Phoenix Learning and Care Limited

St Agatha's Presbytery

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place on 21 October 2018. This was the first inspection of the home since it registered with the Care Quality Commission in November 2017.

St Agatha's Presbytery 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 home is registered to provide 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.

St Agatha's Presbytery 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. We found the home followed some of these values and principles. These values relate to people with learning disabilities living at the home being able to live an ordinary life.

St Agatha's Presbytery had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The home's quality assurance and governance systems were not always effective or robust. The provider used a variety of systems to monitor the quality and risk at the home. In addition, the home used an external company who provided independent monthly reports on the quality and safety of the care provided. We found the arrangements in place had not identified the concerns we found at this inspection.

Quality assurance systems had failed to identify that the home was not always working within the principles of The Mental Capacity Act 2005 (MCA). For example, records for one person showed access to their money, the internet and their mobile phone was restricted. There were no mental capacity assessments to show the person did not have capacity to manage their own monies, the use of the internet or their mobile phone prior to these decisions having been taken.

The home did not have an effective system in place to assess or to monitor staff training. This meant the registered manager could not be assured staff had the necessary skills and knowledge to meet people's assessed needs in safe way.

We have made a recommendation in relation to staff training.

Systems and processes did not support the management of the home in protecting people's right to privacy by preventing the sharing of personal and/or confidential information.

People told us they felt safe living at St Agatha's Presbytery. One person said, "Yes I do feel safe living here." Another said, "very safe, the staff are good and I can talk to them if I have any concerns. I don't as it's all good here."

People were protected from the risk of harm. People's support plans contained detailed risk assessments and guidance for staff on how to ensure people's safety was maintained, while encouraging people to be as independent as possible.

People received care and support from sufficient numbers of staff to meet their needs. Checks were carried out on staff before they started work to assess their suitability.

People received their medicines when they needed them and in a safe way and people were supported by staff who knew them well. Staff were kind, caring and treated people with dignity and respect. The registered manager and staff understood their roles and responsibilities to keep people safe from harm.

The home was responsive to people's needs. Support plans were personalised and people could make choices about their day to day lives. People were aware of how to make a complaint and felt able to raise concerns if something was not right.

People were supported to maintain a healthy diet. People could choose what they wanted to eat and were involved in the shopping and preparation of their meals. Menus were discussed and planned weekly. People could access the kitchen at any time and were able to help themselves to meals, drinks and snacks.

The home was clean, well maintained, and people were protected from the risk of cross contamination and the spread of infection. Staff had access to personal protective equipment (PPE). Equipment used within the home was regularly serviced to help ensure it remained safe to use. However, we found the home did not have in place suitable arrangement to dispose of items that would be considered healthcare waste.

We have recommended the provider reviews its clinical waste management arrangements.

People, relatives and staff told us they were encouraged to share their views and spoke positively about the leadership of the home. They told us the home was well managed. Staff were motivated and passionate about making a difference to people's lives. The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents which affected the safety and welfare of people who used the home.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 home was safe.

People felt safe and staff knew how to protect people from abuse and avoidable harm.

We recommend the provider reviews arrangements to dispose of items that would be considered health care waste.

Risks to people's safety were appropriately assessed and well managed.

People were protected by a robust staff recruitment process.

People received their medicines as prescribed.

There were sufficient numbers of suitably qualified staff to meet the needs of people who lived at the home.

Is the service effective?

Requires Improvement

The home was not always effective.

The provider did not have in place an effective system to ensure staff received the necessary training needed to carry out their duties.

The principles of the Mental Capacity Act 2005 had not been followed in relation to some best interest decisions.

People were supported by staff who received regular supervision and were knowledgeable about their needs.

People's health care needs were monitored and referrals to healthcare professionals were made when necessary.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The home was caring.

People benefited from being supported by staff who were kind and treated people with respect.

People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good

The home was responsive.

People's support plans were personalised with their individual preferences and wishes taken into account.

People's risk of social isolation was recognised by staff who supported people to overcome this.

People were confident that should they have a complaint, it would be listened to and acted upon.

Is the service well-led?

Requires Improvement

Some aspects of the home were not well led.

Although quality assurance systems were in place, they were not being used effectively or undertaken robustly enough to identify the issues seen during this inspection.

People's care records were not always accurate or kept up to date.

There was an open, transparent culture and staff felt supported by the homes management team.

The home had notified the CQC of incidents as required by law.

St Agatha's Presbytery

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 home, and to provide a rating for the home under the Care Act 2014.

This announced inspection took place on 21 October 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 available for us to speak with. The inspection team consisted of one adult social care inspector.

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 St Agatha's Presbytery. 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 two 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.

Good

Is the service safe?

Our findings

People told us they felt safe living at St Agatha's Presbytery. One person said, "Yes I do feel safe living here." Another said, "very safe, the staff are good and I can talk to them if I have any concerns. I don't as it's all good here." A relative said, "[person's name] is happy and safe here. I have no concerns, they are well looked after." Staff told us there were enough staff available to support people and keep them safe.

