

Bethphage

# Bethphage Shrewsbury

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bethphage Shrewsbury is an office-based service, which supports the Shared Lives carers with all of the processes they need to deliver a high-quality service to the people that live with them on a long term or on a short-term respite basis. A Shared Lives Carer (referred to within the report as carers) is a person who, under the terms of this Shared Lives carer agreement provides, or intends to provide, personal care and support. They share their home and their family (and/or community) life and, where necessary, provide accommodation to a person using or living in a Shared Lives arrangement. In Shared Lives day support arrangements, this can be using the home as a base and then visiting the community.

### People's experience of using this service and what we found

People were supported to live full and active lives and enjoyed being part of a family. People were supported to have maximum choice and control of their lives. People who used the service and carers were 'matched' prior to their placements and this meant that the whole process was centred around the needs, wishes and lifestyles of the people. The process was effective, and Shared Lives Officers (referred to within this report as officers) monitored placements to ensure people were happy and that carers had the support they needed to support people safely.

Carers and officers had a good knowledge of how to keep people safe and they had worked within the service's policies and procedures to do this.

People received their medicines safely. Risks were effectively managed and infection control measures were in place to keep people safe.

People were supported to remain in good health and joint working with other professionals made this effective. People's dietary needs and preferences were supported, and carers received training in order to carry out their roles safely and effectively. Support was available to enable carers to deliver care as required. Officers also received training and support to carry out their roles effectively.

Carers supported people with kindness and compassion. People's privacy and dignity was maintained.

Information was shared when people moved between services to enable continuity and people's views were listened to and complaints were addressed. Processes were open and transparent and always centred on the individual using the service.

Systems were effective for monitoring the quality and safety of the service provided. The service promoted a positive culture that was person-centred and benefited from strong and effective leadership.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was registered with us on 12 March 2020 and this is the first inspection.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The service maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and carers ensured people using services lead confident, inclusive and empowered lives.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Bethphage Shrewsbury

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

Bethphage is a Shared Lives Scheme. They recruit, train and support self-employed Shared Lives Carers who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who worked with the service. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people who used the service (two via a video call) and three relatives about their

experience of the care provided. Some people were contacted following the site visit. We spoke with two officers and the registered manager, we also spoke with four carers and received written feedback from another.

We reviewed a range of records. This included four people's support plans. We looked at two officers files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including, carer agreements, supervision records, training records and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

How are people protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?

- People told us they felt safe living with their carers. One person told us how they had moved to feel safe and this had been achieved. Everyone we spoke with said they were confident to speak to their carers or the officers if they had a worry or a concern. Some people had done this and been listened to, thus reinforcing that their worries or issues would be listened to and acted upon.
- The registered manager and officers knew the process to follow should an allegation of abuse be made, and they shared examples of how they had worked within this process when a concern had been raised. We saw examples to support that actions taken had enhanced people's quality of life.
- We saw the 'Speaking Up' policy that was available and in easy read and available to all people who use the service.

How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?

- The registered manager told us risks were assessed and managed and we saw examples of these in support plans. Carers told us they assessed risks daily depending on what the person they supported was doing. This process was quite informal but effective.
- Formal assessments were in place when officers had identified risks in relation to the placements.

How does the service make sure that there are sufficient numbers of suitable officers and carers to keep people safe and meet their needs?

- Shared lives carers are recruited and matched to people who wish to live with them or stay with them in their own homes. The matching process was detailed to ensure carers and people were compatible, making the placement more likely to succeed.
- Officers supported carers in their roles, and they worked effectively with several carers each that they get to know well. In addition, they offered on call support. Financial support was available via the scheme administrator.

How are people's medicines managed so that they receive them safely?

- One person told us how they took their own medicines. Another person told us they had support and felt this support was appropriate and as and when they required in order to remain healthy. Support to manage medicines was individualised.
- When people managed their own medicines, we saw risk assessments that supported this decision.
- When medicines were administered as and when required we saw that protocols were in place to support

the carer to administer it safely.

- When carers offered support to administer medicines they recorded administration to reflect they had done this. Officers then checked records to check they were being appropriately managed.
- One carer told us an officer had helped them sort out a person's medicines where there had been a discrepancy with the local doctor. They valued this support.
- Carers received training to manage medicines as part of their approval process. Each new person they supported brought details of their medicines to ensure continuity, this was especially important what a person visited for respite.

