

The Lantern Community Phoenix

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:

Phoenix is a domiciliary care agency. It provides a service to adults with learning disabilities and autism. This service provides care and support to people living in five 'supported living' settings. At the time of our inspection the service was supporting 16 people. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

Requires improvement (published 20 March 2017).

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

People told us they were happy, felt safe and that staff had a good understanding of their needs and preferences. Staff listened to what people wanted and acted quickly to support them to achieve their goals and aspirations. Staff were innovative and looked to offer people solutions to aid their independence and develop their skills.

People had good community networks which were personal to them. This included, day services and supporting people to access the local amenities and maintaining regular contact with family and friends. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

Improvements had been made to staff training and appraisals since the last inspection. Staff felt they were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The service was reviewing how best they could meet the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A full description of our findings can be found in the sections below.

Follow up:

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

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.

Phoenix

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:

This inspection was completed by an inspector and an expert by experience on day one and one inspector on day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts experience was related to learning disabilities, autism and using services themselves.

Service and service type:

Phoenix is a domiciliary care agency. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

The inspection started on 13 February and ended on 15 February 2019.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit so that people could be informed of our visit and permissions could be sought to arrange home visits.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to

send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with 12 people who used the service and visited three supported living locations. We met with three relatives on site. We received feedback from one health and social care professional via telephone.

We spoke with the registered manager and nominated individual. A Nominated Individual has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided. We met with four support workers and one house coordinator. A house coordinator was a senior support worker. We reviewed four people's care files, four Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at four staff files, the recruitment process, complaints, and training and supervision records.

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.

Safeguarding systems and processes, including recruitment.

- People, and relatives told us they felt Phoenix was safe. Comments included; "I do like it here, it's posh", "I feel safe, I'm happy" "[Person's name] is safe here. They know the community and like it here" and "It is certainly a safe environment. The care and attention is great".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A social care professional said, "We have no safeguarding issues. The home is very open and I believe they would report these to us". A relative told us, "I have no safeguarding concerns at all".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

Assessing risk, safety monitoring and management; Staffing levels; Learning lessons when things go wrong

- Staff were confident people were safe and told us that systems were in place to ensure safety. For example, policies were in place, risk assessments had been completed and care plans were clear and up to date.
- We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge others or the service.
- Where people had been assessed as being at risk of choking or seizures, assessments showed measures were taken to discreetly monitor the person and manage risk. A relative said, "They [staff] make [person's name] aware of risks which is good learning for them".
- People were supported to take positive risks to aid their independence. For one person this had included developing skills and confidence to access public transport and the community on their own. Measures in place included taking a mobile phone, not taking large amounts of cash and knowing the location of local police stations.
- There were enough staff on duty to meet people's needs. A person told us, "There are enough staff. They are very helpful". Staff comments included; "I think there are enough staff. We have support and manage well. Never struggle" and "Staffing is ok, we also have bank staff". The registered manager monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. The registered manager said, "We have recently introduced a reflective

learning paper which will support our learning if and when things go wrong".

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines.
- Medicines were stored securely. However, medicines were stored together in a single room. This was not typical of supported living services. The registered manager said that they will explore relocating medicine cabinets in people's own rooms.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection control and keeping people safe. A staff member said, "We use anti-bacterial spray on surfaces. We wear gloves and aprons and use different coloured cloths and mops for cleaning. All cloths and mops are washed regularly".
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- There were hand washing facilities throughout the home. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.

Is the service effective?

Our findings

At the last inspection in March 2017, we asked the provider to take action to make improvements in staff training and supervisions. During this inspection we found improvements had been made.

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 needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes.
- People had profiles which gave an overview of important information which included; choices, needs and preferences.
- There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that improvements had been made in their training and supervisions. They felt supported received appropriate training and supervisions to enable them to fulfil their roles. A staff member comments included; "Training is good here. We now have [training coordinators name] who is really good" and "Training is specific to people and gives me the learning I need". The registered manager told us that some staff had completed their National Diploma's in Health and Social Care.
- The induction programme for new staff had improved with clear informative work books and comprehensive service inductions. These included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A new staff member told us, "My induction was five star. As a new person to the care industry it was clear and informative. It involved shadowing and workshops".
- The registered manager told us staff received annual appraisals and regular 1:1 meetings. Staff told us that they felt supported and could request supervision or just approach the management team should they need to. On day two of the inspection we observed a staff member going to their annual appraisal with the registered manager.
- A professional said, "Staff seem professional in their role".

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

- People told us they enjoyed the food at Phoenix and liked preparing meals and baking. People's comments included; "I like the food, have lunch in an hour. I cooked on the Tuesday, yesterday, I cooked chicken Kiev's with chips. That was lovely. I have takeaways, the one I like most is [pizza company name]."

Either choose a cooked meal or a takeaway. I normally choose Chinese and my friend [persons name] chooses pizza as they love pizza" and "I like the food, yeah. I just made pasta by myself, cooking".

