

Mrs Della Averley

# Mrs Della Averley - 14 Phoenix Road

## Inspection report

Phoenix Road  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

What life is like for people using this service:

We found improvements were needed in two main areas. New staff were not recruited using robust processes to make sure they were suitable to work with the people living in the service who needed care. We made a recommendation to the provider as they could not provide the evidence that staff had completed all the necessary training to be able to carry out their role safely and effectively. The provider was aware of their responsibilities and confirmed they would make sure they improved these areas.

People received care and support based on their needs and preferences. Staff were aware of people's life history, their likes, dislikes and interests and they used this information to develop positive relationships to deliver person centred care.

People enjoyed a range of activities that met their individual choices and interests. They felt a part of their local community and were supported to use local resources to their advantage. Staff understood the importance of this for people and provided the support people required while promoting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life.

People were involved in the running of the service and were consulted on key issues that may affect them. They told us they felt safe and were clear who they would speak to if this changed. Promoting independence was a key theme of the support planned and provided.

Staff were supported in their role providing care and support to people through regular one to one supervision meetings, performance appraisals and team meetings.

The provider was using a quality assurance system that they felt met their needs to check the safety and quality of the service. However, this had not picked up the recruitment and training issues we noted. This was in part due to the move to using an electronic based system of recording and storing documents and information.

More information is in detailed findings below.

Rating at last inspection:

Good (Report published 20 September 2016)

About the service: Mrs Della Averley – 14 Phoenix Road is a residential care home that accommodates up to four people living with a learning disability. At the time of our inspection there were two people living at the service. The care service is in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen - 'Registering the Right Support'

CQC policy.

Why we inspected: This was a planned inspection based on the previous rating. We found the service needed to make improvements to recruitment procedures and staff training which means the rating is now Requires Improvement.

Follow up: Following this report being published we will discuss with the provider how they will make changes to ensure the rating of the service improves to at least Good. We will revisit the service in the future to check if improvements have been made.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Mrs Della Averley - 14 Phoenix Road

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Mrs Della Averley -14 Phoenix Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was not in post; this was not a requirement of the provider's registration as they were an individual provider. This means that the provider is 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 24 hours' notice of the inspection visit because it is small and the provider and staff are often out providing support in the community. We needed to be sure that they would be in.

What we did:

We reviewed information we had received about the service since the last inspection in June 2016. This included details about incidents the provider must notify us about, such as abuse or when a person dies. 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.

During the inspection we spoke to two people living in the service, the provider and the senior support worker.

We reviewed a range of records. This included two people's care records and medication records. We also looked at two staff files around staff recruitment, supervision and their training records. We reviewed records relating to the management of the home and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing levels

- Recruitment of new staff was not always safe. We looked at two staff recruitment files and neither of them was complete, application forms were not completed with a full employment history or an explanation for gaps in employment; suitable references were not available and proof of identification had not been checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services.

The failure to have robust systems in place to make sure staff being recruited are suitable to work with people who need care is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

- There were suitable numbers of staff available to support people safely and to ensure people's needs could be met. The provider told us that there were two empty rooms so they were aware they may need to recruit more staff when new people moved in, dependent on their assessed needs. They were advertising for new staff in preparation for this.
- Continuity of staff was important for people living in the service. The provider completed shifts if they were short staffed as people knew them well. The provider occasionally needed to use agency staff. They told us they always used the same agency and had a good and longstanding relationship with them.

### Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; going out in the community, nutrition and hydration, health, sexuality, activities and holidays.
- One person often went out independently. A risk assessment set out the measures needed to keep the person safe while they were out. One of the measures included a mobile telephone to enable them to call the service if they were worried or unsure about anything. The person told us they also had the provider's mobile phone number in case they needed to contact them if they had concerns. The person also liked to have the opportunity to stay in the home alone for short periods of time some days when staff were out supporting others, to increase their confidence and independence. A risk assessment was in place to keep them safe at these times. The person told us how they kept the door locked and did not answer the front door or telephone when they were at home on their own.
- The environment and equipment was safe and well maintained. All essential servicing of appliances and equipment was carried out. People were involved in practice fire drills to check they knew what to do in the event of an emergency. Personalised plans were in place to guide staff in the support people required in

these circumstances. We asked people what they would do if the smoke alarms sounded. People were very clear and told us exactly how they would leave the building and where they would go to until the emergency services arrived. They said they were regularly reminded and shown what to do by staff.

