

Bethphage

Bethphage 2

Inspection report

Park Lane Centre

Park Lane

Telford

Shropshire

TF7 5QZ

Tel: 01952457382

Website: www.bethphage.co.uk

Date of inspection visit:

11 April 2019

12 April 2019

Date of publication:

15 May 2019

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

About the service: Bethphage 2 is registered to provide supported living and domiciliary care to people in their own homes. At the time of inspection 37 people were receiving a service, however, only 23 people were in receipt of the regulated activity 'personal care'. Under the Health and Social Care Act (2008) only people in receipt of a regulated activity can be inspected by CQC.

The registered office for the service is located in a community centre, close to local amenities.

People's experience of using this service: People were safeguarded from harm by staff recruited using safe recruitment procedures. Risks to people's safety were assessed and medicine was administered by staff who had received the relevant training. Infection control measures were in place and where lessons had been learnt following an accident or incident, information was shared amongst the staff team.

People's care needs were assessed and reviews took place. People were supported by staff who had received training relevant to their role. People were supported to maintain a balanced diet and have access to drinks when they wanted one. People were supported to access health care services and the principles of the Mental Capacity Act 2005 were met. Staff worked with people to maintain their own property.

Staff treated people with kindness and respect. People were involved in decisions about their care and their privacy was respected.

People received personalised care and any complaints received were formally investigated. End of life care and advance decisions had been considered for some of the people supported.

Staff understood the values of the organisation and the registered managers were clear on their responsibilities. People and their families were involved in giving their opinion on the service and a local advocacy charity supported the quality assurance process. The provider worked in partnership with others and promoted best practice.

We feel that the service has met the requirements of good and more information is in the full report
Rating at last inspection: At the last inspection the service was rated as good (report published 6 October 2016)

Why we inspected: The service was inspected in line with our methodology and the previous rating of good.

Follow up: We will continue to monitor the service and review any intelligence received to inform future inspections.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Bethphage 2

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: The service is registered to provide supported living and domiciliary care to adults in their own home. The service supports people with learning disabilities, younger adults, people with physical disabilities and people with mental health needs.

There were four registered managers working for the service at the time of inspection. Each one was responsible for a different geographical area and the care the provider delivered within that area. Registered managers together with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit. As the service is spread out across the county and we needed to ensure the managers would be able to meet us at the registered office for the inspection to be carried out.

What we did: Prior to the inspection we reviewed information we held on the service. This included the Provider Information Return (PIR) which providers are required to send us and includes key information about their service, what they do well, and improvements they plan to make. Providers are also required to notify us of specific events which include, safeguarding concerns, events that stop a service and deaths. We reviewed all the notifications we had received since the last inspection.

During the inspection we spent the majority of our time at the registered office however, we were invited to visit two properties. Visiting the properties gave us the opportunity to speak with two people and observe the care of three other people. We spoke with one relative and with ten staff who worked for the provider. They included support workers, a team leader, three of the registered managers, the area manager and the

quality lead.

When in the registered office we reviewed various records held by the service which included four care plans, three staff files, health and safety records, audit reports and action plans, complaints and accident and incident forms

We also contacted the local authority and asked them to share any feedback they may have.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm by staff who had been trained in safeguarding and completed an annual competency assessment with their manager. The assessment reviewed their knowledge and understanding of safeguarding procedures.
- Staff told us they felt confident reporting any concerns. One staff member told us, "We did a safeguarding quiz a few weeks ago at a team meeting to look at different scenarios staff may come across."
- Incidents of alleged abuse were reported to the Local Authority and CQC and investigated as required.

Assessing risk, safety monitoring and management

- People had multiple risk assessments in place that covered a range of areas of their life from safety in the home, activities, health needs, behaviour, vulnerability and agreed outcomes.
- People's risk assessments were detailed and once completed any actions were added to a more accessible document entitled 'Keeping me Safe'.
- Risk was discussed with people and staff at regular team meetings. One staff member told us, "We talk about risk all the time and how we can support people to achieve what they want."
- The provider ensured that health and safety checks were completed on a monthly basis and any outstanding actions were sent to the senior managers to monitor. We saw that of the actions listed most were completed by the following month such as, training for staff or repairing a fault in someone's property.
- People's needs were assessed in case they had to evacuate their home in an emergency and a copy of the assessment was kept in the fire safety documentation that was kept in their property.

Staffing and recruitment

- People were supported by sufficient staff who had been recruited following safe recruitment procedures. Staff backgrounds were checked, and risk assessments were in place when required.
- People told us that they had been involved in the recruitment process and one person told us, "I interview with the staff and ask about things that are important to me, I always ask them if they can drive"
- People were given a copy of their rota in advance to ensure they knew what staff would be working with them. These were either emailed or hand delivered to them.
- Staff were recruited before new care packages started to enable a team to be active in the transition process. This provided people with increased continuity of care.