How well are people protected by the prevention and control of infection

- Carers and officers all received training to manage and prevent infection.
- During Covid-19 additional training was given to ensure they were familiar with good practice and latest guidelines.
- Officers had supplies of personal protective equipment and effectively used this when visiting carers and people who used the service.
- The office had a process to check visitors prior to their admission to the building and these checks were used effectively when we visited. This showed they were limiting the possible spread of infection as far as they were able to keep people safe.
- The registered manager and officers worked from home for much of their time and this was an additional precaution to keep the workforce safe.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

How do people receive effective care, which is based on best practice, from officers and carers who have the knowledge and skills they need to carry out their roles and responsibilities?

- Carers have initial training before they are approved into the scheme. This training is bespoke to the individual but always covers training such as, abuse, first aid, medication management, infection control. Carers told us they had completed this training and records reflected it. Some carers had a wealth of experience to bring to their role, others had a good value base that gave them the qualities to become an effective carer. They had to demonstrate their knowledge and skills at the time of their approval.
- Officers received training and support that reflected their roles. They knew how to effectively support people and were aware of the uniqueness of the carers role.
- The registered manager told us how they tried to arrange bespoke training for carers and officers and were aware that some training needed to be more geared to the service the scheme provided. For example, they were currently looking to do something around professional boundaries. They were actively working with national organisations to develop this.

Is consent to care and treatment always sought in line with legislation and guidance?

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 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.

When people received care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We identified that no one was currently being deprived of their liberties while living with the shared lives carers.

How are people supported to have sufficient to eat, drink and maintain a balanced diet?

- People's dietary needs and food and drink preferences were very detailed. These were drawn up with the person and their family when appropriate.
- Carers told us they had a lot of information to support people however as they got to know each other more they updated this information to reflect changing likes and dislikes.
- One person had an identified dietary need and this was documented. The plan stated that they person

themselves were very aware how to manage this need and was aware of health implications re this.

- One person told us they liked cooking with their carer and another said they liked the food that carers made for them. People lived as part of a family, most told us they ate together. One person told us they were being supported to develop independent living skills that may assist them when they moved to their own home in the future.

How are people supported to maintain good health, have access to healthcare services and receive ongoing healthcare support?

- People told us they received support as required from their carers to attend medical appointments and to stay well.
- One carer told us how they had developed good working relationships with a health professional to adapt their home to accommodate a person's changing needs. They told us officers helped them to chase up referrals for health support when this was not forthcoming. The carer told us this had now been actioned and the officer had been 'more than helpful' in getting this done.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

How are positive caring relationships developed with people using the service?

- People told us how they were 'matched' to the people they lived with or visited. This meant they could be confident they had similar interests and values. This made relationships more positive. For example, one person told us they loved horses and their carer had two horses. They were delighted with their match.
- Officers told us they developed a profile of carers before they were matched and then when they received information from a person interested in living within the scheme they carefully looked at the assessment and the profile to ensure the best match.
- Prior to any placement people were invited for a meal or a different social visit. This gave them chance to get to know each other before they made such a big decision. The people we spoke with couldn't speak highly enough of their carers and interactions we saw on video calls reflected a close, open bond. This meant that people could live their best lives.
- Officers monitored placements and relationships. They offered support when issues arose and had also supported people when they had had issues or concerns. A carer told us, "This is a very supportive scheme."

How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support?

- People lived with carers as part of the family. People who visited for respite also felt part of the family.
- People who spoke with us told us how they made decisions about all aspects of their lives. They were particularly happy to share holiday plans.
- People made decisions about their health and wellbeing and when they needed support to do this decision were made with the person and others in the person's support circle, in the person's best interests.
- We saw how relationship networks detailed a range of people identified to support a person. People had agreed who should be in their network and who should not be.
- Some people had advocates who supported them independently. Officers arranged for people to have advocacy support if they needed support to speak up or make an important decision.

How is people's privacy and dignity respected and promoted?

- People told us carers were very kind and supportive. One person said "They [the carers] are very kind to me."
- People told us they were treated with dignity and respect and carers understood the importance of privacy. One carer told us the person who lived with them went to their room when they wanted some privacy but liked to spend most of their time with the family.

How people are supported at the end of their life to have a comfortable, dignified and pain free death?