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. Some people self-administered their medicines and others needed staff to give them their medicines. People's medicines records confirmed they received their medicines as required. Staff carried out regular audits of medicines to make sure they continued to be administered and stored safely.
- One person administered their own medicines, a risk assessment had been completed to check they understood what they took and how to take them. This was reviewed regularly to make sure they were able to continue safely. Staff ordered their prescribed medicines for them and they arrived along with the other prescribed medicines and stored in a locked cupboard in the person's bedroom that they had access to.
- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration.
- Some people used 'homely remedies'. These are medicines that can be bought over the counter from a pharmacy or shop and may include cold and flu remedies, hayfever relief or pain killers. The homely remedies were stored and recorded appropriately and safely and included people's own choice of products.

#### Systems and processes

- The provider and staff understood their responsibilities to safeguard people from abuse. Information about safeguarding was available to staff. People were regularly reminded about how to stay safe and what to do if they had concerns. People told us who they would talk to if they were worried about anything staff or others said or did to them.
- A system was in place to record and monitor incidents, however, no incidents had been reported since the last inspection.

#### Learning lessons when things go wrong

- Although no safeguarding concerns or accidents and incidents had been reported since the last inspection, there were other examples of the provider taking notice when things did not go according to plan and how they reviewed their systems as a result.

#### Preventing and controlling infection

- Information about how to prevent the spread of infection such as effective hand washing was available in the service. The home was clean and free from strong odours.



# Is the service effective?

## Our findings

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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience

- Staff had not completed the necessary training to meet people's needs. Although the provider told us staff had attended training courses online and showed us a handwritten record of the courses staff had undertaken, there were no certificates to evidence these had been completed.

Some staff had not undertaken all essential training such as the basic principles of the Mental Capacity Act 2005, infection control and equality and diversity.

We recommend the provider seek support and guidance from a reputable source to ensure staff are kept up to date with training requirements.

- Staff had been supported by the provider and the senior support worker by having regular one to one supervision sessions and performance appraisal. The senior support worker had received regular constructive supervision with the provider, who was supporting them with their personal development.

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

- The people living in the service had lived there for many years. There were two vacancies in the service and the provider told us how they would carry out an initial assessment with any person who wanted to move in. The assessment would serve to make sure the staffing levels and the staff skills would be sufficient to meet their needs. People living in the service would be involved in meeting new referrals so they could be sure they would be compatible before any decisions were made.

- People's needs and choices were assessed and updated on a regular and ongoing basis as they were fully involved in their care and how they wanted to be supported. This included their goals and aspirations, such as making their own lunches and drinks, using public transport or spending short periods of time alone in the house.

- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. People's diverse needs were detailed in their care plans and met in practice. This included people's needs in relation to their culture, religion and sexuality. Staff made sure people had support and advice about their friendships, relationships and appropriate behaviour towards others. The provider and staff were committed to ensuring people's equality and diversity needs were met, however, staff had not completed training in equality and diversity. We will check this has been completed at the next inspection visit.

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.

- People living in the service at the time of inspection had the capacity to make their own decisions on a day to day basis. Where they needed help to make more complex decisions, staff made sure they had the appropriate advice to support their decision, such as from a health care professional.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). There were no people living in the service at the time of inspection who required an application for a DoLS authorisation. The provider was aware of their responsibilities to make an application should this be needed.

