

Phoenix Learning and Care Limited

27 Little Week

Inspection report

27 Little Week Lane
Dawlish
EX7 0LS

Tel: 07792124925

Date of inspection visit:
22 October 2019
25 October 2019

Date of publication:
02 December 2019

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

27 Little Week is a small care home that provides accommodation, personal care and support to a maximum of two younger people who have a learning disability or autistic spectrum disorder. At the time of the inspection there were two people living at the service.

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

People received individualised care and support from staff who knew them well. People said they were happy and supported. Staff respected people's privacy and promoted their independence.

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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with senior managers at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way.

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 service supported this practice.

People's healthcare needs were monitored, and people had access to healthcare professionals according to their individual needs.

People using the service receive planned and co-ordinated person-centred support that was focused on them having as many opportunities as possible to gain new skills and become more independent.

Risks to people were well known and there were robust assessments to address concerns. People received personalised support centred around their support needs, preferences and choices. This was regularly reviewed with people, their relatives and professionals.

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 an induction, training and ongoing supervision.

There were effective 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

This service was registered with us on 23/10/2018 and this is the first inspection.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

27 Little Week

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

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

Notice of inspection

The inspection took place on the 22 and 25 October 2019, the first day was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used this information to plan the inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people living at the service, two members of staff and the registered manager. To help us assess and understand how people's care needs were being met we reviewed both people's care records. We also reviewed a number of records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Following the inspection, we received feedback from one relative.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. We found risks such as those associated with people's complex needs had been assessed and were being managed safely. Each person had in place a comprehensive risk management plan which was linked to their support plan. Risk management plans described what needed to happen to keep people safe and were regularly reviewed and updated as people's needs changed.
- People who experienced behaviour that could challenge, had detailed positive behavioural support plans and risk assessments to ensure they were supported in line with best practice. However, we found where physical intervention had been identified within a person's care plan the service did not have in place a specific risk assessment to guide staff as to when it would be appropriate to use physical intervention.

We recommend the providers seek advice from a reputable source in relation to developing specific care plans/ risk assessments where physical intervention has been identified in line with best practice guidelines.

- Staff had received accredited training in restraint and were able to tell us how to safely support people and had a good understanding of people's individual risks, potential triggers and/or signs that might show the person was becoming anxious.
- The premises and equipment were maintained, and regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature and fire safety equipment were checked regularly, and people had individual plans to help ensure they could be evacuated safely in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

- People were to be protected from the risk of abuse.
- Policies in relation to safeguarding and whistleblowing were in place.
- All staff undertook training to help them recognise when people may be at risk of abuse and/or harm. All staff said they would not hesitate to report any signs of abuse and felt their concerns would be acted on promptly by the registered manager and provider. One member of staff told us when they had had cause to raise concerns this was dealt with swiftly by the registered manager.

Staffing and recruitment

- People were protected by safe recruitment processes.
- Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service.
- Staff were employed in sufficient numbers to meet people's needs and to keep them safe.

- Staffing levels were regularly reviewed, and an on-call system was in place to ensure staff could call for support at any time.

Using medicines safely

- Medicines were managed safely and stored securely at the correct temperatures.
- 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 they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.
- Staff confirmed they had received training in the safe administration of medicines and were having their competency regularly assessed.

Preventing and controlling infection

- People were protected against the risk of infection.
- The home was clean, tidy and fresh smelling.
- People's bedrooms were clean and well maintained.
- The provider had good systems in place to prevent and control the risk of infection. Staff were aware of infection control procedures, had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered managers to identify any learning which may help to prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to help ensure their expectations could be met. Support plans guided staff on how best to meet people's needs in line with best practice guidance.
- The registered manager also carried out an assessment, with a view to determining if both people could live together successfully.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes. A relative spoke of the improvements their loved one had made since being supported by service.
- 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 and community nursing services when needed and people had opportunities to see a dentist or optician regularly.

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

- People were encouraged to be as independent as possible with the planning, shopping and cooking of their own meals.
- People could help themselves freely to food and snacks throughout the day and night and we saw the kitchen was well stocked with tea, coffee, and soft drinks.
- Staff had a good awareness of people's dietary needs and described how they encouraged people to maintain a balanced healthy diet but understood that this was their choice.
- A menu and photos of meals were shown to people to help them choose what they might like to eat. On the day of the inspection one a member of staff was observed talking to people about what they would like to have for tea.
- People's nutritional risk and weight were monitored. The registered manager told us that referrals would be made promptly if or when people's needs changed, for example, if they gained/lost weight or their health declined.

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. 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.

- We found staff had a good understanding of consent and we saw them asking people for their consent before providing support.
- Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for, and kept under review.

Staff support: induction, training, skills and experience

- Staff received support in their role, by way of supervision, staff meetings and training. The open and transparent culture also meant staff could seek advice and guidance from the management team at any time. All staff said they felt well supported by their colleagues, the registered manager and the provider.
- The registered manager told us all staff completed an induction and did not work unsupervised until they had been assessed as competent to do so.
- Staff who were new to care were expected to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards, which staff complete during their induction.