- The service does not currently support anyone at the end of their life however support plans detailed people's preferences in relation to support wishes and this would include wishes at times of ill health and death.
- We saw one person had shared a very detailed account of their wishes should they become ill or pass away. This was documented clearly in their support plan and known to people who supported them so they could respect these wishes.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

How do people receive personalised care that is responsive to their needs?

- People who used the service told us how happy they were living with their carers. One person told us, "I have a great life, I'm very happy and very busy."
- Everyone said that they had chosen their carers after meeting them and finding out about them. The matching process meant that people's individual needs and preferences could be matched to carers to ensure a 'good fit'. One person who used the service described their carer as 'the best in the world.'
- Support plans detailed how people liked to be supported and these were very detailed. For example, one plan detailed how the person liked to be supported with opening their post. This detail meant that care and support could be personalised to everyone.
- Officers and carers understood the importance of people having fulfilled and active lives which included them taking part in day services and having active social schedules. People told us how they enjoyed full and active lives.
- Where people chose to follow a religion of their choice this was acknowledged and respected. Details were seen recorded in support plans.

How does the service routinely listen and learn from people's experiences, concerns and complaints?

- Officers had regular contact with people who used the service and also carers. They spent time talking about how people were and identifying what they could do to offer support.
- Officers were able to monitor carers effectively. When issues arose, they acted to support the carer but also ensured the wellbeing of the person using the service. One carer said that officers were, "Approachable and communicated well." Another said, "I have wonderful support."
- We saw the service kept a log of complaints and compliments. Resolutions were documented and action plans were developed to reflect robust and open process.
- The scheme had a 'speaking up' policy which was shared with people who used the service, and this was promoted to encourage people to speak openly about their experiences. Such discussions were person centred to the individual. Officers had built up good working relationships with people and carers and this meant they could speak openly and share issues and seek support. One person told us if they had a problem they could speak with their carer or the officer who supported them. This meant issues could be addressed before they impacted upon people's lives.

How are people assured they will receive consistent co-ordinated, person-centred care when they use, or move between, different services.

- People had opportunities each year to access respite support services. Detailed information was shared between carers and respite carers to ensure continuity and consistency. This meant carers had a good knowledge of the person they were to support. Carers told us they liaised between themselves to sure

effective handover of information.

- Hospital passports were in place for when a person was taken to hospital or received medical intervention. Passports were in place for everyone and they were personalised and in easy read and pictorial format.
- Carers had built positive working relationships with staff providing day services. Again this meant information could be shared to ensure people's needs could be consistently met due to effective communication.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Officers and carers understood how to communicate with people in ways they understood. Individual communication plans and guidelines were in place for people who did not communicate verbally or who had limited verbal communication.
- We saw carers effectively supported people to share their views during video calls with us and this discreet support meant people were able to share stories and experiences with us.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

How does the service promote a positive culture that is person-centred, open, inclusive and empowering?

- People who used the service told us they were living with carers who they liked and felt they had a lot in common with. They had opportunities to meet and visit carers before they made their decision to move in. This meant the whole process was centred around the needs and wishes of the person using the service.
- The registered manager, the officers and the carers were all very clear about their roles and remit. This enabled them to work together effectively and deliver effective support to people using the service.
- People who spoke with us said they were in control of their lives and involved in all decisions about how they lived their lives. People's protected characteristics were considered so people could live the lives they chose openly and with support when required.
- People were fully involved in their matching, assessment and review processes. People had opportunities to discuss their service and share views and opinions that were received positively. Everyone was aware of how to identify and manage risks and this was done as part of everyday practice informally and formally when actions were required.

How does the service demonstrate good management and leadership?

- There was a manager registered with the Care Quality Commission [CQC] who provided effective leadership and was well respected by officers and carers. One officer told us they were 'brilliant'.
- Carers told us that the management team were very supportive, and they always felt they had someone to turn to for advice and guidance. They shared examples of how officers had supported them approach health professionals for example, to access services in a timely manner.
- Officers and carers had regular supervisions and meetings to enable them to share ideas, which were planned. The registered manager told us they planned more virtual carer meetings to assist more carers to attend and share their opinions.
- Officers and carers felt they were well trained which helped them to support the people they cared for.
- Audits and checks were in place to show that the service was effectively delivered and met people's care and support needs safely and effectively. We saw records that reflected this happened and how action plans were continually developed and updated as goals were achieved, and improvements made.