staff told us they had good training opportunities that equipped them to fulfil their role. Staff were positive about the management of actual or potential aggression (MAPA) training they had completed as they felt this enabled them to recognise and diffuse potential situations. They also told us they benefited from the support of the positive behaviour management team who helped them develop strategies tailored to people's individual needs. The registered manager explained that their human resource (HR) department arranged and kept under review all the staff training needs. They said HR would book the training and they would rota the staff to suit.

The registered manager told us new staff started the Care Certificate during their office induction and completed the remaining units within the first twelve weeks. The care certificate is a nationally recognised programme that trains staff about the standards of care required of them. New staff also worked with experienced staff for a period of two weeks or longer if required to ensure they were competent and confident to support people independently.

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. Where possible we saw that people were supported to make their own decisions. This was confirmed by the IMCA and relatives we spoke with. Staff told us they had worked at the home for a long time and had got to know people well. They told us they always asked people's permission before they provided support and respected their decisions. One staff member told us I always ask, "Would you like?" Staff explained that some people did not communicate verbally so they would offer them choice and gauge their reaction by their body language. They respected people's right to decline support or refuse choices offered. For example one staff member said, "I wouldn't make anyone do something they did not want to do." Staff understood where people were unable to make decisions for themselves that these needed to be made in their best interest. For example, one person needed support to make a decision about a medical procedure. We saw that this decision was made in their best interest and involved their relative, a health care professional and staff who knew the person well.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager showed us they had made the appropriate DoLS applications for everyone that lived at home. They ensured that these were reviewed at the required intervals. Staff were aware of who was subject to DoLS and the requirement to use the least restrictive measures to ensure their safety. For example, people were able access all areas of their home and received staff support when they went out in the community. We spoke with an IMCA who told us they had been involved in supporting a

person with best interest decisions including the DoLS process.

People were supported to eat and drink enough. A relative told us their family member had a good appetite and that staff knew their likes and dislikes. Another relative told us their family member needed assistance to eat and drink and staff supported them with this. We saw that one person opened the kitchen cupboard door and indicated to a staff member they wanted a drink. The staff member encouraged them to choose between the different drinks and subsequently involved them in making the drink. Again at lunch time we saw staff asked people individually what they wanted to eat. Where required we saw people received assistance to eat and drink and this was provided in a caring and patient manner. Staff we spoke told us they encouraged people to follow healthy diets in accordance with their dietary needs. Where required we saw that referrals had been to the Speech and Language Therapy Team (SaLT). Staff we spoke with were aware of and followed the SaLT guidance.

People were supported to access health care support as necessary. Relatives and the IMCA we spoke with felt staff were quick to respond to changes in people's needs and arrange the necessary health care support. One relative said, "They soon take [family member] to the doctor if needed. They keep us very well informed." Another relative told us staff supported their family member to the accident and emergency unit when they had an injury. Staff told us they knew people well and were able to quickly recognise any changes in their presentation. They would seek medical attention as necessary. We saw that staff supported two people to go to health appointments during our visit. We saw that the provider had clear systems in place to record the reason and outcome of all health appointments.

Is the service caring?

Our findings

Relatives we spoke with found staff caring and kind. One relative told us that staff were very good and they had no complaints. They said, "They (staff) are all very nice. They all know [family member] well and [family member] knows them." Another relative said, "They (staff) are very kind. They look after [family member] and the other people very well. They are fantastic."

Staff had formed positive working relationships with people and their relatives. A relative we spoke with described the mutual respect they had experienced. They told us, "They (Staff) are 100% respectful of [family member] and [family member] respects the staff." The Independent Mental Capacity Advocate (IMCA) we spoke with told us they often saw friendly 'banter' between people and staff when they visited the home. They went on to tell us, "I've never had any problem with how they approach or speak to [Person]." All the relatives we spoke with told us they were always made to feel welcome when they visited. We observed people were comfortable in the presence of staff and there was smiles and friendly interaction between them. We saw that staff showed patience and genuine warmth towards people.

Relatives told us, and we saw, that people were encouraged to make choices about their day-to-day care. One relative told us, "They (staff) check we are happy with plans. We're quite happy with what they do. They tell me what I need to know." Another relative told us staff "definitely" involved them and their family member in decisions about their care and support. Staff we spoke recognised and respected people's diversity. One staff told us, "There is something about all of them they are all individual. They are amazing. We (staff) don't see the disability we see the person." They told us they explained things to people in a way they could understand to promote their choice and understanding. When supporting people to choose clothing or food they limited their choice as they found they struggled to cope with too many options. One staff member said, "It's about getting to know the person and what they want."

People were supported to keep in touch with people and visit places that were important to them. A relative told us staff supported their family member to visit and take flowers to their relative's grave. They felt that this was very important to their family member. Another relative said staff often facilitated visits between them and their family member's by meeting up at a central point.

Relatives and the IMCA we spoke with felt staff promoted people's independence and maintained their dignity. The IMCA told us they staff actively encouraged people to do as much as they could for themselves. A relative told us that staff ensured that their family member was always dressed nicely. Staff confirmed that they strove to maintain people's independence. One staff member told us, "It's about getting the balance right. Encouraging them to do things for themselves where able and offering assistance when needed so they don't struggle." Staff told us they maintained people's dignity by ensuring they kept the curtains and doors closed when assisting people with their personal care.

