

Phoenix Learning and Care Limited

Veryan Close

Inspection report

3 Veryan Close
Dawlish
EX7 0HT

Tel: 01626864066

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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

Veryan Close is a residential care home registered to provide personal care and support for up to two young people who have a learning disability or autistic spectrum disorder. The home does not provide nursing care. At the time of the inspection there were two people living at the home.

Veryan Court had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. There was a strong and visible person-centred culture within the staffing team.

People were supported by staff who were kind and caring and we saw people were happy and relaxed in staffs' company. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Relatives spoke highly of the home and the care and support provided. One relative told us, "They're exceptional (staff), all very competent, confident and caring. [Name] likes living here, when we see him he is very happy."

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 home supported this practice. However, where people needed support with decisions this was not fully recorded in their care records. We made a recommendation about this.

People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so. However, there were no individual protocols about when people might need their 'when required' (PRN) medicines. We made a recommendation about implementing PRN protocols.

People were protected from the risk of abuse, and staff were knowledgeable about how to recognise and report concerns of abuse. There were systems in place to protect people from the risk of harm and abuse, and people, relatives and staff felt confident to raise concerns about unsafe care.

Risks had been appropriately assessed and staff had been provided with information on how to support people safely.

Staff were recruited safely and there were sufficient numbers of staff deployed to meet people's needs. Staff told us they felt supported and we saw evidence staff had received induction, training and ongoing supervision.

People benefitted from a home that was well led by a registered manager who was open and approachable. The provider had systems in place to review, monitor and improve the quality of service provided. This included a programme of audits and checks, such as reviewing medicines management, quality of care records, support to staff and environmental health and safety checks.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 20/11/2018 and this is the first inspection.

Why we inspected

This was the first inspection of the home since it registered with the Care Quality Commission.

Follow up

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.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Veryan Close

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

The inspection team consisted of one inspector.

Service and service type

Veryan Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered provider is also the registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection took place on the 20 November 2019. We gave the home 48 hours' notice of the inspection because it is a small home and we needed to be sure the registered manager, staff and people receiving support would be available for us to speak with.

What we did before the inspection

Before the inspection we reviewed the information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used this information to plan the 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 met both people living at the home, two relatives, two members of staff, and the registered manager. To help us assess and understand how people's care needs were being met we reviewed both people's care records.

We also reviewed a number of records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Following the inspection, we received feedback from one relative.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm.
- Staff attended safeguarding training and demonstrated a good understanding of how to keep people safe and who they should report concerns to.
- The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place that described the risk and gave clear guidance to staff about how to support people to mitigate the risk. Areas of risk considered included personal hygiene, accessing the community, activities of daily living, risks associated with eating and drinking and social behaviour.
- People who experienced behaviour that could challenge, had detailed positive behaviour support plans in place that guided staff to reduce people's distress or anxiety. Individual risk management plans included information on circumstances that may cause people to become anxious and advice on how people preferred to be supported if they were feeling upset. As a result, staff knew how to manage these risks and had been trained to 'de-escalate' situations and support people remain calm in situation they may find challenging.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. Individual personal emergency evacuation plans (PEEPs) indicated any risks and support people needed to evacuate them safely.

Staffing and recruitment

- People received care and support from sufficient numbers of staff to meet their needs.
- Staffing levels were organised around each person's specific support needs and records showed where people had been identified as needing one to one support this was being provided.
- Staffing levels were regularly reviewed, and an on-call system was in place to ensure staff could call for support at any time.
- People were protected by safe recruitment processes. The provider's recruitment processes helped ensure

only suitable staff were employed. Staff were only allowed to work with people, once all relevant checks were completed.

Using medicines safely

- There were safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- Medicine Administration Records (MARs) were completed and audited appropriately.
- There were no individual protocols about when people might need their 'when required' (PRN) medicines, for example, paracetamol for pain-relief. Some people would not be able to verbalise pain so might show this in other ways, but this was not recorded within their care records or in medicine records. This meant there was the potential for staff to act inconsistently about whether people might need their 'when required' medicines.

We recommend the provider seek advice and guidance from a reputable source in developing and implementing 'when required' PRN protocols.

Preventing and controlling infection

- People were protected against the risk of infection.
- The home was clean, tidy and fresh smelling. Rotas confirmed the home was cleaned regularly.
- People's bedrooms were clean and well maintained.
- Staff were trained in infection prevention control and used disposable gloves appropriately to help prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were promptly and thoroughly recorded by staff and reviewed by the registered manager to identify any trends, patterns or to identify areas for development or improvement.

