

Bethphage Old Farmhouse

Inspection report

Goldcrest Drive
Sundorne
Shrewsbury
Shropshire
SY1 4TP

Tel: 01743440318
Website: www.bethphage.co.uk

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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

This inspection took place on 19 January 2016 and was unannounced. At our previous inspection no improvements were identified as needed.

Old Farmhouse is registered to provide accommodation with nursing and personal care to a maximum of five people who have a learning disability. There were three 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 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 who understood their needs and provided the care and support they needed safely. Staff had been trained to recognise and report signs of harm and abuse and were confident to report concerns if they arose.

People were supported by enough staff and arrangements were in place if more staff were ever needed so that people were supported safely at all times. People's medicines were managed safely by staff who were trained to administer it and understood the procedures they must follow.

People's right to make their own decisions about their own care and treatment were supported by staff. Where people were unable to make their own decisions these were made in their best interests by people who knew them.

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 made sure information was given to them in a way they could understand. Staff were skilled at communicating with people and gave people enough time for them to communicate their wishes and express themselves.

Staff supported people to maintain a healthy balanced diet and supported them to make their own choices about what they wanted to eat and drink. People received healthcare when they needed it and routine healthcare appointments were kept up to date.

Staff encouraged and supported people to be as independent as they could be. People were treated with kindness and staff respected people's right to privacy and dignity.

People received care and support that was individual to them and met their current and changing needs.

Care and support needs were regularly reviewed with people and relatives were kept up to date on what was happening in their family member's lives. People were supported to do the things that they enjoyed doing with their spare time.

Staff made sure people were able to express their views and opinions on the support they received to make sure they had support that was personal to them. People, relatives and staff were encouraged to give their opinions which would help make any improvements within the home

Staff were keen to make sure the people they supported received a quality service. Staff understood their roles and knew what was expected of them to make sure that people received a service which met their needs and benefitted them.

The provider had not notified us of a change of management arrangements but this had not impacted on the service people and staff received. There were systems in place to monitor and assess the quality of service provided and improvements were made when 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 treated well by staff. Staff were aware how to support people safely and protect them from any danger, harm or abuse. Staff managed people's medicines safely and made sure they got their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff respected people's right to make their own decisions and supported them to do so. People could choose what they had to eat and staff helped them keep to a healthy diet. We saw that people were supported to access healthcare and support from other professionals when needed.

Is the service caring?

Good ●

The service was caring.

Staff supported people to be involved in their own care by giving them information in a way they understood. Staff treated people with compassion, kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

We found people received care and support that was personal to them and reviewed regularly. Staff supported people to decide how they wanted to spend their time and asked for their opinions on the support they received.

Is the service well-led?

Good ●

The service was well-led.

We found the home had a culture where staff put people first and wanted them to be involved in what happened there. Systems were in place that monitored the quality of the service provided and action was taken when improvements were identified.

Old Farmhouse

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 19 January 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 two relatives. We also spoke with three 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 person we spoke with was able to confirm to us that staff treated them nicely at all times. Relatives told us they had no concerns about their family member's safety at the home. They were happy with how staff supported and treated their family member and that they protected them from any harm, potential abuse and discrimination. Staff told us that the people they supported would not always recognise if someone discriminated against them or was abusive. They told us that the training they received helped them to recognise when these situations may arise. They were able to tell us how they kept people safe and protected them from any potential harm and abuse. They understood how to recognise abuse and to use appropriate policies and procedures for reporting concerns they may have. Our records show that where an allegation of abuse had been reported the provider took the appropriate action, followed local authority safeguarding procedures and notified CQC as required.

People's care was planned to keep them safe whilst maintaining their independence as much as possible. We saw people were supported safely by staff. One person was supported by a staff member to make a hot drink. This was done in such a way as to ensure the person was involved but kept safe from the risk of scalding. Staff were aware of people's level of risk in relation to their care such as their awareness of their surroundings, their level of dependence or medical conditions they had. They were able to explain why people were at risk and how they needed to support them in a way that reduced these risks. Systems relating to assessing and monitoring risk were kept up to date by staff.

Staff took responsibility for maintaining a safe environment for people to live in at the home. We saw daily health and safety checks were undertaken to monitor and help reduce risks around the home. Contingency plans were in place in the event of emergencies and people had individual evacuation plans which informed staff how to safely assist them in the event of an emergency. We saw plans were in place which contained key contact numbers and the procedure for staff to follow in the event of an emergency at the home and if the home needed to be evacuated.

We saw that people were supported safely by sufficient numbers of staff. We spoke with staff about the staffing levels at the home and all told us that there were enough staff to meet people's needs. They told us that staff levels were planned in advance around what events were happening such as outings and appointments and that extra staff would work when necessary. On the occasions when they needed staff at short notice other staff members from the home would be asked to work. The deputy manager told us that occasionally agency staff would need to be used. They used the same agency and told us they requested staff who had worked at the home previously. They received confirmation of the agency staff's training and employment checks prior to them working at the home to ensure their suitability to work at the home.

