

Phoenix Learning and Care Limited

Eldra Court

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

Eldra Court is a residential care home providing personal care and support to seven people with learning disabilities. The service is arranged within one adapted building with six people living within the main house and one person in a self-contained flat but still attached to the main home.

The service has 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 using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to seven people. Seven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People said they enjoyed living at Eldra Court. People felt comfortable and secure in their environment. People's bedrooms were highly personalised, and people valued their own space. The communal areas were bright and cheerful. They had recently been decorated and people had helped choose the décor and shopped for new furniture and furnishings.

Staff were skilled and knowledgeable about people's needs, wishes and preferred routines. People were at the heart of the service. It was clear from discussions with staff and the registered manager, any improvement was always made by ensuring people had a say.. This included the recruitment of new staff. Recently people had been included in the interview process.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Seclusion was not used as a method of calming. Some people had positive support plans with details of how staff could best support them when their behaviour was a risk to themselves or others.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence. This was evident in the person-centred plans. People's diversity was celebrated, and individuals were enabled to have full and interesting lives. People's relatives confirmed this. A relative said "They have a better social life than me. They are always out and about. When (name of person) comes here, they are soon wanting to go back to their friends and their own home."

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. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were protected because the service had robust recruitment processes. They ensured staff had training in understanding abuse and risk assessing to keep people safe.

People were supported to have a balanced diet, enjoy exercise and keep healthy. Staff worked in conjunction with other healthcare professionals to achieve good health outcomes for people.

Staff were skilled at understanding people's communication needs and this helped people to make their views known by various ways.

There were sufficient staff with the right skills and support to ensure people's needs were met safely and effectively.

There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

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

Rating at last inspection (and update) The last rating for this service was Good (Report published 17 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

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.

Eldra Court

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 was completed by one inspector.

Service and service type

Eldra Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spent time and spoke with three people living at the service. We spoke with six staff including the registered manager, care workers and the regional manager.

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.

We reviewed three care plans and their associated risk assessments. We also looked at medicine administration records and three staff files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We spoke with three relatives by telephone and contacted two healthcare professionals. We received feedback from one.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood what a concern was and who to report any concerns about abuse to. This was part of their initial and ongoing training.
- The registered manager understood their responsibility to report any concerns to the local authority safeguarding team and to CQC.
- There were clear policies and procedures for staff to follow. There had been several safeguarding alerts in the last 12 months. These related to minor altercations between individuals living at the service. The staff took appropriate actions to mitigate further incidents and had sought professional advice and follow up for one person.

Assessing risk, safety monitoring and management

- People's plans clearly identified risks, for example, where their behaviours may present a risk to themselves or others. The risk assessment identified what triggers may result in particular behaviour and what staff should do to de-escalate the situation.
- Risks assessments were reviewed on a regular basis and enabled people to take positive risks, such as accessing the local community on their own.
- Staff understood the risks associated with each person and how best to support them. For example, one person had deteriorating vision. The service had sought independent advice about how best to support the person, including making changes to their environment. This had meant reducing glare and using contrasting colours.

Staffing and recruitment

- There were sufficient staff on each shift to ensure people's needs could be met in a timely way. There were normally three staff during the day, two during the evenings and one sleep in night staff member. No one required support through the night. The sleep-in staff member had access to an on-call person who could attend in an emergency.
- Recruitment was robust which ensured only staff who were suitable to work with people who may be vulnerable were employed.

Using medicines safely

- People were supported to receive their medicines on time. No one was able to self-administer their medicines.
- Staff had training and regular checks on their competencies. This ensured they were following best and

safe practices when administering medicines.

- People had their own lockable medicine cabinet in their room. They had recently introduced records to ensure the temperature of these was being recorded. This helped to make sure medicines were being stored at the right temperature.

Preventing and controlling infection

- Staff completed training in infection control. Staff supported people to keep their home clean and infection free.
- Mops buckets and cleaning cloths were colour coded as per best practice guidance.

Learning lessons when things go wrong

- The service had a proactive approach to monitoring and reviewing accidents and incidents through staff handovers, detailed daily records and training for staff. For example, reviewing when someone's behaviours had escalated and the need to consider healthcare professional input.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 had been fully assessed with them and their family and funding authorities. This was to ensure their needs could be met at Eldra Court.
- The Provider Information Return (PIR) explained that most people had transferred from Oakwood College, owned by the same provider. It stated "A pre-assessment is completed using recommendations from parents and other health providers. This information is then used to design our support plans, guide to a good day, risk management plan and the service user goals. These documents provide the staff with all the information they require to deliver the correct support and ensure that agreed goals and positive outcomes are being achieved."