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.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All the staff we spoke with had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Where people did not have capacity to make decisions, they 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 home supported this practice. However, where people needed support with decisions this was not fully recorded in their care records with clear, decision specific assessment and best interests process that took place, documented.

We recommend the provider ensures that all assessments and best interests decisions made in compliance with the Mental Capacity Act 2005 are recorded and documented appropriately.

- The registered manager told us they were in the process of reviewing people's requirements with regard to DoLS and were preparing appropriate applications to submit to the supervisory body (local authority).

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

- People's diverse care and support needs had been comprehensively assessed prior to them using the service. This made sure the staff team could effectively meet their needs.

- Assessments covered people's health and social care needs, their life history, preferences, hobbies and interests. These assessments considered any protected characteristics under the Equality Act, such as religious needs.
- The registered manager also carried out an assessment, with a view to determining if both people could live together successfully.
- The service applied the principles and values of Registering the Right support and other best practice guidance. These ensure that people can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff support: induction, training, skills and experience

- Staff received training to carry out their roles that was relevant to the needs of people using the service.
- New staff were provided with an induction to the service which included working alongside an experienced member of staff, before working unsupervised.
- Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- Staff had regular supervisions and an annual appraisal. Their professional development was encouraged. Staff told us they felt supported in their role and could approach the registered manager or team leaders for advice, guidance and support.

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

- People were supported to maintain a healthy and balanced diet and were encouraged to be involved in choosing, planning and preparing their own meals. A relative told us about how staff encouraged and supported their relative with their food choices, "He seems to be very healthy, and his diet is improving with him involved in meal preparation and making healthy choices when it comes to food."
- Staff provided people with different food options, and used pictures, so that they were able to make an informed choice. We saw pictures were used in the kitchen to help people identify where food, plates and utensils were stored.
- Care plans and risk assessments documented people's nutritional needs, any support they required at meal times, known allergies and any nutritional risks such as obsessive behaviours associated with food choking, weight loss or gain. Risks associated with nutrition and hydration were reviewed on a regular basis and clear guidance was in place for staff to follow.

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

- People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments.
- The service had built and maintained strong links with local health care professionals including GP's, community nurses, speech and language therapists and dietitians.
- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's daily needs and well-being to ensure they were supported appropriately.
- People's care plans contained a hospital passport. This was a document is designed to support staff in different services to understand about the person's needs.

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

- The building was suitable to meet the needs of people who lived there. People had personalised their rooms and had the equipment, furniture and décor of their choices. Communal rooms were spacious, decorated in a homely manner and were well equipped.

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.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring and we saw people were happy and relaxed in staffs' company. The positive effects of a caring environment were clear from the feedback from relatives. Their comments included, "We have been very impressed with the level of care and education that [name] has received. [Name] is clearly happy to be at Veryan Close" and "They're exceptional (staff), all very competent, confident and caring. [Name] likes living here, when we see him he is very happy."
- Staff spoke about people they cared for in a respectful way. Their interactions also showed respect and people were encouraged to make choices about what they did and where they spent their time.
- Where people were unable to communicate their needs and choices, staff understood their preferred way of communicating. For example, through body language and eye contact to interpret what people needed. When people became anxious, staff worked with the person to create social stories in relation to what was causing them distress to help ease their anxiety. This had positive outcomes for people and people were able to actively participate in activities without distress.
- Care plans considered and documented the support people may require in regard to any protected characteristics under the Equality Act 2010, in relation to age, race, religion, disability, sexual orientation and gender.

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

- Staff asked people what they wanted to do and offered choices to meet people's needs. People made decisions about their day to day care and had the support they needed. We saw people were supported to make their own choices.
- One person chose to get up later and staff supported them to get up and do things at their own pace. They had their breakfast when they wanted to eat and left the home at the time they wanted to leave. Their decisions were fully respected and supported.
- Relatives told us they felt involved in the care of their family member and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff demonstrated a good understanding about the principles of dignity and respect. We witnessed the staff asking people whether they wanted care and support and respecting their decisions.