The manager spoke with us about the recruitment process that all new staff followed. Most recruitment records were kept at the provider's head office once appropriate checks had been undertaken to ensure staff were suitable to work with people living at the home. These checks included Disclosure and Barring Service checks, identity and past employment checks and written references. We saw that the required checks were completed prior to new staff working at the home.

People were supported to take their medicine when they needed it. People who lived at the house were unable to manage their own medicine so staff supported them with this. We saw one person being supported to take their medicine. The person was fully involved in the process and was aware of what medicine they needed and what it was for. Clear instruction was in place on how people wanted to be supported with their medicine and we saw staff respected this. Medicines were kept securely in each person's bedroom where they could be supported in privacy. Only staff who were trained to handle medicines had access to people's medicines. Staff spoke confidently about the policies and processes they needed to follow to ensure people received their medicines safely and when they needed them. They received training in the administration of medicines and their competence to support people with their medicines was confirmed through an initial assessment and six monthly assessments. Some people had medicine given to them only when they needed it, such as pain relief. Information in people's records gave staff clear instruction on why and when people might need this medicine. Medical administration records we looked at showed that people received their medicine as prescribed.

Is the service effective?

Our findings

Relatives told us that they had confidence in the staff and they knew how to support their family member. One relative said, "Absolutely happy with the level of support the staff give to [person's name]". Staff told us they received varied training opportunities which helped them understand people's needs and enabled them to provide people with effective support. One staff member said about their training, "It improves my knowledge so they [people] get the best support". Another staff member said, "The person is put at the centre of their care and what that person needs. The training focuses us on that". We saw staff had received training relevant to people's needs had the skills needed to support people. We also saw communication between staff was used effectively to keep them up to date on what was happening around the home.

All staff agreed that the training and support they got from other staff and the manager meant they felt confident in their roles and were equipped with the skills to support people. Staff told us they received regular one to one time with managers which gave them the opportunity to discuss any concerns or issues they had and any training that they needed or wanted. The manager told us that any new staff would shadow more experienced staff and complete a structured induction programme to help them understand the people they supported and 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 that people were supported to make their own decisions and give their consent to the support they received. Staff supported people to make their own choices around what they wanted to eat and drink and what they wanted to do with their time. One staff member told us that even though two people did not have verbal communication if they did not agree with something they would make this clear and let staff know through body language and vocalisation.

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. We found that the provider followed the requirements in the DoLS to ensure that people were not being unlawfully deprived of their liberty. We saw that three people had a DoL authorised. Staff had received training in and understood what the DoLS were. They knew who was subject to a DoL, why this was needed and what restrictions were in place for people. Where decisions had been made on behalf of people we saw these had been made in their best interests by staff with involvement from a multi-disciplinary team of professionals where needed. This ensured that people's rights were protected.

We saw people had access to sufficient food and drink to support their well-being and maintain a balanced

diet. One person told us they enjoyed their food and the meals they had at the home. They also confirmed they had enough to eat and drink throughout the day and had access to snacks if they wanted them. Staff supported people to make healthy choices about food throughout the day and were encouraged to choose fruit instead of other snacks. Staff told us that everyone was involved in the choice of meals they had. Staff would create a weekly menu based on what they knew people enjoyed. They would then confirm choices daily with each person. All people were offered the opportunity to go food shopping with staff and were encouraged to be involved in preparing and cooking meals. We saw that one person's risk associated with eating and drinking was effectively managed because staff followed recommendations made by other health professionals.

The staff team were supported by a wide range of health and social care professionals to ensure people's health and care needs were effectively met. As well as routine healthcare staff also accessed specialised support from professionals which included speech and language therapists and dental treatment. Each person had a health action plan which was kept up to date by staff. This gave information on people's health needs, appointments or clinics they needed to attend and routine health screening they needed throughout the year.

Is the service caring?

Our findings

One person told us that they enjoyed living at the home and that the staff looked after them well. Relatives told us that staff were, "Marvellous". We saw that people were confident in the company of staff and looked comfortable and relaxed. Staff involved people in conversations and also supported the inspector to communicate with all the people at the home. We saw that staff knew the people they supported very well and were able to anticipate their needs. All staff spoke about people with warmth, respect and were able to describe their preferences, their interests and their care and welfare needs. The manager told us that there was an established staff team who worked at the home. They told us that most staff had worked at the home for a number of years and this had helped to build positive relationships with people, relatives and other staff members.

One relative said, "I have never seen [person's name] so happy. I wouldn't want them to be anywhere else". One relative told us that they considered their family member was happy living at the home and with the relationships they had with staff. They told us that even though their family member had no verbal communication their body language would indicate if they were not happy. They told us, "They understand [person's name] and what they want. They are supportive, they are good and kind".

Each person had a keyworker team who worked more closely with them to ensure their views and wishes were listened to and respected. One staff member said, "This is their home. We work with them daily to make sure they have what they want. If they want something, they let us know". Staff told us that they always involved people in what was happening with regards to their own care and treatment. They told us that they sat with people and explained things in a way they could understand. Not everyone living at the home was able to communicate their wishes and views verbally. We saw that staff understood people's communication methods and were able to keep people involved in what was happening at the home. Staff told us that some information was available in picture form and they could use these pictures to ensure people were able to make their own decisions. Staff also told us that they used people's body language and the tone of their voice to help them understand what people wanted.