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

- 27 Little Week was a three bedroom, well maintained semidetached house located within a quiet housing estate on the outskirts of Dawlish. Each person had their own bedroom which reflected their individuality and particular interests and was personalised with photos, posters and personal belongings. People had use of a shared bathroom, lounge and kitchen/dining area. Patio doors provided access to a large secure garden where people could relax with friends and family should they wish.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who wished to share their views with us said they were happy living at 27 Little Week. One person said, "It's ok, I like living here and I get on with the staff."
- Staff knew people well and supported people with sensitivity and compassion. Throughout the inspection we saw staff responding to people in a friendly and respectful manner.
- Support plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths.
- Staff had received equality and diversity training and understood how to deliver care in a non-discriminatory way, ensuring the rights of people with a protected characteristic were respected.

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

- People who were able to participate in the planning of their care met with staff to discuss their needs and any changes they wished to make. Each person had an allocated 'keyworker' who was responsible for consulting with people about their care and checking whether they felt they were being supported in the way they wished.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular reviews, meetings and surveys.
- The registered manager and staff frequently asked people if they were happy with their care and if there was anything they wanted to discuss or change.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People had a key to their own room, which they were able to keep locked when they were not present if they wished.
- Support plans contained clear information about what each person could do for themselves, and people were supported to be independent and to develop their skills where possible. For example, we saw staff encouraging people to make their own drinks and to do tasks for themselves when possible.
- 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. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff described how they checked with people before sharing information with relatives.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well. Support plans were informative and described the person's skills as well as the support needed from staff and/or other services.
- 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 people the way they wished.
- Support plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs.
- Risk management plans guided staff on how to support people in managing their complex needs in a way which caused the least amount of distress. Staff were skilled in delivering care and support. There was an understanding that staff were there to enable and support people to gain new skills and experiences and lead full and active lives.

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.

- 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.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and have control over their care and lifestyles. We saw people were supported to communicate using signs, pictures and symbols. Such as Makaton, now and next boards, visual timetable and choice boards.
- People were also encouraged to understand their emotions and cope with their feelings with the use of strategies and visual tools using colours. However, we noted this approach may have been misinterpreted by staff, as it had led to depersonalised language being used within records and may have negatively impacted on people's behaviour when they were anxious. For example, we noted during an incident a staff member had referred to themselves as being in the red zone. This meant the person was in fight or flight mode and may no longer be able to make choices. This led to the person disengaging from their support and refusing to return home. We discussed what we had found with the registered manager who

acknowledge that staff may have misinterpreted the guidance and assured us this would be addressed. 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 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, walks, bike riding, playing computer games. One person was a keen runner and staff supported the person to attend a local running club.
- People were supported to use public transport and/or the provider's own vehicles to access the community.
- Staff described how they worked with people to ensure they were not socially isolated, but also respected some people needed to have time to themselves.
- People were supported and encouraged to maintain relationships with friends and family and we saw during the inspection relatives were able to come and go without any restrictions. Staff were respectful of people spending time with their relations.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was freely available, in an easy to read format with pictures and photographs of who to talk to.
- Not everyone living at the home had the capacity to understand or raise concerns/complaints independently. The registered manager and staff regularly checked if people were happy with their care by observing body language, meeting and chatting with people informally and getting feedback from others who knew people well.
- Relative were aware of who they needed to raised concerns with and the service maintained a record of any complaints received. This showed people's complaints were taken seriously and the home acted upon these to resolve issues.

End of life care and support

- Both people living at the 27 Little Week were young adults and did not have life limiting conditions. As such end of life caring planning had not been formally discussed with them nor would it have been appropriate to do so. 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.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives were happy with the service and with the support people received. One relative feedback that they were very happy with the way the service was run and the progress their relation had made since living at the service.
- Managers and staff demonstrated a shared passion and commitment for promoting people's wellbeing, safety, and security. We saw people had choice and control and were involved in decisions made about their care.
- Learning took place from accidents and incidents as well as other CQC inspections that had taken place across the group of homes and concerns/complaints were listened to and acted upon.
- The registered manager was aware of their responsibilities under the 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.

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

- Governance systems were in place to assess, monitor, and improve the quality and safety of the services provided and drive improvement through regular audits and spot checks. This framework helped to monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.
- The registered manager was supported by a team leader and a team of support staff. Each had recognised responsibilities and staff understood what was expected of them.

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

- The provider was committed to protecting everyone's rights in relation to equality and diversity and this was embedded in their practice. Staff showed a clear understanding of equality and diversity and told us of the importance of ensuring people was supported equally and respected.
- The registered manager and staff had good working relationships with partner agencies. This included working with other health and social care professionals.
- There were annual satisfaction surveys which provided people and their relatives with an opportunity to express a view about the quality of the service provided.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported and had input into the running of the service. Staff were

open to change and sought advice when necessary.