

# Bethphage

# Bethphage 3

## Inspection report

The Hollies  
Chester Road  
Whitchurch  
Shropshire  
SY13 1LZ

Tel: 01948804901  
Website: [www.bethphage.co.uk](http://www.bethphage.co.uk)

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19 February 2016

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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

This inspection took place on 18 and 19 February 2016 and was announced.

Bethphage 3 is a domiciliary care provider. They provide personal care to people with learning disabilities in their own homes. At the time of our inspection 18 people were receiving support from Bethphage 3.

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 and understood how to support people in a way that protected them from danger, harm and abuse.

There were enough staff to support people and to meet their needs. People had control of their support hours and could change the times of support to meet their needs. The provider had systems in place to adapt to the changing needs of people and to make provision for additional staffing when required. Before staff could start work the provider undertook checks to ensure they were safe to work with people.

The provider helped people to administer their own medicines. When people could not administer their own medicines they were supported by staff. Staff were trained to safely administer medicines. The provider undertook checks to ensure people and staff were following safe procedures when administering medicines.

Staff had the skills and knowledge to meet people's needs. They were supported in their roles by the provider and attended training that was relevant to the people they supported.

People were involved in decisions about their day to day care. When people could not make their own decisions these were made on their behalf. Decisions were made in their best interests by people who knew them to make sure their rights were protected. Staff provided care and support which was personalised and respected people's likes and dislikes.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and that information was given to them in a way they could understand. People's independence was encouraged and staff respected their privacy and dignity.

People had a choice of food to eat and were prompted to maintain a healthy balanced diet. People's routine health needs were looked after and people had access to healthcare when they needed it.

People and staff felt able to express their views and felt their opinions mattered. The provider and

registered manager undertook regular quality checks and people were able to comment on the services they received. The provider employed people receiving support to undertake quality checks of the services they provided. When needed improvements were made. Staff were supported by the provider and the registered manager who promoted an open and transparent culture.

## 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 how to recognise and report any concerns they had about people's safety or wellbeing. There were enough staff to safely meet people's needs. Checks were made before staff could start work to ensure they were safe to work with people. People received their medicine safely.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to meet people's needs. People had access to healthcare when they needed. People were supported to maintain a healthy and balanced diet which adapted to their needs and preferences. Staff supported people to make decisions and protected their rights.

### Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. Staff spoke about people they supported with warmth, respect and kindness. People were provided with information in a way they could understand and allowed time to make decisions. People had their privacy and dignity respected by staff. People were supported to be as independent as they could be.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and regularly reviewed. People's individual needs and preferences were known by the staff supporting them. People felt able to raise any concerns or comments with the provider. People felt their opinions were valued by the provider.

## Is the service well-led?

Good 

The service was well-led.

People were supported by a provider and staff team who put them first in what they did. The provider and staff had shared values in supporting people. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

# Bethphage 3

## **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 18 and 19 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed information we 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 asked the local authority and Healthwatch for any information they had which would aid our inspection.

We spoke with five people receiving support, the registered manager and three support workers. We viewed the personal development plans for four people, including assessments of risk, consent and medicines. We saw the recruitment details of two staff members and records of quality checks completed by the provider.

# Is the service safe?

## Our findings

We looked at how people were kept safe from abuse. One person told us, "I didn't like something and reported it to [staff member]. They [provider] spoke with me about what I wanted and I was happy with the outcome. I felt supported and can raise any worries and it will be taken seriously". Staff had received training and understood how to recognise any signs of abuse or ill-treatment. Staff members knew the procedures they would need to follow and where these were kept if they suspected anything was wrong. Staff knew how to report outside of the organisation if needed.

People told us they felt safe receiving services from the provider. One person said, "I feel safe, they let me do what I can but just keep an eye on me in case something goes wrong". People were involved in their personal assessment of risk. For example, one person showed us their missing person risk assessment. We were told they had completed the risk assessment with staff and when they changed their appearance they sat with staff and wrote a new assessment. Another person said, "I like cooking but sometimes I can fall which means I could get burnt. Staff support me and I can still do my cooking. They didn't just stop me but we looked at how it could be safer".

Risks to people associated with their care had been assessed and staff knew what to do to reduce harm to people. We saw care plans had been completed to guide staff in how to support people in a way that kept the risks to a minimum. For example: Staff told us about someone who liked to do their own shopping but fell when carrying some bags. After talking to the person they agreed smaller shops with less items to carry. One person told us, "After a trip I now do smaller shops and don't buy as much so I don't fall over the bags". Staff told us any changes to risk are immediately forwarded to the registered manager who talks to the person concerned about how to reduce the risk of harm. Staff members understood risk without putting restrictions on people's lives. Risk was identified and managed whilst still allowing people to safely do what they wanted.