We saw that staff encouraged people to be as independent as they could. People were supported to make their own drinks and be involved in preparing and cooking meals. One staff member said, "We don't do things for them if they can do it for themselves, even if it's quicker".

We saw that staff showed respect to people at all times and they were spoken to in a way that treated them as individuals. People were involved in decisions that needed to be made, such as what they wanted to do and where they wanted to go. We saw staff knocked on people's doors before entering their rooms. When we asked to look at medicine records in one person's room staff first asked the person's permission for us to do this. Staff told us that they showed respect to people by not rushing them and respecting the fact that they may take a bit longer to do certain things. They also spoke about being aware of how they spoke to them, the language they used and showing that they were listening to what they communicated. One staff member told us that they also respected people's dignity and privacy when they supported them with any personal care by closing curtains and doors and making sure they were kept covered.

Is the service responsive?

Our findings

One person told us about the hobbies and interests they had. They told us that they enjoyed doing these and staff supported them with these hobbies, which included a local community social club and helping at a local animal rescue shelter. They also told us they enjoyed staying at the home with staff. We saw all three people being supported by staff to access their preferred interests during our inspection.

Staff were keen to try new things to enhance the quality of people's lives. Staff told us that they kept information on what people enjoyed doing and what they may have done for the first time. They then built on this to find new interests they could support people with. One staff member told us that by keeping records of what one person was becoming interested in and building on this they were now in the process of supporting them to buy fish and a fish tank for their room.

Staff told us that they met with each person every month to identify their goals, ensure these were being achieved and ensure they were kept involved in all aspects of their care. They told us that they went through support plans with each person and updated and made changes where needed. The records were reviewed with people to ensure the care 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.

Relatives felt staff understood their family member's needs and adapted care and support if needs changed over time. They told us that staff kept them updated on any changes in their family member's health or support needs and kept in frequent contact with them. They also told us that staff supported their family member to keep in contact with them to maintain the relationships that were important to them.

People were supported by staff to understand the home's complaints policy. We saw a 'talking' complaints policy which was a talking book. This was used by staff with people at their one to one meetings to remind them they could complain and raise concerns if they wanted to. Staff told us they could recognise if people were unhappy about something due to their body language. They would then support that person to identify what they were unhappy about.

Relatives were provided with opportunities to give their opinion on the service their family member received. Relatives we spoke with felt happy to talk with staff or the manager if they had a complaint to make or had any concerns. They were also invited to give their opinions at their family member's care review meetings which were held at the home. The provider had a complaints process in place and the manager told us that they had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

It is a condition of registration that the provider notifies us when there are specific changes in the running of the service. This is so we can be assured that the provider has taken appropriate action. The provider had failed to notify us that there was a change to management arrangements at the home and the registered manager was no longer in post and managing the home. The Provider Information Return (PIR) was completed by the registered manager on 1 December 2015. No information was provided about the change of manager and confirmation had been given that a registered manager was currently in post at this location. However, when we arrived at the home we found the registered manager had taken on a new role within the company in November 2015 and did not have responsibility for the day to day management of the home. There was a temporary manager in place whilst a new full time manager was appointed. The registered manager told us that they had applied to deregister as the registered manager the day before our inspection. They confirmed that no information had been sent to us regarding the changes to management arrangements. Since our inspection the provider has sent us the required statutory notification and we are assured appropriate management arrangements are in place.

Staff we spoke with told us that the changes to management arrangements had not had an impact on people or staff. They told us that even though there had been changes there was still consistency in how the home was managed. One staff member said, "They are great managers so no problem, it makes the job a lot easier".

We found the culture of the home to be open, positive and inclusive. Staff told us that people were at the heart of what happened at the home. One staff member said, "We are only here for them [people]". People were involved in the recruitment of new staff. Potential staff were invited to the home for their second interview to meet people. Staff and managers were able to see how comfortable people were with them and how they interacted with them. All relatives we spoke with told us that they felt they had opportunities to give their comments, opinions and ideas to staff and the registered manager. Relatives could phone the home at any time and told us they felt listened to by staff and managers, they were always welcomed and they "never felt they were being a nuisance". They told us they had confidence in the staff, managers and the company in providing good care for their family member.

Staff told us they had good support from the manager and other staff members. In addition to more formal one to one meetings staff told us that the manager was approachable and they could talk with them at any time. The manager held regular meetings which enabled staff to voice their views about the support they delivered and the running of the home. Staff told us the manager encouraged staff to share information, ideas, and any concerns they may have. Staff were confident to 'whistle blow' and report poor practice or any concerns they may have and they told us this would be addressed by management immediately.

Systems were in place for assessing, monitoring and reporting on the quality of service. The registered manager told us that 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. Staff

and the manager completed regular checks on the environment, health and safety, care delivered and records kept at the home. The findings from these checks were shared with the provider through monthly reports. 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.