Mr Warwick Phillips and Mrs Deborah Phillips

# Mr Warwick Phillips and Mrs Deborah Phillips - 14-15 St James Road

## Inspection report

14-15 St James Road
Exeter
Devon
EX4 6PY

Tel: 01392670160

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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

The service provides accommodation and support for up to 17 adults with mental health problems. The home does not provide nursing care. The property consists of two adjoining terraced houses that have been linked. On the day of the inspection there were 17 people living there.

Why the service is rated Good.

At the last inspection, the service was rated Good overall, although there was a breach of regulation because records relating to the care and treatment of people were not accurate or up to date. At this inspection we found records relating to the care and treatment of people were now accurate and up to date, and the service remained Good overall.

People remained safe at the home. Staff continued to manage risks to people living at the home, while supporting them to make choices and feel in control. People told us there were adequate numbers of suitable staff to keep them safe and make sure their needs were met. People received their medicines safely.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff and people said they had access to healthcare professionals according to their individual needs. A programme of refurbishment was underway to to make the environment safer, and improve the quality of life of the people living there. 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.

The home continued to provide a caring service to people. People told us, "The staff are awesome, really friendly" and, "Yea, they care about me, they're a good bunch". Staff had built trusting relationships with people, and worked with them to promote their independence while minimising risks. They ensured people, or their representatives, were fully involved in decisions about the care and support they received.

The service was fully responsive to people's individual needs. Care and support was personalised to each person and reviewed to ensure it continued to meet people's changing needs. Complaints were fully investigated and responded to.

The service continued to be well led. People and their relatives told us the management within the home were open and approachable. A relative said, " [Manager's name] is a good manager. I get on well with them. My family member warms to them. They are always willing to talk, always very warm and willing to chat". The registered manager was now supported in their role by a senior carer which meant the home was effectively managed at all times. The registered manager and provider had an effective quality assurance system to ensure they continued to meet people's needs safely and effectively. The service was proactive in

seeking the views of people and their relatives, and using the feed back to identify areas for improvement.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service has moved from Requires Improvement to Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

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**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 checked whether the provider is 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 was a comprehensive inspection.

This inspection took place on 6 March 2017 and was unannounced. It was carried out by one inspector and an expert by experience with expertise in the care of people with mental health needs. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.
Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other data and enquiries. At the last inspection on 16 and 17 November 2015 we found there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us a report that said what action they were going to take to improve care records.

During this inspection we spoke with six people who lived at 14 to 15 St James Rd, and one visitor. We spoke with four members of staff including the registered manager who was available throughout the inspection. After the inspection we spoke with three relatives by telephone.
We looked at a number of records relating to individual care and the running of the home. These included four care and support plans, three staff personal files and records relating to medication administration and the quality monitoring of the service.

Good

# Is the service safe?

## Our findings

The service continues to provide safe care. People felt safe living at the home and with the staff who supported them. Comments included, "I feel safe because all the staff are angels", and, "I feel comfortable living here, there's nothing to worry about." A relative told us, "I know [family member] is safe. If there was any change they would let me know".

Staff continued to manage risks to people living at the home, while supporting them to make choices and feel in control. People were fully involved in the completion of comprehensive assessments of their individual risks, and were in agreement with any plans to keep them safe. Risk assessments were reviewed every six months, or more frequently if risk levels changed. For example, several people smoked in their bedrooms. Risk assessments had been carried out with them to assess any related risks including the risk to others of passive smoking. Action had been taken to minimise the risks, such as one person agreeing not to smoke in their bedroom at night, and fire proof bedding being provided. In addition the service was proactive in ensuring the fire systems in the home were well maintained and people were familiar with the evacuation procedures.

There was a comprehensive cleaning programme. People were encouraged to do as much as they could themselves, although some needed more support than others due to their physical or mental health. Staff prompted people using the kitchen to maintain hygiene, and the service had been given a hygiene rating of 5 by the Food Standards Agency (FSA), which is the highest rating. Cleaning materials were kept in a locked cupboard. A second cupboard containing air fresheners had a broken padlock, which was fixed after it was pointed out during the inspection. The registered manager provided reassurances that nobody using the service had been assessed as being at risk in relation to having access to the materials in this cupboard.

There were adequate numbers of staff to keep people safe and make sure their needs were met. There had been some difficulties with retention of new staff, although this was now improving. The registered manager told us, "There are definitely enough staff to provide a safe service". This was confirmed by one person who said, "There's always plenty of staff if I need anything."

