

Bethphage

Bethphage 2

Inspection report

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31 August 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

The inspection was announced and took place on 31 August 2016 and was a first inspection of the service since registration. Bethphage 2 provides personal care to people with learning disabilities or autistic spectrum disorder, people with mental health issues, physical disabilities or younger adults in a supported living environment and some in their own home. At the time of our inspection there were 8 people receiving regulated support from the service.

There were two registered managers 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 were supported by staff that recognised how to identify the signs and symptoms of abuse and knew how to raise concerns. The risk of harm to people was assessed so risks were minimised. There were adequate numbers of trained staff who had the appropriate pre-employment recruitment checks to support people using the service. Staff arrived on time and stayed the required length of time for their visits. People received the medicines they required in order to support their health.

People were asked for their consent before care was provided. People received support with meal planning and shopping when needed and were supported to access healthcare services when required. People and relatives told us staff were kind and caring. Where possible people were cared for from a consistent team of staff. Staff supported people to make choices about their care. Staff supported people in a way that protected their dignity and privacy. People were supported by staff to maintain their independence and partake in a range of different interests.

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.

People and staff told us the management team were approachable and supportive. Systems were in place to ask people their views about their care. Quality audit systems were in place and there was evidence actions plans were produced when improvement were needed

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 supported by staff who understood their responsibilities in protecting people from harm. There were systems in place to assess risk to people and arrangements were in place to manage those risks. There were adequate staff numbers to meet people's needs. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the skills and knowledge to meet their care needs. People were asked for their consent before assistance was provided. People were encouraged to have a healthy diet and where required supported to access relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring. Staff listened to people's preferences and respected their dignity when providing care. People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care. Changes in people's needs were responded to by the provider. Staff knew people's likes, dislikes and preferences. People were supported to maintain their hobbies and interests. People and their relatives were aware how to complain and were confident any concern would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People felt the service was well run. People were supported by staff who understood their role and responsibilities. There were processes in place to seek people's views and experiences. Systems were in place to monitor the quality of the service people received.

Bethphage 2

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 31 August 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 we 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 one person who used the service and four relatives. We spoke with two registered managers who were responsible for different geographical areas. We also spoke to the area manager and six members of staff. We reviewed a range of records about how people received their care and how the service was managed. These included four care records of people who used the service, four 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 told us, "Happy with [staff member name] I feel safe." One relative commented, "Can't praise [provider's name] enough [person's name] is definitely safe with the carers."

Both the registered managers and staff had a good understanding of what potential abuse looked like so they could protect people from the risk of harm. Staff were clear of their responsibilities and knew how to escalate any concerns to protect people from harm. One member of staff said, "My first port of call would be my manager if I had any concerns about a person being abused or their safety. I would not hesitate to contact external organisations like the local authority or CQC if I did not think the situation was being handled correctly." Another member of staff told us, "I have had training in safeguarding and know how to recognise the different types of abuse. I would speak to the manager and they would report it to the local authority." The registered managers demonstrated an awareness of the local authority reporting procedures for protecting people from abuse when they had concerns about potential harm. Records we looked at showed where incidents had occurred concerning people's safety the registered manager completed notifications and staff followed the provider's procedure to protect people from abuse. This showed there were systems in place to escalate any allegation of abuse of harm to the local safeguarding team in order to keep people safe.

Risk assessments had been carried out to minimise any potential risks to people's safety. For example choking. Staff we spoke with told us information about people's individual risks was available in their homes for staff to refer to in order to support people safely. Staff we spoke with were able to explain about the different risks people might have and how they shared information about any new or potential risks to people. One member of staff explained to us, "If there is a change of need the risk assessment is reviewed by the manager and information is updated." One relative commented, "[Person's name] has a number of different needs, staff know how to [manage] their different risks." Records we looked at showed reviews had been undertaken quickly where a new risk or a change in risk had been identified in order for staff to continue to support people safely. Where incidents or accidents had occurred these had been recorded including action taken by the registered manager to reduce the likelihood of them happening again.

We found there were adequate numbers of staff to keep people safe. One person we spoke with told us staff arrived on time and stayed with them the required length of time. One relative commented, "It's always the same staff, they [staff] are always on time. If there is a change of [person's name] routine for some reason or other they [staff] will change times of calls to fit in with what's required." Another relative said, "[Person's name] is supported by a team of carers and a rota is sent to us to say which carers will be supporting [person's name]." However another relative told us, "We have had times when staff have not turned up but it has improved. [We] keep an eye on [staffing]." Staff told us there were sufficient staffing levels to meet people's needs, they were also aware of the importance of consistency of staff for the people they supported. One member of staff said, "I think there are enough staff to support people." We spoke with the registered managers who explained staff were grouped together to cover geographical areas which meant people were supported by a team of consistent carers. They continued to say they tried to ensure any staff

sickness or annual leave were covered by existing staff. However if they needed to use agency staff they had a regular group of bank staff they called upon to provide support. This meant there were systems in place to cover for staff absences and provide consistent staff.

