

Phoenix Learning and Care Limited

Eldra Court

Inspection report

Third Drive
off Landscore Road
Teignmouth
Devon
TQ14 9JT

Tel: 01626774834

Website: www.phoenixlearningcare.co.uk

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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

Eldra Court provides care and support for up to seven adults with learning disabilities. From the same location a number of people were supported under a Supported Living scheme. A supported living scheme is one where people live in their own home and receive care and support in order to promote their independence. At the time of our inspection the service provided support to 27 people living in their own homes. However, only four people required support to meet their personal care needs. Therefore we only looked at the care and support received by those people. Eldra Court provides other services which help people to live independently, such as assistance with shopping and enabling people undertake activities in the community.

This inspection took place on 15 and 16 November 2016 and the first day was unannounced. The service was last inspected on 20 November 2013 when it met the requirements that we looked at.

Two managers were registered for the service. However, we were told only one person worked as the registered manager, with the other now employed as a service manager. They told us they would be applying to de-register as manager of Eldra Court. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

Kind and caring staff ensured people received care and support that was responsive to their needs. One member of staff told us they enjoyed watching people "flourish". They went on to say they saw their role as one which helped people "Live their lives and dream their dreams." One relative told us the service was "Like another family" and that their relative liked "all the carers and they like him." Another relative said "can't fault them (staff) in any way."

Staff were aware of the visions and values of the service. They told us that HEART (Honesty, Empathy, Aspiration, Respect and Teamwork) was at the centre of all their work. Staff felt this was embodied in their work in helping people live "valued and fulfilled lives."

Staff ensured people's privacy and dignity was respected and all personal care was provided in private. People's care plans gave staff instructions on how their needs were to be met. Care plans were written in a positive way, which empowered and valued the person. People's plans contained goals for each individual. One person's goal was to be in regular contact with their relatives. We saw the service helped the person achieve this through the use of technology as well as regular visits.

Staff knew the people they supported and understood their needs and preferences well. People were offered choices in all aspects of their lives. People and their relatives were involved in making decisions about care provided by staff.

There were enough staff available to meet people's needs and support people to take part in activities, courses and outings. The service had set up a series of courses for people to attend in response to the withdrawal of many local authority free courses. Courses on offer included cookery and arts and crafts.

People were supported to maintain a healthy balanced diet and had a choice for each meal. Staff ensured people's health care needs were addressed. People were supported to attend healthcare appointments and received visits from healthcare professionals. People's medicines were stored and managed safely and they received their medicines at the times they were prescribed to be given.

Following the inspection we received an email from a social care professional who told us how well people were supported by staff. They wrote in an email "Both my residents can present some challenges in regards of supporting them and I was happy that the strategies they (staff) use work well."

People were protected from the risks of abuse. Staff knew how to recognise and report abuse both within the service and to outside agencies. One staff member said if they suspected abuse was occurring they would "ring those bells and ring them loud." Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised. People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Staff had received a variety of training such as medicine administration, first aid and infection control. They had also received more specific training relating to people's needs such as epilepsy and autism. Staff also received regular supervision to support them in their role. Staff told us the registered manager was very open and approachable. One staff member told us "I feel very lucky to have [registered manager] as my manager."

There were effective quality assurance systems in place to monitor care. Regular audits were undertaken to ensure the quality of care was maintained.

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.

People's needs were met in a safe and timely way as there were enough staff available.

There were effective and safe systems in place to manage people's medicines.

People were protected from the risks of abuse as staff knew how to recognise and report abuse.

Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable and skilled. They received training that helped them meet people's needs.

People were supported to maintain a healthy balanced diet.

People's health care needs were addressed.

People were offered choices in all aspects of their lives.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were involved in making decisions about care provided by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was responsive to their needs.

People's care plans contained details of how their needs were to be met.

There was a regular programme of courses available for people to participate in. There were many opportunities for people to get out and about.

Is the service well-led?

Good ●

The service was well led.

The service benefitted from having a registered manager that was very open and approachable.

Records were well maintained.

There were effective quality assurance systems in place to monitor the quality of care being provided.

Eldra Court

Detailed findings

Background to this 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 was planned to check whether the provider was 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.

This inspection took place on 15 and 16 November 2016 and the first day was unannounced.

One Adult Social care (ASC) inspector conducted the inspection.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the service) sent to us by the registered provider.

During the inspection we met and spoke with all the people living at Eldra Court. We also met and spoke with six people living in their own homes. We spoke with four staff, the deputy manager, registered manager, service manager and operations manager. Following the inspection we contacted health and social care professionals and the local authority's quality support team. We also spoke with the relatives of two people living at Eldra Court.