There were detailed care plans for staff to refer to. This enabled staff to deliver a consistent approach. Staff said they found the care plans useful.

Staff support: induction, training, skills and experience

- Having a skilled workforce was seen by the provider as key to ensuring people had the best outcomes. To this end the training programme was comprehensive. Training included all areas of health and safety as well as more specialist training such as epilepsy, autism and working with people who may have challenging behaviours.
- All staff had or were working towards a level three diploma in care. Staff said they had opportunities to discuss their training and support needs via regular one to one supervision sessions.
- Staff who were new to care were expected to complete the Care Certificate. This is a national guide to ensure all areas of care and support were covered. One staff member confirmed they had completed the Care Certificate and had found this valuable.
- The registered manager confirmed they had a stable staff team, some of whom had worked at the service since it first opened. This helped to ensure a consistent approach. Holidays and sickness were usually covered by the existing staff team.

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

- People were supported to enjoy a healthy and balanced diet. For example, at lunchtime we observed staff supporting people to choose from a range of simple snacks including fruit and yogurts.
- People were supported to help choose their menus. Choice was available, and staff were aware of people's individual likes and dislikes.
- Where people were identified as being at possible risk of choking, staff had sought expert advice. If a risk

had been identified, care plans gave detail of the sorts of foods which were a choking risk. For some people this meant having supervision when eating and drinking. We saw staff were observant of this and gave people space and privacy but were around in case of choking.

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

- Care plans showed people's needs had been assessed and monitored in conjunction with various healthcare professionals.
- Where people's needs had changed, staff consulted with GP's, consultants and other relevant healthcare professionals.
- When people needed to be admitted to hospital, they had a hospital passport. This provided staff with essential information about the individuals communication and how best to support them to feel at ease.

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

- Eldra Court is an older style two story house which had been extended and adapted to meet people's needs.
- People's needs were being fully considered in the design of the environment. For example, one person had decreased sight. The registered manager had commissioned a specialist assessment to look at what improvements could be made to help orientate the person. They were following up on the recommendations which included not having too much glare in a room and having some contrasting colours.
- Signs and photos had been used to help people know where communal areas were.
- People's bedrooms had been personalised. People had helped to choose the décor of the communal areas which were bright and homely.

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.

- DoLS applications had been submitted but none had been authorised at the time of the inspection.
- Staff and management had a good understanding of MCA and ensuring people's rights were embedded into their everyday practice.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 treated with kindness and respect at all times.
- Relatives said the staff approach was caring and respectful. One said "I can't fault them, they are all very kind. They keep us in the loop and we feel our relative is getting the best care."
- Our observations showed staff were observant to people's moods. They worked with people to support them in a way which showed a great deal of understanding and patience.
- The service looked for ways to ensure people were fully involved with the development of their care and support as well as the service itself. For example, people were involved in the recruitment of new staff interviews. Their feedback was continually being sought to improve activities, menus and the décor of the home.

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

- Staff were skilled at interpreting people's complex communication. Not everyone was able to verbalise their views easily. Staff used pictures, photos, signing and restricted choice of two or three items to help people have choice and control in their everyday lives.
- People's care plans included a section on their communication needs and guided staff how best to support them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld at all times. The registered manager gave an example of where someone could be perceived as showing inappropriate behaviours, but they were aware this was not the case. In this instance, staff maintained the persons privacy and dignity by gently reminding them to close their door at times.
- Staff were keen to ensure people's dignity was maintained. They assisted people to clean up after eating. People were supported to dress in the style of their choice appropriate for the weather.
- People's independent living skills were encouraged and supported. One person was being supported to think about moving with friends to a supported living accommodation. Another person had a self-contained flat was being encouraged to use their own kitchen to maintain their independence.
- One professional said one of the people they supported struggled with change, but this had been managed "in a sensitive way to minimise anxiety."
- Relatives felt their family members needs and wishes were being supported in a way which promoted their

independence and enabled people to have privacy. One relative said "Although (name of person) is sociable, they also like their own space. Staff respect this and know they like to spend time in their own room."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 care and support in a way that was responsive to their needs. This was achieved through having personalised care plans which people and their families were involved in developing and reviewing.
- Care plans had a high level of detail including what a good day looked like for an individual.
- The registered manager and staff team continued to seek ways to ensure people's needs and preferences were honoured. They were working on plans including people's future wishes and aspirations.
- Staff knew people well. They were able to describe people's attributes and what they loved doing. Importantly staff also described ways in which they ensured people had opportunities to do the things they loved most. This might be something simple, such as having a song and a dance. One person loved Geckos and was supported to keep some as pets. Another person loved swimming and staff looked for different venues the person could access to swim on a regular basis. This showed people's diversity was celebrated.
- People were supported to enjoy a wide range of activities both in and around the home as well as out in the community. One staff member had a passion for gardening and had supported people to grow their own vegetables which they had then been able to eat.
- People were supported to access the local community and enjoy shopping, visiting places of interest and eating out. On the day of the inspection people were going out for tea to a local hotel.
- One healthcare professional said they had been impressed with the number and variety of activities people were able to participate in.
- Relatives felt their family members were leading full and active lives. One said, "They are soon bored when they come home here- they can't wait to get back, that's a good sign to us."