Staff we spoke with told us they were subject to pre-employment checks such as reference and Disclosure and Barring Service Checks before they started working for the service. One member of staff said, "I had an interview with [registered manager], two reference checks and a Disclosure and Barring Service (DBS) check." We looked at four staff member's records and saw relevant checks had been completed before staff started to work at the service. This included DBS checks which help the provider reduce the risk of employing unsuitable staff to work with vulnerable people.

People were supported to receive their medicines safely. One member of staff said, "I feel confident supporting people with their medicines. I have had training and also shadowed experienced staff in administering medicines." We looked at the systems used to manage medicines and saw the registered managers completed monthly checks and competency checks of staff administering medicines to ensure people were receiving them as prescribed and in a safe way. People's records we looked at gave details of people's individual medicines including medicines that were given as required. We saw guidance was available for staff to refer to this helped to reduce the risk of staff administering medicines incorrectly. This showed the provider had systems in place to manage medicines safely.

Is the service effective?

Our findings

Relatives told us staff had the skills to care for people safely. One relative said, "They [staff] know [person's name] very well they know [person's name] as well as I do." Staff said they received training and shadowed experienced members of staff before they supported people on their own. One member of staff said, "I have completed training and I know the person I support very well. I have the skills to meet their needs. If I felt I needed more training [provider's name] would arrange it." Another member of staff told us "I asked for training in autism and this was arranged" and "This has increased my confidence and given me a better understanding of [people's] need."

We spoke with one member of staff who had recently started to work at the service. They told us they had completed an induction, received training and shadowed staff before they started to support people on their own. They also said they had their competencies checked by their line manager or the registered manager to ensure they had the skills to support people safely. Another member of staff said, "The support I received when I started in the role has given me the confidence to do the job, I know I can ask if I need any support." All staff we spoke 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.

Staff we spoke with said they were able to obtain immediate advice or support if needed from colleagues or senior staff if they had any concerns about the people they cared for. Staff said there were clear communication systems in place to share information. For example communication books and verbal handover between shifts. They said this ensured people's needs were met appropriately.

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.

One person we spoke with told us staff always checked with them to make sure they were happy to receive the support planned. We asked staff how they made sure people who did not communicate verbally were happy to receive the support offered. One member of staff said, "I know [person's name] very well, you can tell by expressions or their body language if they are happy for you to do something. If they are not I would try to encourage or wait a while and try again." Staff told us they had received training in MCA in order to understand people's rights and choices; and how this might affect the way they cared for people.

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's demonstrated knowledge of issues in respect of people's ability to make their own decisions. They informed us they had not needed to make any applications to the Court of Protection at the

time of our inspection.

One person we spoke with was happy with the support they received to eat and drink. One relative told us, "[Staff] support [person's name] to eat a more healthy diet." A member of staff said, "Try to encourage people to eat a healthy diet. Give choice but offer a healthy option." People's records we looked at detailed information staff required to support people with their food and drink. This included information from health care professionals for example, Speech and Language Therapy (SALT) teams. This ensured people received nutrition in ways which were safe for them. This showed people were supported to maintain a healthy diet.

Staff said they knew risks to people's health and where required sought advice or support from people's families or the management team. One relative commented, "[Staff] discuss any health concerns they have about [person's name] with me." Relatives we spoke with were confident if their relative needed help because of ill health this would be provided quickly by staff. We looked at people's care records and saw staff had recorded information about people's health and any action they had taken. We saw where required advice was sought from external healthcare professionals to ensure staff were caring for people in the best way possible. This showed people were supported with their healthcare needs.

Is the service caring?

Our findings

One person told us staff were kind and caring. They commented, "[Staff] are nice to me." One relative said, "Staff are excellent, can't praise them enough they are very kind and go out of their way to support [person's name]." Another relative told us, "[Staff] seem good and are kind."

Relatives told us staff listened to their family member's views so that they supported people in the way they wanted to be cared for. Staff spoke warmly about the people they cared for and were able to tell us about what was important to them and how they liked their support to be provided. They explained to us how they supported people with their individual needs and how they offered people different choices. For example, one member of staff said, "[Staff] use a communication board to support [person's name] in making choices such as with their meals or where they want to go shopping or what to watch on television." Staff said they got to know about people's lives and how they liked to be cared for by talking to people or their relatives and reading through their care plans. This showed people were supported by staff who knew how to support people's care needs.