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Staff received training on how to recognise and report any suspicions of abuse. They told us they knew people well, and would recognise "if things aren't right". They would not hesitate to report any concerns and all were confident that if they raised concerns, action would be taken to make sure people were safe.

People received their medicines safely. Care staff completed medicine administration training before they were allowed to administer people's medicines. There were systems in place to audit medication practices and clear records were kept to show when medicines had been administered. Medicines and medicine administration records (MAR) were stored securely.

The service supported people to manage their own medicines as part of their transition towards independence. This was a gradual process which required individualised support and monitoring according to how independent people were.

Good

# Is the service effective?

## Our findings

The service continues to provide effective care and support to people. A relative told us, "They are very good. They have done a great job with [family member]. They have got better within their capabilities". Written feedback from another relative said, "[Family member] is in the best place they could be in".

Records showed staff received the training they required to keep people safe and to meet people's individual needs. Staff told us this training helped them to do their jobs effectively, particularly the training which helped them to work safely with people when their behaviour was challenging. They had a good understanding of people's individual needs and risks, which meant they were able to recognise any triggers which might cause distress or aggression. One member of staff told us, " I've got to know them. I understand their body language, and give them time or space. I don't try to push them". Another member of staff said, "[Person's name] doesn't want to be rude and aggressive. It's their mental health". Staff told us they would soon need additional training, for example in moving and handling, so they could continue to effectively support people whose physical health had begun to deteriorate. They had discussed this with the registered manager, which showed they were committed to improving their skills for the benefit of the people living at the home.

Staff had received training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. The majority of people had capacity when well, to make decisions about their care. Where one person didn't, staff were able to tell us how they worked in line with the policy, acting in the person's best interests and supporting them to make choices and decisions for themselves as far as possible. If people were making a decision which put them at risk, for example making food choices which could increased their risk of choking, the service undertook to work with other agencies to ensure the person had a clear understanding of the risks and was making an informed decision.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

The service ensured that people's specific dietary needs were met and their choices respected as far as possible. For example, one person had lost weight following a physical illness, and was encouraged to increase their calorie intake by having full fat milk, and butter in their mashed potatoes. Another person, who needed a gluten free diet, went shopping with the provider to buy gluten free ingredients to cook with and had some specialist meals delivered. A cooked main meal and pudding was provided for everyone once a day, with alternatives available if people wanted them. Otherwise people made their own breakfast, lunch and drinks , with staff support if necessary, and could eat when and where they wished. People told us, " We have a lot to choose from at breakfast; cereals, toast and yogurts", and, "There's certainly enough to eat. "

Records showed that the service worked closely with relevant health and social care professionals to ensure people's mental and physical health needs were met. One person said, "If I need to see a doctor, they just sort me an appointment out straight away, they don't mess around". A relative told us how the service had "acted really quickly" to ensure their family member was seen by a psychiatrist promptly, after a change in medication affected their mental health.

A programme of refurbishment was underway to make the environment safer, and improve the quality of life of the people living there. For example external lights had been installed which came on automatically when people approached the building in the dark, and a new driveway had been built which was less steep and more accessible. A bathroom with a large walk in shower had been installed in response to a request from relative. The relative told us, "The shower room is brilliant. It's a nice big one, a great improvement". In addition a stair lift had been installed for a person whose deteriorating mobility made it difficult for them to manage the stairs. A member of staff said, "The stair lift is great. Now they can come downstairs and not feel isolated in their room. "

Good

# Is the service caring?

## Our findings

The home continues to provide a caring service to people. People told us, "The staff are awesome, really friendly" and, "Yea, they care about me, they're a good bunch". Comments from relatives included, "The staff are brilliant. There's some really nice staff there. Kind and caring",
"I know the staff very well. They are always there if I need to talk to them. They are really nice and caring" and, "They are very, very good. I can't fault them really to be honest".

People said they were fully involved in decisions about their lives and support. They told us staff encouraged them to be independent. They had their own front door key and could come and go from the house as they chose. Staff told us how they involved people in making decisions about how their support was provided. For example one person was not able to communicate verbally. A member of staff told us, "I can communicate with them by smiling. I ask them what they want and they communicate by smiling, and can make their choice". There were regular reviews where people could express their views and make changes to their care plans. Residents meetings were held every six to eight weeks where people were updated about any changes at the service, for example the building works, and staff changes. Minutes showed that people had been asked for their views on a range of topics, for example the food and the new members of staff. Relatives said staff kept them well informed about any incidents or changes in a person's needs.