Supporting people to eat and drink enough with choice in a balanced diet

- People were fully involved in meal choices and menus. A menu was in place so that people knew what meals to expect. However, as it was a small service this was also flexible so people could change their minds if they wished. People had control over what time they ate and any snacks and drinks they wished to have through the day. As people were often out through the day at various activities, they made their own packed lunches and took these with them.
- People were supported to eat a healthy and balanced diet. One person had decided to follow a diet to help them to lose weight. Staff had supported them with this. They were proud to tell us of the weight they had lost and had managed to control this for over one year. Another person had a slightly raised cholesterol and was supported by staff to watch what they ate to keep this in control.

Staff providing consistent, effective, timely care

- People had a Health Action Plan in place, this gives an overview of people's healthcare needs. Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and guidance was available to staff.
- People were supported by staff to attend their appointments, helping them to understand the advice given and any follow up treatment that was needed. Regular visits to the GP, dentist and opticians were encouraged and supported when needed.
- Some people needed support with their mental health. Their care plan detailed the individual help they needed. One person became quiet and spoke very little when they were troubled. Staff were guided through the care plan to encourage the person to talk about what their concerns were.

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

- At the last inspection we reported that, although suitable, the premises were tired looking. At this inspection, the provider was in the process of refurbishing the premises. People had been involved in choosing wall and carpet colours and were helping to choose new pictures for the walls in the communal areas. People's bedrooms were personal, with their own pictures and photographs as well as their choice of bedding and furnishings. The next step of the refurbishment plan was a new kitchen. Building contractors were visiting during the inspection visit to provide quotes for the work. Windows and doors had been replaced since the last inspection.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported

- People told us they liked living at 14 Phoenix Road and said they were well looked after. People were listened to and treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- People were supported to maintain important relationships, such as with family members and friends. One person visited their relatives on the same day every week and enjoyed telling us about this. Another person was also supported to meet with their loved ones regularly

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

- People were involved in the running of the service and decisions that affected them. One person told us how they had asked to move into a different bedroom when it became vacant. Staff discussed this with them to make sure they understood their decision. The person was clear about their choice and so the provider was in the process of redecorating and getting a new carpet ready for the person to move in to their chosen bedroom.
- When people expressed their views about their wishes and preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. People living in the service enjoyed telling us about how they often went out together on public transport. One person was assessed as not being able to go out on their own to protect their safety. They expressed a wish to gain more independence. Another person was confident and competent using public transport and told us how they were keen to help the other person to gain the skills they had acquired. Staff completed a risk assessment to make sure measures were in place to keep them safe when they went out. At our last inspection, in June 2016, this was a new plan and was in the early stages. The two people were now safely enjoying each other's company and going out locally. During the inspection, they went out together on public transport and told us they were going to the bank and then for a drink in a café. When they arrived back home they were keen to tell us about their day.
- People told us how their privacy and dignity was respected. Their bedrooms were their personal space where they could enjoy their own company if they wished. People could go to bed and get up in the morning when they wished and their routines were respected.
- Confidentiality was supported. Information was locked away as necessary in a secure cupboard. Computers used by the provider and staff were password protected to keep information secure.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

How people's needs are met

Personalised care

- Care plans were individual and person centred, providing detailed information about each person and the support they needed, including their likes and dislikes and the important people in their lives. Staff understood people's needs and were able to describe what was important to them and how they liked things done. One person's care plan recorded how they needed staff to support them to talk through things that were on their mind to help them to understand and cope with situations. We saw this in practice, we heard the person talking about an upcoming event to staff. They needed to repeat their understanding of the plans to be able to process the information. Staff were patient and talked through the areas the person needed to clarify until the person was satisfied.
- Some people needed support and prompting with their personal care, such as washing and choosing the right clothes to wear, and others were more independent. People had been supported to gain independence with their morning routines, for example, in making their own breakfast and making their bed. Staff were guided through the detail in people's care plans to support people in the areas they needed without undermining the independence gained.
- People took part in a range of activities that met their individual needs. One person told us about the things they enjoyed doing. These included, helping as a volunteer at a local day resource centre and going to college each week. They proudly showed us their folder with the subjects they were learning about. Another person told us they enjoyed going to watch a local football team play both home and away games. They did this with a group of others, supported by a local resource centre, who were also keen on football.
- People told us about the other activities they enjoyed such as going bowling each week, swimming, the cinema and regular visits to the local library. One person was busy doing a word search puzzle during the inspection which they told us was connected to their college course.