Using medicines safely

- People's medicine was overseen and administered by staff who had received the relevant training. One staff member told us, "We do encourage people to manage their medicine themselves but when necessary we will administer the medicine for people."

- The registered managers told us they checked completed medicine administration records at the end of each cycle to ensure there had been no errors.
- Within people's care files we observed detailed protocols for the administration of 'as required' medicine. This ensured staff knew how to give the medicine in line with its prescribed intention.
- People's medicine was reviewed on a regular basis with the GP and reviewed under the principals of Project STOMP. Project STOMP is an NHS England initiative aimed at stopping the over medication of people with a learning disability and/or autism. We saw that two people had reduced their medicine because of the providers engagement with this project.

Preventing and controlling infection

- People were supported in their own homes and encouraged to maintain a safe and clean environment. The prevention and management of infections had been considered and risk assessments were in place.
- Staff received training in infection control and the provider checked staff's hand washing competency on an annual basis.

Learning lessons when things go wrong

- We looked at a number of incidents that had occurred and could see that information had been clearly recorded. The factors leading to the accident or incident were reviewed and staff were offered a debrief if they needed to discuss the incident further. Any actions suggested after the event were added to the manager's ongoing action plan.
- We asked the management team if there had been any learning following a person's death. The management team advised that they had shared information with the team around recognising early warning signs of the condition that potentially led to the persons death.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care files were detailed, and information was presented in a person-centred way. The files provided staff with guidance on how they should meet the physical, emotional and social needs of each person.
- We saw evidence of health screening, risk assessments, professional input, activities, outcomes, communication profiles and important relationships.
- People's voices were apparent throughout the care plans. Regular reviews of information took place and the reviews included people's comments on how they felt things were progressing.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. We reviewed the training matrix and saw that almost all staff were in date with required courses.
- We saw that staff training varied depending on who staff worked with. For example, some people required staff to have epilepsy training and this was arranged. One staff member told us, "We do the standard training but if there is a course we find that interests us or is relevant to the people we support, the company are really good at arranging for us to go."

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained information that described the level of support they required to access drinks throughout the day and maintain a balanced diet. Professional input was sought from external professionals when concerns about nutritional intake or swallowing ability arose. Any advice given was clearly highlighted to ensure staff were aware if someone needed a modified diet.
- We observed one person discussing meals with staff and they told us, "Most of my staff are good cooks." We later saw staff preparing a meal for people using fresh ingredients and offering drinks to people unable to make their own.

Staff working with other agencies to provide consistent, effective, timely care

- Several people supported by the provider were also supported by other agencies. In some cases, people employed more than one agency to deliver their care. One person told us, "I have my PA (Personal Assistant) who comes once a week and I like that I can still have them in my life."
- People attended day services, voluntary work placements, and various community groups. We saw within care files that people's goals and aspirations were reviewed in line with the input from other agencies to ensure progress continued to be made.

Adapting service, design, decoration to meet people's needs

- People lived in their own home and had tenancy agreement in place. The provider was not responsible for the accommodation however we observed that they supported people to maintain their own properties.
- We saw evidence that the provider had worked with housing associations to ensure properties were suitable for people. For example, in one property we visited we observed track hoisting in place, wide corridors and adapted bathrooms.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to lead healthy lives. A review of people's care files showed that people were supported to access activities that promoted a healthy lifestyle. As well as engage with professionals from a range multi-disciplinary team.
- People were referred to different health professionals when needed. People were supported to attend appointments, staff recorded information required for any ongoing monitoring and set out any actions the team needed to follow.
- In the provider's newsletter we saw that the organisation had set a 'Better Health' theme for 2019 which promoted healthy lives for people with learning disabilities, in line with Mencap's 'Treat me Well' campaign.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that people's needs were being met.
- People's capacity to make specific decisions was routinely assessed and there was evidence that people had been asked if they agreed with their current care plan.
- People's right to make unwise decisions was respected and where people lacked capacity the provider held best interest meetings with the relevant people.
- Evidence was available to demonstrate the information people had been given to support the decision-making process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The people that we met during the inspection appeared happy and well supported. People appeared relaxed in their environment and comfortable with the staff supporting them.
- One person told us, "I like my staff they treat me well." Another person used positive sign language when asked if they felt the staff were kind to them.
- Staff said they felt the provider employed a good staff team. One staff member told us, "The staff are all really caring and the managers seem to be able to put the right staff with the right people."

