

Mrs Della Averley

# Mrs Della Averley - 14 Phoenix Road

## Inspection report

Phoenix Road  
Chatham  
Kent  
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Tel: 01634579505

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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

Mrs Della Averley - 14 Phoenix Road is a residential care home providing personal care to two adults with a learning disability. Some people also have mental health problems. The service can support up to four people.

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.

### People's experience of using this service

Improvements had been to the way new staff were recruited and how records were stored. New staff were recruited using robust processes to make sure they were suitable to support people. Records relating to people's care and staff training were kept so they were easily accessible to staff when they were needed.

People received care and support based on their needs and preferences. Staff knew people's life history, what people liked to talk about and how people liked to spend their time.

Trusting and positive relationships had developed between people and staff, so people felt safe. Relatives described the service as, "Like home from home" and "Like an extended family".

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 led active, busy lives which met their individual choices and interests. People were familiar with their local community and used its resources. 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 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.

There was a small staff team who communicated well with one another to provide consistent and personalised care. Staff undertook regular training and received support to enable them to carry out their roles effectively.

People had access to health care services. Staff recognised any changes in people's mental health so immediate actions could be taken to reduce their anxieties. People were helped with their medicines according to their assessed needs and capabilities.

People and their relatives were consulted and kept informed about the running of the service. People felt confident to raise any concerns. When concerns had been, they had been actioned quickly to people's satisfaction.

The provider worked as part of the care staff team. They used systems to regularly check the safety and quality of the service, which included feedback people and relatives.

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

Rating at last inspection and update:

The last rating for this service was Requires Improvement (published 14 February 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the rating at the last inspection.

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 for each of the domain areas.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below for each of the domain areas.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below for each of the domain areas.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below for each of the domain areas.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below for each of the domain areas.

# 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### 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 as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is owned and managed by a provider who is an individual and who is in day-to-day management of the service. They have been assessed as fit to carry on the service and a registered manager was not required. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection:

We reviewed information we had received about the service since the last 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person about their experience of the care provided. They also showed us around their home. We spoke with two members of staff including the provider and a senior care 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 service. This included staff meetings, resident meetings and quality assurance records.

#### After the inspection

We telephoned two relatives to gain their feedback about the quality of care provided.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to have robust systems in place to make sure staff being recruited are suitable to work with people who need care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- At the last inspection there were gaps in employment checks for potential new staff. At this inspection a programme of structured checks was in place so people were supported by staff who had been recruited safely. Potential staff completed an application form together with their full employment history and the reasons for any gaps in their employment. Their identity was checked and employment references obtained. Disclosure and Barring service (DBS) checks had also been completed. The DBS helps prevent unsuitable staff from working with people who use care services.
- There were suitable numbers of staff available to support people. People were often out during the day, and this was reflected in staffing levels. There was a minimum of one staff member available when people were at home. An exception to this was that some people had been assessed as safe to be in their home for short periods by themselves.
- People were supported by a small, stable staff team to ensure consistent care. The staff team consisted of three staff members. The provider and senior carer had consistently supported the people at the service for many years.

### Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed and reviewed. Guidance was available to staff, so they knew how to support people in the right way. This included risks related to people going out, taking part in activities, their sexuality and mental health.
- A relative told us staff understood the importance of promoting positive risk taking. "Staff get the balance right. My family member can be independent, but they also make sure they are safe."
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. Staff took part in fire drills and fire training to ensure they knew what to do in the event of a fire.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from abuse. Staff undertook training in how to recognise what constituted abuse and poor practice. Their knowledge was refreshed on a regular basis and discussed at team meetings.

- Staff knew how to whistle-blow (tell someone if they had concerns). They also understood their role in reporting any concerns to external agencies, if they were not acted upon. The telephone number of the local authority safeguarding team was available to staff.
- People and their relatives said staff helped create an environment where they felt safe. One person told us, "I have my friends, that is, my teddy bears around my bed and that makes me feel safe and secure." A relative said, "My family member can talk to staff at any time. This is what makes them feel safe."

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. Medication administration records confirmed people received their medicines as required. Staff undertook training in medicines awareness and carried out regular checks of medicines to make sure they continued to be administered and stored safely.
- People were assessed to identify the support they needed to take their medicines. Some people required staff to give them their medicines and other people self-administered.
- Information was available to staff about what people's medicines were for and any side effects to look out for. Staff followed protocols which directed them when people should be given medicines prescribed as 'only when needed'.
- A relative told us, "Staff keep a close eye on people's medicines. They let me know when my family member needs a medication review."