Improving care quality in response to complaints or concerns

- People were asked their views as a matter of course as they were involved in discussions and plans each day. This meant they were able to raise complaints or concerns with staff. We asked people, if they had any complaints who they would tell. People said they would speak to the provider or the senior support worker.
- No complaints had been made since the last inspection. A concerns, complaints and compliments procedure was in place. This detailed how people could make a complaint or raise a concern if the needed to and how this would be responded to.

End of life care and support

- Although no people were receiving end of life care, the provider told us they had recently supported a person who wished to remain in their home at the end of their life. They described the care given to enable

their wish to happen and the support received from other agencies, such as a specialist nurse practitioner. The people we spoke with told us they had been consulted about the end of life care plan as it would impact on their life within the home. They confirmed they were keen to help to support the decision as the person was a close friend and they wanted to be involved.

# Is the service well-led?

## Our findings

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider had not followed safe recruitment practices as described in the safe domain. They had not picked up that staff had not received all the training they required and that they did not have the evidence to show they had completed the training they said they had undertaken, as described in the effective domain. This meant not all shortfalls had been identified through the monitoring process.
- The provider subscribed to a quality performance service so they had support to implement and update audits and policies and procedures. They told us this helped them to keep up to date with legislation and good practice changes.
- The quality assurance system enabled the provider to monitor and identify shortfalls in the quality of the service people received although this had not always been effective, as described. An action plan was completed to identify any improvements required following service audits and quality checks.
- The provider visited the service at least two to three times a week and more if they were covering staff absences. They felt this was sufficient to have a good oversight and knowledge of the service as there were only two people living there at the time of inspection. They were also able to keep in touch with staff as there was only one member of staff on duty for each shift. The provider clearly knew people well and people were comfortable and confident with the provider.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider's documents, including people's care plans, were all paper based. The provider was in the process of developing an electronic based system which meant they were transferring all documents on to a computer. They had not created a plan to make sure the process was as smooth as possible with little disruption. This meant many of the documents we needed to look at were difficult to find and some they could not find at all, such as recruitment and training records.
- We found the provider had a good understanding of people's needs and acted to make improvements that resulted in good outcomes for people.

Engaging and involving people using the service, the public and staff

- People were asked to complete a questionnaire, one to two monthly, to find out what their views were and their satisfaction with the service they received. People had the opportunity to make suggestions for

improvement and share any concerns they had as well as record any changes they may wish to make, such as to their care plan or activities they were involved in. People were also engaged in feedback about the service through meetings and during support sessions.

- Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and their own support and development.

#### Continuous learning and improving care

- Information from the quality assurance system and care plan reviews was used to inform changes and improvements to the quality of care people received. We spoke to the provider about the plans in place to make improvements to the care planning and document recording system by moving to an electronic based format. The provider agreed they had not planned the changeover in effective detail and it had taken longer than they anticipated. They confirmed they had learned from the experience. They had decided to develop a plan by reviewing what they had already completed and to continue in bite sized chunks that would serve to ensure the quality of care was not affected.

#### Working in partnership with others

- The provider told us they had been involved in working in the local area for many years and had built many partnerships over the years. For instance, within the local authority and health and advocacy services as well as other providers. They said that many of these links had ended or changed due to the changing arrangements and provision of learning disability services, however, they continued to try to keep and build networks. The provider and staff helped people to be a part of their community, using local resources, chatting with neighbours and keeping close contact with health and social care professionals to make sure people had access to joined up care when necessary.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider failed to ensure robust systems were in place to make sure staff being recruited were suitable to work with people who needed care.</p> <p>Regulation 19(1)(2)(3)</p>