Is the service responsive?

Our findings

Relatives and an Independent Mental Capacity Advocate (IMCA) we spoke with were complimentary about the responsiveness of the service. One relative told us, "I think they (staff) are very good." They went on to explain that knew their family member and their preferences well. The IMCA found that people benefitted from a stable staff team that offered familiar faces and continuity of support. They said, "Their (staff) approach is really good. They know [person's name] and respond well to their needs."

Staff demonstrated that they knew people and their needs well. They were aware of individual likes and dislikes and how they preferred to be supported. One staff member told us, "We aim for individuality. We don't class them as the same. They've got different needs and need a different approach." Where people's needs changed staff told us they ensured that their support and environment was adapted to suit. Staff told us they were kept informed and reported any changes in people's needs during staff handover. Staff had access to detailed care plans and risk assessments to guide their practice. We saw that these were in pictorial format to help people relate and understand about the support they needed. The care plans were individualised and captured people's preference for care delivery.

Relatives told us they were involved in care plan reviews and asked about their views on the quality of care and support received. Where they were unable to attend staff went through any changes with them when they next visited. Relatives felt communication between them and staff was good and they were kept informed about any changes. For example, three people were due to move to new accommodation in the near future and their relatives had been fully involved. One relative told us their family member had visited the new premises a number of times to help them cope with the move. This was confirmed by staff and the registered manager who said the property was just across the road. Staff had supported people to choose their furniture and taken them to view the property as it was renovated so that this eased their transition. The local authority and the provider were in the process of seeking alternative accommodation for the remaining two people.

Relatives we spoke with felt that their family members were provided with opportunities to do things they enjoyed and explore new activities. One relative told us, "Since [family member] has been there they (staff) have taken them on holiday and [family member] really enjoyed that." Another relative told us "[Family member] is always happy and that's the main objective." They went on to explain that staff looked at activities that were suited to their family members abilities. Staff confirmed that they tailored activities to people's needs and wishes and helped them maintain their interests when their abilities change. For example, one staff member said, "If people are struggling to do things they used to enjoy doing. We would look at how we help them continue."

The provider had a clear complaints process that was followed by staff. A relative told us, "I have no complaints. I would approach staff if I had any issues." We saw that staff had supported one person to make a complaint about the laundry and care of their clothes. This was discussed at a staff meeting and actions taken to prevent reoccurrence. We saw that each person had an individualised complaints process detailing the support they would need to make a complaint.

Is the service well-led?

Our findings

Relatives and an Independent Mental Capacity Advocate (IMCA) we spoke with were positive about the care and support people received at the home. One relative told us, "I take my hat off to Viewmount. They (staff) are absolutely amazing." The IMCA said, "I get a positive feeling when I go into Viewmount."

Relatives we spoke with felt that there was open and transparent communication with staff at the home. One relative told us, "The [registered manager's name] and staff are very nice." Another relative felt they could contact staff or the manager at any time if they had any concerns.

The registered manager told us their vision for people to have choice, to live life the way they wanted to and be kept safe. They wanted the service to be as good as it could be and to provide an excellent service to the people it supported. As part of the vision they wanted people to be actively involved in everything. They gave people and their relative's opportunities to comment on the service through care plans reviews and annual surveys. They also operated a 'Q Team Checkers' to gain insight into people's experience of the service. This team is made up of people who have a learning disability and experience of using services. The team visits people in their own homes and talks to them and looks at their care plans. They then report their findings back to the provider who used their findings to develop the service.

Staff we spoke with told us they found the registered and senior managers friendly and approachable. They felt they could contact them whenever they needed to. One staff member said [Registered manager] is always at the end of the telephone if we need them. The registered manager was not based at the service. However, they visited the home two to three times per week and had daily telephone contact with staff. They said, "Staff need to feel supported and safe otherwise, their anxieties will filter down to the people we support." They went on to say, "The staff are really good, they don't hold back. I have complete confidence in them. If they need support they will ask for it." They said they benefitted from a long standing staff team many of who had worked at the service for over ten years. They recognised the staff's experience and contribution they made to the smooth running of the home. They were keen to gain staff views and did so through staff surveys and staff meetings. Staff we spoke with said they could add items to the staff meeting agenda and felt their views were listened to.

The registered manager told us they were supported by the operations manager and attended bi-monthly senior team meetings. They found these valuable learning forums as they shared both good practice and any safety concerns that may have happened in other locations. The registered manager also told us they referred online resources such as, to Care Quality Commission (CQC) website and worked with local training resources to keep up to date with good practice.

We saw the provider completed a range of checks in place to ensure people received a safe and good quality service. These included monthly care plan and medicine audits. In addition to these the provider completed a yearly quality audit and developed an action plan where concerns were identified. This was kept under review by the registered manager until all actions were completed.

The registered manager was keen to maintain and develop further links within the community. One person visited the bakery on a regular basis and some people accessed the pub. People also accessed leisure facilities in the nearby town such as, hydrotherapy.

The provider had, when appropriate, submitted notifications to CQC. The provider is legally obliged to send CQC notifications of incidents, events or changes that happen within the service within a timely manner. Statutory notifications ensure that CQC is aware of important events and enables us to monitor the on-going management of the service.