During the inspection we observed the interaction between staff and people living at the service. We looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

All the people being supported by Eldra Court were living with some level of learning disability and had different methods of communication. They were supported by staff to be as independent as possible whilst being provided with a safe environment.

People were protected by staff who knew how to recognise the signs of possible abuse. Not everyone was able to tell us if they felt safe. We observed how people interacted with staff, and throughout the day we saw them approach staff in a relaxed manner, smiling and laughing. People held staffs' hands when talking to them, showing us they felt safe in their company. People living in the supported living flats told us they liked their homes and where they lived and felt safe there.

Staff felt that if they reported any concerns about people's welfare, the management would take them seriously and investigate thoroughly. Staff had received training in safeguarding people and told us what they would do if they suspected anyone was at risk of abuse. One staff member said if they suspected abuse was occurring they would "ring those bells and ring them loud." Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. Safeguarding policies and procedures were in place and staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns.

There were robust recruitment systems in place. This protected people from the risks associated with employing staff who may be unsuitable to work in care. Applicants were checked to ensure they were suitable to work at the service. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Comprehensive interview records showed the registered manager explored applicant's attitudes and any gaps in their employment histories.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Risks to people's safety and wellbeing, such as those in relation to health, harm to others, the environment and activities were assessed. Where a risk was identified, there was guidance included in people's care plans to help staff support them in a safe manner. For example, one person could become anxious and a risk to others. There were directions to staff on how to manage situations where the person may pose a risk. For example, there were directions to staff on how to recognise the person was becoming anxious and how to minimise their anxiety.

Any accidents or incidents that occurred were recorded and reviewed to see how they happened and whether any actions were necessary to reduce reoccurrence. Staff had received training in first aid. People were protected because there were arrangements in place to deal with emergencies. People's care plans contained details of how people should be supported during an emergency. Regular fire drills were held to ensure people could safely evacuate the buildings in the event of a fire.

The premises and equipment were maintained to ensure people were kept safe. Records showed that

equipment used within the service was regularly maintained and serviced to ensure it remained safe to use. For example, gas and electrical installations were checked in line with the associated regulations.

On the day of inspection there were seven people living in the residential part of the service. There were three care staff and the registered and deputy managers on duty. Rotas showed that this was the usual amount of staff available. Some of the people living in the supported living flats required help from staff 24 hours a day. Although staff worked across both residential and supported living elements of the service, each element was fully staffed according to the needs of people being supported there. We discussed with the registered manager how they ensured people were appropriately supported should a member of their team be absent. They told us that staff were very flexible and all staff worked across all areas of the service. They also said there was a 24 hour on call system with staff available for emergencies.

People were supported to receive their medicines in a safe way. Medicines for people living in the residential part of the service were stored securely in a locked cupboard and only staff who had received training administered medicines. No-one looked after their own medicines. Medicines for people living in the supported living flats were generally kept in their own rooms. However, the medicines for three people living together were all kept together in one locked cupboard. Medicines for people living in the supported living flats were all delivered to the residential part of the service, then taken to people's flats. We discussed this with the registered manager as people living in the supported living flats should be helped to manage their own medicines. This would include having the medicines delivered to their flat and keeping them secure in their own bedrooms. The registered manager told us they had felt the current system was safer and allowed staff to check medicines before people received them. The registered manager agreed to address this issue.

We looked at Medication Administration Record (MAR) charts in the residential and supported living parts of the service. They contained information about people's medicines and were signed to indicate people received their medicines on time as prescribed by their GP. All medicines were counted each day to ensure none were missing.

Is the service effective?

Our findings

People living at and receiving support from staff at Eldra Court had needs associated with living with a learning disability. They received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place and a system to indicate when updates were needed. Staff had received a variety of training such as medicine administration, first aid and infection control. They had also received more specific training relating to people's needs such as epilepsy and autism.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff told us and records showed that they received regular supervision and appraisals from senior staff. Supervision gave staff the opportunity to sit down with their supervisor and discuss all aspects of their role as well as the opportunity to discuss their professional development. The registered manager told us they, and other senior staff often worked alongside care staff in order to ensure staff remained competent to do their job.

One newly appointed staff member told us they had undertaken a detailed induction programme. They said they had not worked on their own with people until they had completed several 'shadow shifts'. Newly appointed staff were completing the Skills for Care, Care Certificate training. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

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.

Everyone living at or receiving support from staff at Eldra Court was living with a learning disability, and this affected their ability to make decisions for themselves. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This ensured people were supported by staff who upheld their human rights. People were fully involved in all aspects of their care and support. People's support plans demonstrated that their consent and views were sought in relation to any decisions being made about them. Where decisions had been made in their best interest, documentation showed that staff had consulted family and health care professionals when making these decisions. This meant that the service was working in line with the principles of the Act. For example, one person had been offered a health check. Relatives and healthcare professionals had decided it would not be in the person's best interests to have the check, as this would cause them distress.