#### Learning lessons when things go wrong

- Staff knew how to respond to and report any accidents and incidents.
- The provider supported people regularly and so had oversight of any significant events which had taken place. There were systems to monitor and analyse all events. This was so any patterns or trends could be identified and action taken to reduce the chance of the same things from happening again.
- The provider gave examples of lessons learned and these were communicated to staff at staff meetings.

#### Preventing and controlling infection

- The service was clean and free from unpleasant odours.
- Staff were trained in the prevention and control of infections. Information about how to prevent the spread of infection, such as effective hand washing, was displayed.
- One person showed the inspector the washing machine and dryer. The machines were kept near the kitchen, but in an enclosed area to help prevent any contamination or spread of infection.



# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider seek support and guidance from a reputable source to ensure staff are kept up to date with training requirements.

Staff support: induction, training, skills and experience

- At this inspection, staff training certificates were available and evidenced staff had completed training necessary to meet people's needs. This now included the principles of the Mental Capacity Act 2005, equality and diversity, health and safety and infection control.
- New staff followed an in-house induction programme. This consisted of shadowing senior staff, reading people's care plans and completing essential training courses.
- Staff were encouraged to further their learning. A senior staff member had achieved a Diploma in Health and Social Care level three and had commenced level four. These are national qualifications specifically designed for senior staff and staff in a supervisory position who work in health and social care in adult settings.
- Staff received regular support through supervision and staff meetings. These are processes which offer support, assurances and learning to help staff development.

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

- There were systems to assess people's physical, social, emotional, cultural and religious needs before they moved to the service. This was so the provider could be confident their needs and preferences could be met by the staff team.
- People had lived at the service for many years. Assessment would take into consideration the compatibility of people living at the service and those people who wanted to move in and make it their home.
- People's needs and choices were regularly assessed and updated. This included people's goals and aspirations to maintain their independence.

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

- The menu was planned to ensure people had a balanced diet. People told us they ate the things they liked to eat.
- Staff knew people well and were aware of their food likes and dislikes. They described how they sometimes changed what was on the menu according to what people wanted to eat on the day.
- A record was kept of people's weights. This was so if there were any significant changes in people's weights or eating patterns, referrals could be made to relevant health care professionals.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People's health care needs were identified and monitored by staff. A record was made of all medical appointments and their outcomes. People were supported to access health care services when they needed them.
- People had hospital passports. These provide hospital staff with important information about the person and their health should they be admitted to hospital.
- Information about people's oral health needs were set out in their care plans. People were supported to visit the dentist regularly and to maintain good oral hygiene.
- Some people needed support with their mental health. One person told us, "If I'm not feeling well, they look out for signs and symptoms." A relative said, "Staff notice when my family member starts to get unstable. They get onto it immediately and this prevents them from getting anxious and in a low state."

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 with appropriate legal authority. 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.

- People had capacity to make their own decisions. Staff helped people understand information and weigh it up, so they could make informed choices.
- Staff understood that advice and support from health care professionals would be needed if people needed to make complex decisions about their health.
- The provider was aware of their responsibilities with regards to DoLS. No applications were needed at the time of the inspection and this was kept under review.

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

- The service was a house situated in a residential area. This met the needs of people as there was easy access to community facilities. Each person had their own bedroom and could spend time in the lounge/dining room.
- One person showed the inspector around their home. They said they liked spending time in their bedroom as it was comfortable contained things that were important to them. This included photographs, and things they had made and treasured.
- A relative told us, "It is just like a home from home."

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

Ensuring people are well treated and supported; equality and diversity

- People continued to be treated with care and kindness.
- Staff gave reassurances to people when they became anxious according to their individual needs. One person was worried about a meeting they were attending. Staff reassured the person before and after the event. Staff also praised the person for their participation in the meeting to help boost their self-confidence.
- Positive relationships had developed between people and staff. One relative told us, "They treat X as part of a family unit and that is why it works. Staff care and have empathy. They are nurturing and kind." Another relative said, "There is a lovely atmosphere. It is like visiting a friend. They make a fuss of X."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People told us staff respected their daily routines and if they wanted to spend time alone or in the company of others.
- Care plans set out what people could do for themselves and when they needed support. Staff followed this guidance to support people to maintain their independence. One person proudly told us how they went out on their own and kept their room tidy.