- People were supported to be independent and learn new skills. Staff described how they supported and encouraged people to develop their daily living skills by helping them to become independent in their personal care and take part in household tasks such as meal preparation or tidying up. Staff told us every achievement was celebrated no matter how small. A relative told us how this approach had benefitted their relative, "We have seen him mature already in this short time, gaining more independence and valuable life skills from attending the college."
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences.
- The registered manager completed an initial assessment of each person's needs and a placement impact risk assessment before people were accepted into the home. This enabled the registered manager to consider how people would relate to each other and helped ensure the home could meet people's individual needs and expectations.
- Care plans were written in a person-centred way and provided staff with detailed information on people's likes, dislikes, personal preferences, care needs and medical history. Staff were provided with valuable information to enable them to build positive relationships and help them understand what really mattered to people. This enabled staff to support people in the way they wished to be supported to live full and active lives and to develop their independent living skills.
- Regular reviews of people's care needs and records were held to ensure staff continued to support people appropriately and that their needs, aims and wishes were respected and met.
- Relative's told us people had personalised support and they were kept up to date with what was happening with their family member. One relative told us, "They have been exceptional at understanding [name's] needs and we are very confident that he is well cared for. They are all very capable of getting the best out of him."

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.

- The way in which people communicated was central to how care and support was planned. Care plans identified people's communication needs and how they could be supported to understand any information provided. For example, through visual aids, planners and social stories.
- People living at the home needed clear visual information and structure. The staff made sure this was provided and used pictorial information boards to let people know what they would be doing each day and the staff who were on duty.
- This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS).

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relationships outside of the home were valued and supported. The staff enabled and supported people to stay in touch with their families and friends. They also supported them to develop relationships with other people using local services.
- People were supported by experienced staff who knew them well and who supported them to access services such as, leisure activities and social events to meet their needs and interests. Care plans included a list of people's known hobbies/interests and staff supported people to take part in things they liked to do.
- People took part in a wide range of different activities which was tailored to their own personal interests. For example, staff took one person out regularly to the train station as they had a love of trains and enjoyed looking at and listening to the trains. Another person enjoyed interacting with sensory items and getting messy. We saw many sensory items around the home to help people interact.
- Staff told us they were constantly working to remove barriers to enable people to safely take part in activities of their choice.

Improving care quality in response to complaints or concerns

- The registered manager and records showed that the home had not received any complaints since it opened.
- A complaints policy was in place at the home that provided people and their relatives with information on how to make a complaint and was available in an easy to read format with pictures and photographs of who to talk to.
- Staff told us they helped people to voice their opinions and indicate what they liked or disliked through talking mats and pictures. Both people living at Veryan Close were able to demonstrate through gestures and verbal cues if they are not happy. We observed people were relaxed and happy around staff. Staff told us they checked with people regularly to ensure they were happy with their care.

End of life care and support

- Both people living at the Veryan Close were young adults and did not have life limiting conditions. As such, end of life caring planning had not been discussed with them. However, each person's care plan contained a health passport which contained detailed information about the person's care and support needs. This helped to ensure people's wishes and needs were respected in an emergency.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- We received positive feedback from relatives and staff about how the home was managed. A relative told us, "We are very happy with the service and the management is fine. They [manager's] seem very on top of organising things. They are all excellent and easy to get hold of when we want to."
- Staff spoke positively about the leadership of the home and told us they felt listened to, appreciated and supported in their role.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had procedures for responding to incidents, complaints and when things went wrong.
- The registered manager understood they needed to be open and honest and contact families when mistakes happened. Relatives told us they were confident they would be notified if there were any concerns about their family member.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was strong leadership and management at the service and the registered manager and staff understood their roles, responsibilities and contributions to the service. Staff were aware of who they should go to with concerns.
- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits and checks were carried out on a regular basis in areas such as medicines management, the home environment and health and safety, accidents and incidents and safeguarding amongst others. Where required action plans were developed to address any issues or concerns identified.
- The registered manager was aware of the guidance and the values underpinning Registering the Right Support (RRS). Values include choice, promotion of independence and inclusion. We found the staff

followed these values and principles.

- There were systems and processes in place, and the registered manager understood their responsibilities for reporting to CQC or other bodies such as the local authority. For example, reporting any safeguarding allegations.
- The registered manager kept up to date with best practice by attending local forums. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared between the staff team at the regular staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were supported to share their views about people's care directly with the registered manager and in staff meetings. Staff told us they felt able to share ideas to further improve the service and address any issues.
- There were systems in place to ensure the provider sought the views of people and their relatives through regular reviews, keyworker meetings and surveys.
- The provider had an equality policy in place, guiding staff to meet people's diverse needs. We saw that people's equality needs had been considered and recorded so staff were fully aware.
- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, records showed staff worked with service commissioners, speech and language therapists, advocates, community nurses and GPs to achieve best outcomes for people.