We saw that the accident and incident reporting procedure was followed by staff who took action and reported incidents when required. This information was seen by the registered manager who made changes if required. For example, following an accident when someone burnt themselves whilst making a drink they adapted the equipment used. The registered manager said, "It is important you don't remove someone's independence because of risk but look at how to minimise the harm". We saw kettles had been removed and a different hot water dispenser had been installed. One person told us, "I can now make a coffee but I don't burn myself". The registered manager told us they have the assistance of a health and safety advisor when needed. They provided guidance in order to minimise risks to people. The registered manager said, "We are given regular information of incidents and accidents from other locations across the country. This is so we can be proactive in identifying any risks to the people we support and remove the risk before it occurs".

People and staff told us there was enough staff to meet their needs. One person said, "I can change the hours that people support me so I can do what I want, they [provider] are very adaptable". The registered manager told us the hours of support they provided is set by the funding authority. When they identified a

change in need they allocated additional staffing to ensure the need was met. They then applied for a reassessment of need to ensure on-going support was provided.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. We looked at staff recruitment records which showed us appropriate checks had been completed. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

We looked at how people were supported with their medicines. One person told us, "I went through an assessment to be sure I was safe to do my own medicines. If I ever make a mistake or get confused there is always a staff member I can talk to". The registered manager told us they assist people to administer their own medicines when possible. When this was not possible staff were trained in safe administration of medicines and could help people. One person said, "I take my own medicines with help. They always talk to me about what I am taking and if I want to take them or not". Staff members told us they complete medicine training and are then assessed as competent before helping people. The registered manager said, "Regular competency checks are completed with people and staff to ensure they are safe and to prevent any errors occurring". If errors did occur staff were aware of the action they needed to take. One person said, "I once made a mistake and staff helped me phone the doctor just to make sure everything was OK". The provider had processes in place to identify any errors with medicines and retraining was undertaken if required.



## Is the service effective?

### Our findings

People told us they were involved in the assessment of their needs and support planning. They believed the staff supporting them had the skill and training to meet their needs. One person said, "Staff have the time to get to know me and what I want. I can make changes to my plan at any time and I am writing a new one at the moment which I will then give to the staff". All the people we spoke with showed us their personal development plan which they had written and agreed with staff. One person told us, "I train staff on how to write a personal development plan. It is important for them to know what it is like to receive support from someone actually receiving it". All the personal development plans we saw involved the person and were regularly reviewed accounting for any changes in their personal circumstances.

Staff told us they felt well trained and supported in order for them to provide the best care for the people they supported. One staff member said, "I have recently completed the care certificate and now I am moving onto level 3. This training is fully supported by [provider] and helps us support the people we work with". Another staff member told us, "I identified some difficulty with communication. We then had training days in specific communication techniques. I now feel confident in using sign language with people and can support this with picture prompts". The provider was receptive of staff suggestions for training and supported the individual staff member's professional development.

Staff told us they received a formal induction programme when they started work. This included the basic training they needed to safely work with people. For example, they completed moving and handling and communication techniques. Staff told us they worked alongside more experienced staff members. This was so they had time to get to know the people they would be supporting. One staff member said, "I was new to care. I had the time to get to know the people I would be supporting and worked through the care certificate".

Staff told us they received regular one-on-one sessions with senior workers. During which they could discuss their training and identify any areas they felt they needed to develop. Staff told us they could discuss any care and support issues they thought were relevant to their role. One staff member told us, "I have received regular support since starting. This allows me to talk about how I think I am doing but also for them to suggest ways I can improve what I do". Staff told us the provider had good communication systems in place to pass information relevant to their roles. They were able to pass on day to day concerns through handovers and by using the communication book. One staff member said, "Any changes are passed to all staff straight away so we can be consistent in our approach with people". People received care from a trained and supported staff team.

We saw people were supported to make their own decisions and were given choice. People were given the information in a way they could understand and were given time to make a decision. One person told us, "I was scared about going into hospital. I talked to staff who told me it was my decision but they would support me whatever I decided. I was still scared but went to hospital and I had someone with me all the time". Staff told us they support people to make decisions for themselves. One staff member said, "If someone is confused about a decision you don't assume they can't make the decision. You make every

attempt to involve them. You breakdown the options and make sure they can understand what is being said. Only when you have done everything you can to try and help do you have to think about the best interests of the person".

People were asked for their consent and permission prior to staff assisting them. One person said, "I am always asked if I would like any help with something". Another person told us, "If (staff) were going to help me they always asked if it is ok first". One staff member said, "You never assume you have the right to do something. You should always be invited by the person to assist them by asking them first".

The registered manager told us peoples capacity to make decisions is assessed. When people could not make a specific decision this had been correctly assessed and decisions were made in the best interests of the person. Staff knew in some instances they had to make decisions for people they supported and when to involve others if needed.