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.
- People's views about how they preferred to be supported had been acted on to promote positive outcomes. People told us they made daily decisions such as what to wear, what to eat and how to spend their time.
- Staff advocated on people's behalf. Staff had supported people to write letters of complaint which expressed their points of view. This was in situations away from home, when people felt they had been unfairly treated.

# Is the service responsive?

## Our findings

Responsive 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 outcomes were consistently good, and people's feedback confirmed this.

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

- People received care that met their individual needs and preferences. Care plans included information about a person's life history, preferences and any cultural or religious needs so they could support people in a personalised way.
- A small staff team supported people and knew people very well. A relative told us, "Staff know X better than me! They know what they like to eat, their taste in clothes and exactly what gift they want for birthdays and Christmas."
- People and their family members were involved in planning their care. One relative told us, "Staff look out for people. They keep me informed of anything that happens." Another relative said, "We have had coffee together and I attend meetings."

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 took part in a range of activities that met their individual needs. They had a structured programme which included time at home to take part in daily living skills.
- One person told us of their work as a volunteer. They said they enjoyed learning about history and English at college. This person told us, "I am busy." A relative commented, "I have to fit in around X when I visit and they are always doing sports and are busy. X loves football."
- People were supported to maintain important relationships, such as with family members and friends.

Improving care quality in response to complaints or concerns

- There were effective systems so people felt confident any concerns or complaints they raised would be acted on. People and their relatives were given information about how to complain when they first started to use the service.
- People were formally asked if they were unhappy about any aspects of their care at residents' meetings.
- A relative told us, "I can talk to staff anytime. When I expressed a concern about something, staff got onto it. My concern was dealt with very quickly."

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 best ways to communicate with people were recorded in their care plans.

- People were encouraged to maintain their reading and writing skills. They told us they understood information given to them about the service. Staff discussed information about the service with people to check their understanding.

#### End of life care and support

- People had been consulted about their wishes at the end of their lives. This included where they would like to live and which professionals, they would like to care for them in their last days.
- The provider knew how to access support from healthcare professionals when they were at the end of their lives. This was so people experienced a comfortable, dignified and pain-free death. The provider also understood the importance of providing emotional support to people, their relatives and staff. Counselling and support services had been accessed for people who needed them.

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection quality monitoring systems had not been fully effective in highlighting shortfalls in service provision. At this inspection quality and monitoring systems had been embedded and used to highlight areas of the service where improvements were needed.
- The provider had good oversight and knowledge of how the service was operating. They regularly worked as part of the staff team and were supported by a senior staff member. This management team understood the importance of communicating effectively to provide consistent care.
- The provider kept up to date with legislation and changes in practice through their subscription to a quality performance service. They understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.
- Feedback was positive about the management of the service. A relative told us about the provider, "They know their job."

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

- Since the last inspection there had been improvements in the storage of documents and records. The provider had completed the transfer of records to an electronic system. This meant that records relating to people's care and treatment and the running of the service could be accessed by staff in a timely manner.
- A positive culture had been nurtured at the service. People were at ease in the company of the provider. The provider led by example and demonstrated they enjoyed spending time with people.
- Relatives told us they would recommend the service to others. One relative said, "I would recommend it. It is so family orientated and small, and everyone is treated brilliantly." Another relative told us, "I would recommend it as it suits X perfectly. They bring out the best of X."
- The provider had a duty of candour policy, which outlined how they should respond when something went wrong. The registered manager understood the need to be open and honest and these values had been disseminated and were understood by the staff team.

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

- People were engaged in the service through daily conversations and resident meetings. At the last resident meeting in December 2019, people had been asked about anything they wanted to change at the service,

activities and the menu.

- Relatives were engaged in the service through meetings and survey questionnaires. The results of the last survey concluded that people were always treated with dignity and respect, staff were caring, and the service was well led. One relative commented, "My relative is extremely well looked after and extremely well cared for. I cannot praise the staff enough."
- Staff felt supported through regular communications, supervision sessions and staff meetings. They said the provider was available for guidance and support when they needed it.

Working in partnership with others

- The provider had worked in the local area for many years. During this time, they had built and developed partnerships with the local authority, health and advocacy services.
- People continued to be supported to be a part of their local community. This included using the local shop, chatting with neighbours and facilities such as the library. One person told us they knew their local area well and therefore felt confident to go out independently.