Staff told us they involved people in decisions about their care and how they wished to be supported every day as much as possible. Throughout our inspection people were asked for their consent before staff provided personal care. Staff also offered choices about where the person wanted to spend their time and

what they wanted to eat or drink and if they wanted to go out. We saw 'easy read' documents had been used to help people make decisions and give their consent on day to day matters. For example, we saw people had been asked about and agreed to an anniversary party being held at Eldra Court. One member of staff spoke passionately about helping people make decisions. They said "People's poor communication should not get in the way of them making decisions."

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. The application procedures for this in care homes and hospitals are 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 were being met.

People's liberty was only restricted when there was no other means of keeping them safe. Staff were aware that any such restrictions should be properly authorised and always be the least restrictive option. Although people were free to move around the service and gardens they were not able to go out in the community without support. The registered manager had recognised that this was a restriction and had applied for authorisations. However, only one application had so far been authorised.

For those people being supported in the community any applications to deprive them of their liberty must be made to the Court of Protection. No such applications had needed to be made.

People were supported to have enough to eat and drink. A healthy balanced diet was promoted and people were offered choices at all mealtimes. We heard staff offering many choices for lunch and tea. Photographs of food were used to help people decide what they wanted to eat. People living at Eldra Court planned a menu for the week ahead, at regular house meetings. While this helped with shopping, people were able to choose something different at meal times should they wish. People being supported by staff in the community were supported to choose, shop for and prepare their meals on a daily basis.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GP when they needed to and also for an annual health check. Records showed details of any healthcare specialists involved in people's care. For example, speech and language therapists, dentists, podiatrists and GPs had been involved with people's healthcare needs.

Is the service caring?

Our findings

Not everyone was able to tell us about their relationships with staff. However, we saw that people were relaxed and happy in staffs' presence. We observed positive relationships between staff and the people we met at the service. Staff were seen supporting people in an easy, unrushed and pleasant manner. Staff carried out their duties in a caring and enthusiastic way. One member of staff told us they enjoyed watching people "flourish". They went on to say they saw their role as one which helped people "Live their lives and dream their dreams."

Staff displayed a caring attitude often going 'over and above' what was required of them in their role. At the provider's annual awards staff from Eldra Court won six awards for staff who had gone over and above in their job role. This included working on their day off to take someone out or utilising one of their hobbies to benefit and enrich people's lives. Staff and people using the service had joined together on many occasions to raise money for various charities.

Following the inspection a social care professional wrote in an email "I liked the atmosphere of the home and that the decor reflected individual's choice in their rooms. The residents are clearly used to accessing the office, and on occasion answering the telephone and feel comfortable to do so." One relative told us the service was "Like another family" and that their relative liked "all the carers and they like him." Another relative said "can't fault them (staff) in any way."

Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example, staff knew what people liked to eat, what they liked to do and when they liked to get up and go to bed. People living at Eldra Court had different methods of communication. Staff knew each person's particular method and could understand people's needs and requests. For example, staff understood what people wanted to do. Staff helped us understand what some people were eager to tell us. For example, with help from staff one person told us about caring for the service's ducks.

Staff treated people with respect and kindness. For example, staff addressed people by their preferred names, showed physical affection and spoke with respect. People's privacy was respected. Everyone had their own bedroom and staff knocked on bedroom doors and waited before entering. Staff took care to ensure people's appearance was clean and tidy and that their hair was combed. Staff spoke discreetly with people when asking them if they needed help with personal care. All personal care was provided in private and staff said they always ensured doors were closed when helping with personal care.

Staff genuinely cared for people's happiness and wellbeing. People were treated as individuals. Staff listened to people and supported them to express their needs and wants. People's abilities varied and staff told us how they encouraged people to be as independent as their abilities allowed. People being supported in the community had been helped to obtain volunteer jobs. One person told us how much they enjoyed their work in a local charity shop. They also told us about the sports they loved participating in.

Not everyone was able to be actively involved in planning their care. However, staff knew people well and when planning care, took into account what they knew about the person and their preferences. People and their relatives could be involved in planning people's care when they wished to be. Relatives told us they were always invited to reviews and informed of any changes in their relative's needs.

Is the service responsive?

Our findings

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. Plans to meet people's personal care needs were well maintained and reviewed regularly. People's needs were assessed before and while living at Eldra Court. Care plans were person centred, were developed with the person and contained good descriptions of their needs. For example, one person's plan stated "Staff will know when I am really ill. They must respond quickly and be familiar with the protocol they must follow."