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 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. The provider had properly trained and prepared staff in understanding the requirements of the MCA. At this inspection it had not been necessary for the provider to make any such applications.

People were supported to have enough to eat and drink. Staff supported people to maintain individual diets specific to their needs. One person said, "If I want to eat doughnuts I can but staff will try and get me to eat something else next time". People told us they were involved in the preparation of meals by staff. One person said, "I can plan the weeks meals with staff and then get the shopping so I have what I need in the house". Staff monitor people's weights for any changes. Any changes were passed to the registered manager and advice was sought from the GP and staff followed any advice given. One person said, "I wanted to lose some weight. Staff got me a [fitness measuring device] which I can wear at all times. I can see what I am doing and I have so far lost a stone in weight. It's great".

People had access to healthcare services, including GP, District Nurses, Dentists and chiropodists and were supported to maintain good health. One person told us, "We go to the local GP surgery for routine check-ups but can go anytime we feel poorly". Another said, "I have yearly check-ups just to make sure everything is OK". People showed us their records of regular GP and healthcare visits and told us staff supported them with any advice given to maintain good health.

## Is the service caring?

### Our findings

We saw people being supported by staff in a way that was kind, respectful and caring. One person said, "Staff are really kind to me and help me in a way that makes me feel good about myself". Staff spoke about the people they supported with respect and kindness. One person told us, "I said I wanted to be called by a different name. Now everyone calls me by the same name. I feel happy about this". One staff member said, "People are individuals and have rights to live as they wish. We are there to empower them to live as they choose and help overcome obstacles".

People told us they were able to express themselves and felt supported by staff. One person said, "When I am upset I can go to (staff) and they talk with me. They help me feel better about myself and always listen to me". One staff member told us, "People have the right to feel emotions including anxiety and upset if they want. We work with them to express their emotions and never blame anyone for expressing how they feel". Another staff member told us, "Sometimes [person's name] likes us to behave a little daft with them. This helps us to relate to them and for them to engage with us".

People were involved in making decisions about their own care and support. One person said, "It's my decision what we do and I can change my mind whenever I want". We saw staff talking with people about what they wanted to do with their time and what they wanted to eat. One staff member said, "In order to offer choice you sometimes have to reduce the options. This is not to restrict the person but it means you don't overwhelm them with too much information. You can then slowly increase the options as the person gets better at making decisions. You make sure you always allow time for the person to understand what you have said and to make a decision". Every person we spoke with told us they had completed a personal development plan. People showed us their plans which included communication profiles, likes and dislikes. People told us these plans contained information they thought staff needed to know in order to assist them how they liked. All the staff we spoke with were knowledgeable about the people they supported and could tell us about individual's histories and preferences. For example, staff told us how one person loved transport and how they assisted them to fit their passion into their plan of activities.

People told us staff promoted their independence by promoting them to do as much as they could for themselves. We saw one person was replacing domestic equipment by ordering replacement parts on line. One person said, "I live in my own home so why shouldn't I do the boring stuff like fixing things myself". Another told us, "They make sure I do what I can, it's tough sometimes but they (staff) help me". We saw one person changing their mind about wanting to do a particular activity. They told the staff member and we saw them discussing alternatives and picking something they wanted to do instead. Staff told us they were aware of people's abilities and prompted them to develop their skills. One staff member said, "We are there to assist when needed but not there to do everything for people. We build on skills step by step so they can do more and more for themselves. In a way we strive to put ourselves out of work as the end goal is for people to no longer need us".

People told us their privacy and dignity was respected by staff providing support. One person said, "I keep my plans and records myself. They are private to me and I allow staff access to them to help them do their

job. They respect my privacy at all times". Staff told us they maintain strict confidentiality at all times. One staff member said, "When you have to discuss someone with another, for example a doctor, we always ask permission first. You maintain confidentiality as you have a trust relationship with those you support". One person told us, "(Staff) always make sure I feel comfortable when they assist me. I keep covered and feel warm and safe when they help me".

We saw staff respecting people's privacy and dignity during this inspection. People were asked permission before staff discussed them and included them in conversations about the care and support they received. One staff member said, "You don't care for someone how you would like to be cared for. You support them as they want to be supported and never compromise their dignity. Talk to them about how they like things and encourage them to do what they can. You make sure any personal care is discussed and completed in private areas".

## Is the service responsive?

### Our findings

People told us they believed their support was good and adapted as their needs changed. One person said, "I complete my plan with the help of staff and we agree what we do together".

The registered manager said, "We complete initial assessment with people in order for us to meet their needs. When the person themselves can tell us we encourage them. Sometimes we need to involve family as well in order to get a complete picture of the support required". One person told us, "Each month I look at my plan and decide what I want to do that month. At the end of the month I look at what I have done. I use this to plan my next month with staff who then help me". People told us they regularly reviewed their care with the assistance of staff. As part of the review people looked at any changes in needs and were able to highlight goals and targets. One staff member told us, "We encourage people to achieve what they want. However, we encourage goals which are achievable. If people never achieved their goals they would lose motivation so together we identify and agree targets to complete".