Supporting people to express their views and be involved in making decisions about their care

- People had various opportunities to express their views and be involved in decisions regarding their care. One person told us, "The staff are always talking to me and I tell them what I think about things".
- People's care plans and objectives were reviewed on a monthly basis and people's feedback on what was or was not working for them could be clearly seen.
- We spoke with the quality lead for the provider who told us once a year they contacted every person supported and their families to ensure any feedback was captured and actions shared with the relevant person.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A few people had sensitive areas of need which the provider managed within the care review process. We could see clearly what information people were happy to share, what plans people were currently following and any measures people wanted in place to ensure their privacy and dignity was maintained.
- People were supported to maintain and develop their independence skills and we saw that the provider was committed to reduce people's dependency on staff as and when appropriate. Within care plans there was clear guidance on what a person could do for themselves and what help they needed.
- When reviewing service reports completed by the area manager we saw evidence of them having conversations with staff who had started to do more for someone than was necessary. They reminded staff that they were there to promote people's independence.
- People were supported to maintain relationships that were important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans could evidence that consideration was given to their individual needs and preferences. We could see from the files what things people liked to do and what they were working towards.
- People were supported to follow activities that held specialist interest for them and choose when they wanted to engage. One member of staff told us, "I bring various things to work as the person I support sometimes wants to go running then other times to the gym or swimming, so I need to ensure I am prepared."
- People's personal characteristics such as race, religion, sexuality and disability were documented as well as how the person wished those characteristics to be met. People were supported to explore and build relationships with communities linked to their own characteristics such as, church groups or local support/interest groups.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were listened to at an early stage as staff and managers frequently met with people to ask if everything was going well and if they had any concerns. One staff member told us about a person who complained that staff had washed their coat for them but never asked them first. The staff member told us, "The complaint was thoroughly reviewed and even though the person's coat was dirty and in need of a wash the team was reminded that they must always ask first, even when they are being helpful."
- We reviewed the complaints file held in the registered office and saw evidence that registered managers investigated any formal complaints received and put in place measures to resolve any identified issues.
- One relative told us, "If I have any concerns I will speak with the team and the manager so that we can try and sort things out."
- An accessible complaints procedure was in place and we saw that a copy was kept in several of the care files we reviewed.

End of life care and support

- People's end of life needs were considered. During the inspection we observed a meeting being arranged with one family to discuss the changing care needs of their relative. The registered manager showed us that they had started to prepare documentation about advance wishes ahead of the meeting.
- Another registered manager told us, "I have found it beneficial having people's advance wishes written down, even if the person is fit and well. We recently had an unexpected death and knowing that information made a difficult situation somewhat easier for me and the team."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received person centred care and the systems and process in place ensured that this was promoted. All the staff spoken with could explain the values of the provider and told us they felt the culture of the organisation was positive and they enjoyed their role.
- One staff member told us, "I have never had to ask for something to be put in place, as when I look its already there." Another staff member told us, "We can raise any issue, we can talk about anything and everyone listens. Even if people don't agree they always listen and together we find the best plan that works."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Within the service the various registered managers knew what areas they were responsible for and had a dedicated team that worked with them. The managers also supported one another and provided cover to each other in the event of annual leave or sickness.
- Each registered manager had a structure within their area that allowed them to have oversight of people's care and ensured that information was being shared and acted upon in the required timescales. We saw continuous dialogues being held between the registered managers and their teams to ensure various work was completed, shifts were covered, and issues were dealt with.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that they had regular team meetings, supervisions and support from their managers. One staff member told us, "My manager is great, they really to listen to what we have to say." Another member of staff told us, "We are all very different in the team, so you get a good cross section of views when we get together, and this is encouraged."
- We reviewed the quality audits completed by the quality team and saw that everyone was asked to contribute and that the registered managers had record the best way to engage with people and whether people could speak on the phone or respond to correspondence.

Continuous learning and improving care

- The registered managers showed us reports which had been written by a local advocacy charity following visits to people's homes. These reports outlined how people were feeling about their care and any points of concern. The provider had made arrangements with the advocacy charity as part of their quality assurance strategy, to ensure people's voice was heard and that there was a level of independence within the governance process. An advocate was supported by a person with learning disabilities in the carrying out of the visits.
- We could see that the various national initiatives had been signed up by the provider to ensure care was being reviewed/delivered in line with best practice.

Working in partnership with others

- The service engaged with others to ensure people were not limited in their life experience. The registered managers told us about the various connections they had made with work placements, local colleges, social groups and leisure facilities. Information was shared with these other organisations when necessary but if people did not want information to be shared, this was respected.
- The provider attended a number of groups and contributed towards sharing best practice with wider health and social care colleagues.