A new electronic care planning system was being introduced into the service. On the day of inspection a staff meeting was held to inform staff of the system. All staff were positive and thought the new system would be easier to update when care needs changed.

Care plans were written in a positive way, which empowered and valued the person. People's plans detailed what other people found to like about the person. This ensured the person was seen as an individual person rather than just someone who needed help. They also contained goals for each individual. One person's goal was to be in regular contact with their relatives. We saw the service helped the person achieve this through the use of technology as well as regular visits.

Some of the people who lived at Eldra Court needed support to manage their behaviours and emotional responses to everyday activities and stress. People's care plans contained directions for staff on how to support people to manage any risks to themselves and others. For example, there were descriptions of behaviours on good days and not so good days. There were directions for staff on how to support people on their not so good days. One social care professional wrote "Both my residents can present some challenges in regards of supporting them and I was happy that the strategies they (staff) use work well."

Staff told us how working with one person had helped them move on from periods when they did not look after themselves physically and did not want to leave the service. The person now enjoyed visiting the hairdresser and had recently visited the dentist.

People living at Eldra Court were able to take part in a variety of activities, courses and outings. Relatives told us they felt there were plenty of activities available. Each person's individual likes and dislikes were taken into account when planning such activities. One person had special equipment to enable them to go riding on a regular basis. People were supported to take part in community events and the local PCSO (Police Community Support Officer) visited on a regular basis to talk to people about keeping safe in the community.

We saw that the service had set up a series of courses for people to attend. This was in response to the withdrawal of many local authority free courses. Courses on offer included cookery and arts and crafts. People also attend a number of work placements including Dawlish Gardens Trust, West Town Farm, Swan Workshop, and the Hospice Care Warehouse. There were also opportunities for people to help to look after the service's ducks, help clean cars and help with household tasks. One social care professional told us "I

was quite impressed by the range of options offered to the residents for activities which provide some skills and gain focus." They went on to write "It also seems like they had a range of community activities which focussed on inclusiveness and a good relationship with the local PCSO and shopkeepers." People were supported to have regular holidays. This last year people went on holiday to Butlin's in Minehead.

Regular meetings were held where people could raise any issues they had. The service produced an occasional newsletter. This contained information for people and their relatives about past and upcoming events.

A complaints policy was available to people. The policy was written using symbols to help people understand what to do if they were unhappy about anything. The registered manager took note of, and investigated any concerns raised. Relatives we spoke with told us they had never had to complain about anything. They said if they had many any suggestions about anything the registered manager had acted upon it. A social care professional wrote "The families I have spoken with have been very positive about the staff and the support in place and have not raised any issues which have caused me concern."

Is the service well-led?

Our findings

There was a registered manager employed at Eldra Court. They were supported in their role by a deputy manager and a group of staff who were committed to providing high quality care. The registered manager currently manages both the residential and supported living service. We were told by the registered manager and operational director that there were plans to separate the services. The current registered manager would continue to be the registered manager for the supported living service and a new manager would be registered for the residential service. We were told this was so each registered manager would have more time to concentrate on developing and improving their services.

There was a very friendly and welcoming atmosphere at the service. One social care professional wrote they had "found the management and the staff team with whom I had contact to be both professional and welcoming."

Staff told us there was an open culture at the service and they could raise any issues with the registered manager and were confident they would deal with them. Staff also told us they felt well supported by the whole of the provider's management team, and in particular the registered manager of the service. One staff member told us "I feel very lucky to have [registered manager] as my manager."

Staff were aware of the visions and values of the service. They told us that HEART (Honesty, Empathy, Aspiration, Respect and Teamwork) was at the centre of all their work. Staff felt this was embodied in their work in helping people live "valued and fulfilled lives."

Staff, people and their relatives were encouraged to give feedback and share their views through yearly surveys. People were provided with support to complete the surveys if they needed this. Once the surveys had been completed and returned, they were analysed and any issues raised were addressed. For example, one person's relative had expressed some concern about the care their relative received. The registered manager had arranged meetings with the relative and social care professionals to discuss the concerns. The registered manager told us the relative was happy with the outcome and the fact the registered manager had acted on their feedback. The vast majority of comments received via the survey forms were very positive. They included "Excellent care on a personal basis," and "[person's name] is given ample opportunities to make her own decisions."

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken. These audits included looking at medicines, care plans, the environment and equipment. Where issues were identified action had been taken to rectify matters. For example, automatic fire door closures had been replaced where required.

The registered manager told us they kept their knowledge of care management and legislation up to date by attending regular training sessions and accessing the CQC website.

Records were well maintained. They were accurate and complete and recorded the care provided. All

records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.