When people's needs changed the provider adapted to meet their needs. One person said, "I thought my hospital appointments were a little close together. I emailed [staff member's name] and they helped me to rearrange the appointment so they fitted in with me better". Another told us, "I can state what support I want and when I need it. They (staff) always fit in with me". One person said, "The times that staff came to support me didn't fit with what I wanted. It wasn't working for me". The registered manager told us, "If someone does not feel the support offered meets their needs we look at what we can do to. In one incident we changed how someone's care was funded so they had greater control of how they were supported".

People told us they believed their preferences were known and respected by the staff supporting them. Individual likes and dislikes were identified by people as part of their personal development plan and reviewed regularly. One person said, "I wanted to do my shopping and they (staff) helped me change the layout of my kitchen so I could easily put away my shopping". People told us they were involved in the recruitment of workers who would be supporting them. One person said, "I take part in the interviews. I have a say in who supports and I can tell [provider] if I like someone and could work with them". We saw staff talking to people about what they liked and what they wanted. Staff we spoke with had a good knowledge of those they supported including likes and dislikes, aspirations and history.

People felt comfortable to raise any concerns or complaints with staff or the registered manager. One person said, "I had to complain about the staff rota. It used to come late and I could not plan what I wanted. I complained to [registered manager]. They listened to me and we now get the rota on time". Another person told us, "If I have a problem I tell [registered manager]. They will always listen to me". The registered manager and staff encouraged people to raise any concerns and to speak up about things that mattered to them. One staff member said, "We always talk to people about things that matter to them. If someone wants to make a complaint or raise a concern we will listen to them and support them to voice their views". The registered manager showed us the outcomes of concerns raised with them. They had systems in place to encourage and respond appropriately to concerns. People felt satisfied their concerns had been addressed. Information was provided for people in an easy to read format.

## Is the service well-led?

### Our findings

People knew who the management team were. One person said, "I know [registered manager] and see them regularly. If I don't see them I can always phone them or drop them an email and they always get back to me". People told us they believed the provider created a culture that was open and transparent. One person said, "I feel valued by [provider] and part of a team. Not just someone who is cared for". Staff told us about the values they follow. One staff member said, "We value the people we support as individuals, we encourage people to achieve what they want and are positive about disability". The registered manager told us all staff members have been provided with information about the core values of the provider. These values form part of new staff members induction and are reviewed as part of yearly appraisals.

People told us they were involved in the service that was provided. One person we spoke with was part of the provider's quality monitoring team known as the Q team checkers. One person said, "I talk to people about their experiences of care both good and bad and feed these experiences back to [provider]. I feel part of the team and can help maintain a good service". Another person told us, "As part of the provider birthday celebrations I was asked to complete a piece of work for them. This work was read out at the celebration. I felt proud to be included, valued and listened to by [provider]". People felt able to provide feedback on the service and believed their views were valued.

Staff felt supported in their role and were able to share their views and experiences with the provider. Staff understood their roles and what was expected of them. Staff told us they regularly received updates from the provider and found the registered manager approachable and accessible. Staff understood the whistleblowing process and felt they would be supported by the provider should they need to raise a concern. One staff member told us, "I can make suggestions and where appropriate they are acted on. As a team we thought we should try a different approach to engage with someone. This was agreed with the registered manager and we spoke with the person and together changed how we did things with them". Staff told us they received appropriate praise from the provider and attended a provider conference. One staff member said, "Attending the conference gave us the opportunity to be part of the wider organisation and to further understand the values and direction we were moving in. We came away feeling motivated and empowered to fulfil our roles".

Staff attended regular staff meetings and had the opportunity to express their views on the support provided. One staff member said, "At first I didn't feel confident to say what I wanted as part of the staff meetings. As I got to know my role and my experience grew I felt more confident to become more involved". Staff members felt they had the opportunity to talk about anything and to receive feedback on what they did.

Regular questionnaires were sent out asking for people's opinions on the support provided. One person said, "I filled mine in with my [relative] as it is good to involve them as well". All the people we spoke with had completed the latest feedback and felt their views and opinions were listened to. At the time of this inspection the registered manager had only recently received the feedback from the latest round of questionnaires and had not had the opportunity to develop a response.

At the time of this inspection there was a registered manager in place. The registered manager clearly understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us information gathered from audits and spot checks helped to identify improvements that were needed. For example, the provider identified replacement kitchen equipment was taking too long to set up in one person's home. The registered manager undertook action to ensure this equipment was set up and used. We saw the equipment was in place at this inspection and was being used by people.