We observed staff knocking on people's doors before entering and asking for consent before providing support. People told us staff were always kind and respectful, and respected their privacy. This had enabled staff to build trusting relationships with people, working with them to promote their independence while minimising risks. A relative told us, [Family member] is happy there. They are a very private person and staff respect that. They don't badger them to do things, they encourage." The registered manager told us how staff were able to support a person who was reluctant to accept help with their personal care. "There is lots of encouragement and patience from staff. They know [the person] well and how to work with them. [The person] will respond eventually".

Good

# Is the service responsive?

## Our findings

At the last inspection we found that records relating to the care and treatment of people were not accurate or up to date. There was a breach in regulation and the service was found to require improvement in this domain. Since the last inspection a senior carer had been given responsibility for ensuring care plans and reviews were accurate and up to date, and this was maintained. At this inspection we found records relating to the care and treatment of people were now accurate and up to date. The service has therefore moved from Requires Improvement to Good in this domain and is no longer in breach of regulation.

People received care and support which was responsive to their needs. Prior to moving into the home the registered manager met the person to gain an understanding of their needs and whether they could be met by the service. They worked closely with the person, and health and social care professionals, to ensure their transition into the service was done at their pace, gradually building up the amount of time spent there from hospital. Changes in people's support needs, for example due to physical deterioration or changes in mental health, had been identified and responded to appropriately, through the installation of a stair lift and walk in shower, or referral to relevant health professionals .

Care plans we read were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. This included the care records for people who were new to the service, which contained clear guidance for staff about their needs, with important points highlighted so that the information was easily accessible. Staff had signed to confirm they had read and understood the care plans. They had a good knowledge of each person's support needs and history, and were able to tell us about their likes and dislikes.

The registered manager told us that despite their best efforts, people had not been motivated to join in with organised activities at the home and, apart from cooking, had been attending, "less and less". Several people told us they went out on their own, for example to play snooker or for day trips in the summer. The registered manager told us the service was now focussing more on individual activities with people. For example a key worker was working alongside a person to help them feel less anxious about going into town, enabling them to participate more in community activities. The senior carer said, "We need to get an idea of what people would like to do. We try to go out quite a lot with people, and are getting in touch with [local mental health services] to find out whether there are existing community activities people might like to tap into". Staff told us they were looking forward to supporting people more with individual activities in the community now that staffing levels had increased. One member of staff commented, "We need to be more of a team for the residents, with more going out and activities to distract them from their illness. They need to live in the present. They need more staff time. It will help them be more motivated". A relative said, "They've tried to socialise them a lot. I think they've done very well with [family member]. They are very happy there and very settled".

The provider had a complaints procedure which was displayed in the home, and a complaints and suggestions box. Where complaints had been made or concerns raised, these had been fully investigated and responded to.

Good

# Is the service well-led?

## Our findings

The service continues to be well led. There is a registered manager in post. 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.

People told us the management in the home was very open and approachable. One person told us, "The Manager is spot on,he's one of us". A relative said, "My [family member] is such a private person. The registered manager is always there if they want to chat. [Manager's name] is a good manager. I get on well with them. My family member warms to them. They are always willing to talk, always very warm and willing to chat".

Since the last inspection changes had been made to the management of the home, and the registered manager was now supported in their role by a senior carer. This meant the home was effectively managed at all times and did not rely solely on the registered manager. However, recent staffing pressures meant the senior carer had less time in this supporting role, although this was improving now that new staff had been recruited. Staff told us they felt well supported by the management team. Comments included, "I get good support from the registered manager and the senior carer. I can go to them for support, they are always available. I can ask for supervision at any time. They are very helpful people," and, "[Manager's name] does their best. They are always there for staff and residents". Staff were supported through staff meetings and individually. All were encouraged to develop professionally, increasing their knowledge and skills through studying for vocational qualifications.

The providers had a quality assurance system to ensure they continued to meet people's needs safely and effectively. The registered manager carried out a programme of monthly and six monthly audits and safety checks, and was supported in this by the senior carer. People were encouraged to give their views on the service at the residents meetings, or, along with relatives, via annual feedback questionnaires. The providers visited the service several times a week, and did the shopping and cooking with people living there. This gave them additional oversight into the effectiveness of the service.

The provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.