

# Phoenix Learning and Care Limited

# Seaway Bungalow

## Inspection report

Little Week Lane  
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Devon  
EX7 0LS

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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

What life is like for people using this service:

Seaway Bungalow had been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People told us they were well cared for and said they felt safe living at the home. The registered manager and staff were aware of how to keep people safe. Staff had received safeguarding training and could describe signs that may indicate someone was at risk of abuse or harm.

Risks had been appropriately assessed and staff had been provided with information on how to support people safely. People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so.

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

Care and support was personalised to each person which ensured they could make choices about their day to day lives. People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns.

People's healthcare needs were monitored by staff and people had access to healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

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

The home was clean, well maintained and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

About the home:

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

Why we inspected:

This was the first inspection of the home since it registered with the Care Quality Commission in August 2015 as the home had previously been dormant (unoccupied).

Follow up:

We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The home was safe

Details are in our findings below.

Good ●

### Is the service effective?

The home was effective

Details are in our findings below.

Good ●

### Is the service caring?

The home was caring

Details are in our findings below.

Good ●

### Is the service responsive?

The home was responsive

Details are in our findings below.

Good ●

### Is the service well-led?

The home was well-led

Details are in our findings below.

Good ●

# Seaway Bungalow

## Detailed findings

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 home under the Care Act 2014.'

Inspection team: The inspection team consisted of one adult social care inspector.

Service and service type: Seaway Bungalow is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This announced inspection took place on 25 November 2018. We gave the home 48 hours' notice of the inspection because it is a small home and we needed to be sure the registered manager, staff and people receiving support would be available for us to speak with.

What we did: Before the inspection we reviewed the information we held about the home, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we met both people living at the home, one relative, two members of staff, and the registered manager. We asked the local authority who commissions care services from the home for their views on the care and support provided at Seaway Bungalow. Following the inspection we received feedback from one healthcare professional.

To help us assess and understand how people's care needs were being met we reviewed both people's care records. We also reviewed a number of records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm.

Safeguarding systems and processes:

- People told us they felt safe living at Seaway Bungalow. One person said, "I like living here." A relative said, "[person's name] is safe here, I have no concerns about their safety."
- People were protected from the risk of abuse and avoidable harm. Staff attended safeguarding training and demonstrated a good understanding of how to keep people safe and who they should report concerns to. The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues, and where concerns had been raised these had been managed well.
- People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable.

Assessing risk, safety monitoring and management:

- People were protected from the risk of harm. We found risks, such as those associated with people's healthcare needs, had been assessed and were being managed safely. For example, management plans were in place to support people with activities of daily living, such as personal care, domestic tasks and cooking, as well as leisure and social activities, for instance, travelling on public transport.
- Where risks to people had been identified in relation to specific health conditions such as epilepsy, protocols were in place to guide staff as to the appropriate action to take should the person have a seizure. This helped to ensure that people were being supported safely and consistently. Records showed where necessary, specialist advice from healthcare professionals had been sought.
- The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment.
- Fire safety systems were serviced and audited regularly and staff received training in fire awareness. Individual personal emergency evacuation plans (PEEPs) indicated any risks and support people needed to evacuate them safely. One person living at the home had an interest in fire safety and was keen to show me the weekly checks they carried out with staff support.

Staffing levels:

- People received care and support from sufficient numbers of staff to meet their needs.
- Relatives and staff felt there were enough staff on duty at any one time to support people and keep them safe.
- Staffing levels were organised around each person's specific support needs and records showed where people had been identified as needing one to one support this was being provided.

Using medicines safely:

- People received their prescribed medicines on time and in a safe way.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

#### Preventing and controlling infection:

- The home was clean throughout with no unpleasant odours. A relative said, "Whenever we visit, the home is always clean and tidy."
- Systems were in place to prevent and control the risk of infection. Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and spread of infection.
- There was an on-going programme to redecorate and make other upgrades to the premises when needed.

#### Learning lessons when things go wrong:

- Accidents and incidents were recorded and reviewed by the registered manager. They collated the information to look for any trends that might show a change in a person's needs and to ensure the physical environment in the home was safe.
- Where concerns had been raised records showed the registered manager ensured staff learned lessons from investigations and implemented changes to ensure people remained safe. For example, following recent incident we saw staff had changed the living environment around to prevent a similar situation reoccurring.



# Is the service effective?

## Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence

Staff skills, knowledge and experience:

- The provider had a training plan in place which showed what training staff had completed and were due to complete. However, we found this had not been kept up-to-date and had led to two members of staff taking part in physical intervention without their skills being appropriately assessed. This meant the systems in place to ensure staff had the necessary skills to carry out their duties were not effective because the record of staff training/training updates was not correct. Following the inspection, the registered manager confirmed that both staff had been booked on refresher course.

We recommend the provider undertakes a review of the systems in place to assess and/or monitor staff training needs.

- Newly employed staff were provided with an induction to the home. This included a period of time to work alongside an experienced member of staff, before working unsupervised as well as attending a number of training sessions.
- Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- Staff received regular support and supervision. Staff told us they felt supported in their role and could approach the registered manager or team leaders for advice, guidance and support. A staff member said, "We are supported well," another said, "We have a good team the manager is always available to provide support and advice."

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

- Care needs assessments identified people's needs and provided staff with guidance about how best to meet these needs in line with best practice guidance and people's preferences.
- People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. Referrals were made to the GP's, community nursing services when needed and people had opportunities to see a dentist or optician regularly.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes. A relative told us that staff responded quickly and efficiently when people healthcare needs had changed and worked closely with specialist health professionals to make sure the care they provided was appropriate and consistent.