Staff understood the importance of promoting people's independence. A person told us staff encouraged them to do as much as they could for themselves. For example, with their personal care. Staff explained to us how they supported people to be as independent as possible when completing tasks or making choices about their daily lives. One member of staff told us, "Just prompt and when support is needed I will help. I try to encourage people to do as much as they can for themselves." This showed people's independence was promoted.

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.

The person we spoke with told us staff respected their privacy. Staff we spoke with gave us examples of how they maintained people's dignity and privacy when they provided care. One member of staff said, "I make sure everything needed for [person's name] to have a shower is at hand before they have a shower." Other staff said they made sure people were covered appropriately and made sure windows and doors were closed when care was being provided. This demonstrated people's dignity and privacy was respected.

Is the service responsive?

Our findings

People and their relatives we spoke with were involved in discussions about planning their care and how they wanted support to be delivered. One relative told us, "[Staff] discuss [person's name] care needs with me. I have been fully involved in everything. I am kept informed by the staff." We saw people's needs had been assessed and care records were in place to ensure people's needs were appropriately met. Monthly person centred review meetings took place which ensured staff had the correct information to refer to in order to support people appropriately. Staff we spoke with said any changes in a person's needs were reported to the registered manager and information in records updated. They also said they used a communication book to share information between shifts for example, appointments and reminders. This showed the provider had systems in place to ensure they were responsive to any changes in people's needs.

Records we looked at were written in a personalised manner and gave details of a person's preferences and what was important to them. 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. Some people who received support had complex needs and it was important they received support by regular staff. Most relatives we spoke with said their family member was cared for by regular staff, they said this was important as it meant the person got to know the staff. However one relative said they did not always have continuity of staff but said this had improved recently. This meant people received care that reflected their needs and preferences.

One person told us staff supported them to follow their interests. They explained staff were with them for the majority of the day and they were encouraged by staff to participate in a variety of different activities. For example playing table tennis and visiting places of interest. They also said they had a job which they enjoyed undertaking in the mornings. Relatives we spoke with confirmed staff supported their family member to undertake various activities such as visiting restaurants, shops and undertaking different hobbies within their home. This showed the provider supported people to maintain their interests and hobbies.

People and their relatives were encouraged to give their views and raise any issues or concerns about the service. Relatives we spoke with said they knew how to make a complaint about the service and were confident their concerns would be listened to, acted upon and resolved. One relative said, "I don't have any concerns but if I did I would speak with the manager." Relatives we spoke with said they had been given information about how to complain when their relative first began using the service. Staff we spoke with were aware of how to deal with any complaints they received and said they were confident the management team would address any concerns. One member of staff said, "I would speak with the team leader or manager if someone raised any concerns. They would sort it." We looked at the complaints log and saw where concerns had been raised these had been investigated by the provider and feedback given to the complainant. The registered manager's told us any complaints received would be treated seriously, investigated and the complainant involved in any resolution. This indicated that people's complaints would be listened to, taken seriously and addressed by the provider.

Is the service well-led?

Our findings

The person we spoke with told us they were happy with the service they received. They said they knew who the registered managers were and had regular contact with them. The majority of the relatives spoke positively about the service their family member received and said they thought the service was well led. One relative said, "The support [person's name] receives is excellent. I think the service is well led. Everyone is very approachable." Relatives said the staff were friendly and provided a good quality service. Everyone we spoke with said the registered managers were approachable and friendly.

The provider had a number of ways in which they gathered people's views. For example everyone said they had been asked if they were happy with the service during planned reviews and commented they had completed provider questionnaires. The person we spoke with said they were happy to say what they thought about the service to staff and they would share information with the provider. They said they felt confident their views would be listened to. Everyone said staff shared information with them regularly and felt well informed about the service. This showed people were able to share their views about the service.

Staff told us they understood their responsibilities and felt supported by their registered manager and the office based staff. They said the registered manager and provider were always available to them should they need to discuss any concerns and they felt any issues were listened to and addressed. Staff confirmed they felt confident to raise any concern they might have about poor practice and felt they would be listened to and action taken by the provider. 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. Staff we spoke with told us they received one to one meetings 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. The registered managers 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, effective recording and monitoring systems and annual surveys.

We saw the provider had systems in place to assess and manage risks to people along with checks to review the quality of care people received. This included competency checks of staff for example, administering medicines and regular staff team meetings to share information. 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. Information was used to review and improve the quality of care and to support people who used the service get better outcomes. We saw changes to people's care and risks were recorded and monitored for trends and patterns. For example incidents were reviewed for any possible trends that would help improve a person's safety. We saw regular

checks had been completed of medicines, care plans and health and safety. Information was shared with the head office and where required action plans produced. We saw these action plans were addressed and tasks completed to improve the quality of care people received. This showed the provider monitored the quality of the service people received.