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.

- People's communication needs were fully considered, and plans detailed how best to support them.
- Staff used a range of communication aids and techniques to assist people. These included Picture Exchange Communication System (PECS). These are picture cards developed for people with autism to help them make choices.
- Some people used Makaton, a form of simple signing. Staff were seen to encourage and use signing with some people.

- Staff were mindful of the language used for some people. For example, one person's plan directed staff to make suggestions about what the person would like to do rather than giving a direction.

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 were supported to maintain friendships and stay in regular contact with family and people who were important to them.
- Relatives confirmed people were supported to have calls, visits and skype their family. One said "Although (name of person) can't say very much, staff tell us what they have been up to then we talk with them about the things they have done. It seems to work very well."
- One person had just returned from a holiday with friends.
- Staff described how they worked with people to ensure they were not socially isolated, but also respected some people's need to have time to themselves.

Improving care quality in response to complaints or concerns

- Systems were in place for the management of complaints and concerns. The service had a complaints policy and procedure, and this was available in an easy read format. Records were kept of any investigations and outcomes. This was overseen by the head office and also quarterly by an external team who visited and audited the service.
- Where needed people were supported to have independent advocates to ensure their views were fully considered.
- Relatives said they were confident any concerns raised would be taken seriously and actioned. One relative was able to give an example where their views had been considered.

End of life care and support

- For most people, this concept would be difficult for them to comment on. Essential information such as who to contact in the event of illness and death were clearly recorded.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 provider's stated values were "Honesty, Empathy, Respect and Teamwork- through these values we can make a positive difference to those we support by enabling individuals to flourish." Staff understood and were aware of the company values. They had annual awards to honour staff who showed these values in a distinctive way. For example, one staff member had been awarded a heart award for their contribution to enriching people's lives with their passion for gardening and passing this on to people. The registered manager had also won a heart award for work undertaken in one of the providers other services.
- The culture of the service was one of assisting people to have maximum choice in their everyday lives. This ensured care and support was person centred. This was clearly evidenced in plans, daily records and discussions with staff.
- Staff said they felt valued and their views and suggestions were listened to. They said the registered manager was very approachable and had an open-door policy.
- The service looked for ways of empowering people to have as much choice and say in their lives. This included their environment and helping with recruitment of new staff.
- Relatives said care and support was person centred and their views were considered.

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 registered manager staff team were focussed on providing a high quality and person-centred service for people, recognising their individuality. They understood the importance of working well with other agencies and families in an open and transparent way.
- The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.

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

- The registered manager and provider had systems to audit records relating to medicines, care plans and risk assessments. They were also looking for ways to improve plans.
- The registered manager also completed monthly audits, and these were reviewed by the regional manager

as well as an independent company who completed visits to check the service was meeting regulations.

- The registered manager was aware and proactive in understanding and acting on their role to ensure regulatory requirements were met. This included keeping CQC informed of any significant incidents or events.

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

- People's equality characteristics were fully considered when planning and reviewing the service. This was evident in the detailed and person-centred plans which considered people's holistic needs. For example, ensuring people had access to the right communication tools to be able to voice their views and be fully involved in the running of the home.
- Staff views were considered as an essential part of making positive changes. They had regular staff meetings, handovers, one to one meetings and staff surveys. This enabled staff to have their say in a variety of ways. Staff confirmed their views were valued and listened to.
- Staff were proactive in promoting a positive image of young adults with learning disabilities being able to offer something back to the community. One person for example, was well known to the local shop keepers and people living close by. This was supported whilst being mindful of the risks of vulnerability within the community.

Continuous learning and improving care; Working in partnership with others

- It was evident continuous learning was seen as key to ensuring a high-quality delivery of care and in line with best practice. Staff confirmed training was available and encouraged.
- People's care plans and daily records showed staff worked in partnership with others to get the best outcomes for people. They looked at guidance and best practice and where this was not easily accessible, the service commissioned bespoke support. For example, for one person with sight difficulties, they had commissioned a specialist assessment to help get the environment and support plans right for the person.