Eating, drinking, balanced diet:

- People were supported to maintain a balanced healthy diet and were encouraged to be involved in choosing, planning and preparing their own meals and could make decisions about what they ate and drank and when. One person said, "The staff take us shopping and we buy the things we like to eat."
- People told us they enjoyed the food provided by the home. One person said, "The food is good and we can have what we like." Relatives did not have any concerns about the quality of the food provided.
- Staff knew people's food preferences well and were knowledgeable about how to support people who might have historically a difficult relationship with food and understood how this might affect their physical health. For example, records showed were staff had supported one person to lose weight by choose healthy options which were low in fats and sugars.
- People could help themselves freely to food and snacks throughout the day and we saw the kitchen was well stocked with tea, coffee, and soft drinks.

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 Safeguarding (DoLS). We checked whether the home 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.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.
- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful and that any conditions of the authorisation were being met.

Adapting home, design, decoration to meet people's needs:

- Seaway Bungalow was spacious, homely and well maintained. Each person had their own bedroom which they had personalised. The main lounge led onto a kitchen/dining area. Patio doors provided access to a large secure garden.
- Technology and equipment was used effectively to meet people's care and support needs. For example, rooms were fitted with motion sensors to alert staff when people needed support.
- The provider was in the process of installing a multi-sensory room within the grounds which people could access freely.

# Is the service caring?

## Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Ensuring people are well treated and supported:

- People were supported by staff who were skilled in delivering care and support and had a good understanding of people's individual needs. Relatives and a healthcare professional spoke positively about the care and support people received. One relative said, "I have peace of mind knowing [person's name] is safe and well cared for."
- Support plans contained information about people past, cultural and religious beliefs as well as their future aspirations. Staff used this information get to know and build positive relationships with people.
- Staff took a positive approach in encouraging and supporting people to increase their independence whilst recognising when people needed some added support. For example, when preparing meals or planning trips.
- Where people were unable to communicate their needs and choices, staff understood their preferred way of communicating. For example, through body language and eye contact to interpret what people needed.

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

- People told us they were happy living at the home. One person said, "I like living here."
- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. During our visit we saw members of the staff team supporting people to make choices about how they spent their day, whether to be involved in an activity and what to eat and drink.
- People, along with family members, were encouraged to share their views about the care people received with regular reviews and meetings. People were allocated a 'keyworker' who was responsible for consulting with people and their relatives about their care and whether they felt they were being supported in the way they wished.

Respecting and promoting people's privacy, dignity and independence:

- People had control over their lives and enjoyed varying levels of independence. People's goals were central to the care and support provided. People were encouraged to play a part in the planning of their care and the running of the home. Staff described how they supported and encouraged people to develop their daily living skills by helping them to take part in household tasks such as shopping, meal preparation, washing their clothes or tidying up.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.

- People's personal records were kept secured and confidential and staff understood the need to respect people's privacy including information held about them.

## Is the service responsive?

### Our findings

People received personalised care that responded to their needs.

Personalised care:

- People received individualised care and support from staff who knew them well. The registered manager carried out an initial assessment of each person's needs and a placement impact risk assessment before people were accepted into the home. This enabled the registered manager to consider how people would relate to each other and helped ensure the home could meet people's individual needs and expectations.
- Support plans provided staff with the guidance they needed and included information about the person's past history and their interests, likes and dislikes. Each person's support plan contained a one-page profile; these were designed to provide staff with all the essential information about a person under four simple headings: 'What is important to me'; 'What people appreciate about me'; 'Things I like to do' and 'How to support me.' This enabled staff to support them in the way they wished to be supported to live full and active lives.
- Support plans identified people's communication needs and how they could be supported to understand any information provided. For example, through visual aids, planners and social stories. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People's care records were regularly reviewed and updated. People's views were actively encouraged through regular meetings with their family, via care reviews and annual questionnaires. Where appropriate independent advocates were involved in this process to promote the voice of the people living at the home.
- People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. We saw people were encouraged to engage in a wide range of activities based on their individual preferences and interests. Each person's support plan included a list of their known interests and staff supported people daily to take part in things they liked to do. For example, going to the cinema, bike riding, playing computer games or going to the local youth club 'Red Rock'.

End of life care and support:

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

Improving care quality in response to complaints or concerns:

- People were aware of how to make a complaint and felt able to raise concerns if something was not right.
- The provider's complaints procedure was freely available around the house. The complaints procedure

provided people with information on how to make a complaint and was available in an easy to read format with pictures and photographs of who to talk to.

- Both people we spoke with felt confident the provider would take the right action to address any concerns they might have.

# Is the service well-led?

## Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture.

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

- The registered manager was committed to providing high-quality care for people in an environment where people could feel at home. Relatives and staff were confident in the abilities of the registered manager and the leadership of the home. One relative said, "The home is extremely well led."
- Healthcare professionals consistently told us the home was well managed. One healthcare professional said, "I'm impressed by the leaderships of the home and the way the staff team have tried to understand [person's name] complex presentation."
- The registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.
- Learning took place from accidents and incidents. Concerns and complaints were listened to and acted upon to help improve the services provided by the home.

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

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided.
- The registered manager was aware of the guidance and the values underpinning Registering the Right Support (RRS). Values include choice, promotion of independence and inclusion. We found the staff followed these values and principles.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared between the staff team at the regular staff meetings.
- Staff understood the home's vision and felt respected, valued and well supported.

Engaging and involving people using the service, the public and staff: Working in partnership with others:

- People were encouraged to share their views and could speak to the registered manager if they needed to. Relatives told us the communication with staff and the registered manager was 'brilliant'. One relative said, "The staff have always kept me well informed."
- There were a variety of ways in which people could give feedback. These included annual surveys, residents' meetings, care reviews and through the complaints process.
- The registered manager and staff had good working relationships with partner agencies with good

outcomes for people. This included working with commissioners, safeguarding teams and other health and social care professionals.