- People were supported with shopping, cooking and preparation of meals in their home. However, food shopping was mainly ordered online by staff. This was not typical of supported living services. The registered manager said that they will explore opportunities for people to complete food shops at local supermarkets to gain further independence and budget skills.
- Staff understood people's dietary needs and ensured that these were met.
- People were actively involved in choosing meals and preparing these should they wish/want to. Menus reflected a good choice of healthy home cooked meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services as and when needed. Health professional visits were recorded in people's medical books which detailed the reason for the visit and outcome. Recent health visits included; a community learning disability nurse, GP and dentist.
- Staff told us they supported people to visit health professionals. Each person had a health action plan in their files which reflected the support they required to maintain good health and wellbeing.
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law 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 particular 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at Phoenix were living with a learning disability or autism, which affected some people's ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for areas such as; personal care, medicines and finance.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Staff told us how they supported people to make decisions about their care and support.

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

- People and relatives told us staff were kind and caring. Comments included; "It's really lovely here, bright here, one of the best places for people with learning difficulties to come together and experience new stuff. Lovely community", "I find it difficult to trust people, but these are people I trust the most" and "Staff here care for people and treat them as individuals".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Training records showed that all staff had received training in equality and diversity.

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

- Where people were unable to express their needs and choices verbally, staff understood their individual way of communicating. Staff observed body language and eye contact to interpret what people needed. A staff member said, "We give people options to support them make decisions. We know people's needs and use individual methods of communication".
- People told us they were pleased with their care and that they felt involved in decisions. A relative told us, "We are happy with the care received here. It is person centred and meaningful". A staff member said, "We give options which help people make informed decisions. This is done either verbally, through use of objects or visually".

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. A staff member said, "I respect people for who they are. I would always respect privacy and dignity. I knock on doors, ask for consent and manage records and information in a confidential dignified manner".
- Promoting independence was important to staff and supported people to live fulfilled lives. A person told us, "I like being independent. Going on holiday by myself, Portsmouth. Weekends are more fun, Salisbury, Bournemouth". A staff member said, "Promoting independence is massively important to me. Seeing people develop new skills is rewarding and great to see". A relative told us, "They [staff] try to make [person's name] more independent. Staff are good at that".
- People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. Comments' included; "I have my family visit me, my mum and my dad usually", "My parents came to visit yesterday, because they live quite local. I enjoy living here and have got a lot of friends here" and "We are always made to feel welcome and can visit whenever".

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

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Goals set for people had been achieved and led to positive outcomes. We were told about one person who had experienced difficulties following a medicine review. We found that staff and management had worked hard to put measures in place and support the person to be reassessed and medicines reinstated. This person was now feeling more settled and content. A staff member said, "When [person's name] started using the service they couldn't do much for themselves as they use to be very dependent on their parents. Now they can do so much more and has lost 1 ½ stone in line with their plan too".
- Professionals were positive about the support and outcomes achieved by people with staff support.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for people. For example, people had individual communication plans and grab sheets which were taken with them when visiting professionals or hospitals.
- Staff could tell us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities (when available), families and people where possible. A relative told us, "We are involved in review meetings and recently had one. These are usually annually and [person's name] attends these. We go through the support plan, achievements and goals".
- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans.
- Staff considered how barriers due to disability impacted on people's ability to take part and enjoy activities open to everyone.

Improving care quality in response to complaints or concerns

- The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The registered manager said, "Complaints are a good thing. We are open to these and use them to learn and improve".
- The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of the inspection there were no live complaints.
- People and relatives told us they knew how to raise concerns and make complaints. An easy read pictorial version of the local complaints procedure was available. A relative told us, "I would raise concerns or complaints with the management. If I did raise one I am sure it will be managed timely. There is a more than adequate complaints procedure here".

End of life care and support

- People's end of life wishes and preferences were being explored by the service. We found that the focus was around celebrating lives which kept peoples spirits high during this sensitive topic.
- Phoenix had recently been delivering some end of life care planning and preparation sessions to people. People told us they were finding these informative. Discussion topics included; growing old, different places of burial and ways of celebrating lives.
- People were being supported to complete end of life wishes booklets which were in a visual and easy read format. We read that one person wished to be cremated and their ashes scattered in the sea. Each session ended with tea and cake which people said they enjoyed.

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

- Staff, people, relatives and professionals were positive about the management of the Phoenix. People's comments included; "I Like [Registered managers name]" and "I get five stars to the managers". Staff comments included, "[Registered manager's name] is excellent, amazing. They are just like one of us; hands on and great with people" and "I really like [registered managers name]. Anything I am not sure about I can check with them. They are full of solutions and I am always learning from them" A relative told us, "The registered manager is very down to earth. I like them. They have good systems in place".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff; Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and of high quality. Quality monitoring systems had improved since our last inspection and proved to be robust and effective because checks were regular and improvement plans in place.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received. The nominated individual completed annual visits.
- Managers and staff were clear about their roles and responsibilities. Weekly staff meetings took place and registered managers came together twice a week to share improvements and learning.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "I feel listened to as a staff member. We can raise ideas in staff meetings and 1:1's and they are listened to".
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The registered manager and the provider were reviewing how best they could further meet the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion.

Working in partnership with others

- Phoenix worked in partnership with other agencies to provide good care and treatment to people. We were told that the service was currently working closely with the local learning disability teams and GP's to review people's needs in relation to medicines.
- Professionals fed back positively about partnership working with the home. One social care professional

said, "Partnership work is really good. We have positive communication and responses are received in a timely way".

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. The registered manager said, "I feel I work well in partnership with others".