People were protected against the risk of infection. The home was clean and there was an on-going programme to redecorate and make other upgrades to the premises when needed. Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination, spread of infection. However, we found the home did not have in place suitable arrangement to dispose of items that would be considered healthcare waste.

We recommend the provider reviews their clinical waste management arrangements.

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. We looked at two staff files, which showed a full recruitment process had been followed which included obtaining disclosure and barring service (police) checks.

People received care and support from sufficient numbers of staff to meet their needs. People and staff felt there were enough staff on duty at any one time to support them and keep them safe. Staffing levels were organised around each person's specific support needs. For example, where people needed one to one staff support we saw this was being provided. We discussed staffing levels with the registered manager who explained staffing levels were flexible to meet people's changing needs.

People were protected from the risk of abuse. People told us they could talk to staff, family or advocates if they had any concerns or worries. One person said, "I would speak to [registered managers name] or my mum if I was not happy here." Records showed that staff had attended safeguarding training. Staff demonstrated a good understanding of their role in protecting people from harm they were aware of their responsibility to help protect people from any type of discrimination. People, staff and relatives knew how to escalate their concerns outside the organisation if they needed to.

People received their medicines safely. 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. We checked the quantities of a sample of medicines against the records and found them to be correct.

People were protected from the risk of harm. People's support plans contained detailed risk assessments and guidance for staff on how to ensure people's safety was maintained, while encouraging people to be as

independent as possible. For example, management plans were in place to support people with activities of daily living, such as personal care, domestic tasks and cooking. Plans also included leisure and social activities, for instance, travelling on public transport.

Some people had behaviours that staff and other people might find challenging. Records showed the home had worked with specialist health care professionals to develop guidance and support on how to support people reduce negative outcomes from these behaviours. Individual risk management plans included information on circumstances that may cause people to become anxious and advice on how people preferred to be supported if they were feeling upset. As a result, staff knew how to manage these risks and had been trained to 'de-escalate' situations and support people remain calm in situation they may find challenging. This helped to ensure that people were being supported safely and consistently. Records of behavioural incidents were maintained and analysed to learn from the incident and to identify the effectiveness of the individual risk management plans.

Where accidents had occurred these were recorded, including information about the time, location and who was involved. This was so the registered manager could review the information and take appropriate action to reduce any re-occurrence. Each person had a personal emergency evacuation plan (PEEP) and the provider told us they had contingency plans in place to ensure people were kept safe in the event of an emergency. Equipment, such as the fire detection system, had been serviced regularly to ensure it remained in safe working order.

Requires Improvement

Is the service effective?

Our findings

People's ability to make decisions had not always been assessed, or recorded in a way that showed the principles of the Mental Capacity Act, 2005 (MCA) had been complied with. 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 people 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's support plans did not demonstrate their consent and/or views had been sought in relation to decisions being made on their behalf, or that they did not have capacity to make some decisions that were being made on their behalf. This indicated the home was not working in line with the principles of the act. For example, records for one person showed access to their money, the internet and their mobile phone was being restricted via best interests' decisions. Staff said this was to support the person to manage their personal finances and to keep them safe whilst online. There were no mental capacity assessments to show that the person did not have capacity to manage their own monies, the use of the internet or their mobile phone prior to these decisions be taken.

Records for both people living at the home showed staff were regularly making the decision to share personal and confidential information with staff employed by Phoenix Learning and Care Limited (Oakwood College & Torpoint campus staff) without their knowledge or consent. This included details of their private medical appointments. There were no records to show the rationale for this decision. No mental capacity assessment to show that the person did not have capacity to consent to the sharing of information or that this was being carried out in the person's best interests. The registered manager told us people would not have been aware that their personal and confidential information was being shared with all staff in this way. We raised our concerns with the registered manager who agreed staff had not acted in accordance with the principles of the Mental Capacity Act 2005.

Failure to gain consent from people is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection no one living at the home was having their liberty restricted. The registered manager was aware that people can only be deprived of their liberty with appropriate legal authority.

People could not be assured that staff had the necessary skills to support them safely. People told us staff understood their needs and knew how to support them. One person said, "The [staff] know me really well and have helped me so much." Relatives told us they had confidence in the staff and felt staff were well trained. Staff said they received good support with training, and had attended several training courses.

Following the inspection, we were provided with a copy of the home's training matrix. The training matrix showed significant gaps in the training staff had received. For instance, out of a core team of 13 staff, nine staff had either not completed training in Autism or their certificate was out of date. Ten of the staff had either not completed training in MCA/DoLS or their certificate was out of date. None of the staff had completed training in health & safety. We discussed what we found with registered manager who said, the home used a combination of eLearning and face to face learning to support staff to develop their knowledge and skills. They acknowledged the home's training matrix had not been kept up to date and that it was not a true reflection of the training people had received. 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.

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

Staff received regular support and supervision. Staff told us they felt supported in their role and could approach the registered manager or senior staff for advice, guidance and support. One member of staff said, "Each person has a one-page profile which is really helpful in getting to know them and if there anything you're unsure of the [registered managers name] always makes time to explain, they are really approachable." 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. One member of staff told us they had received a very good induction as well as the support and training they needed to develop their understanding of people's needs. 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.

People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. An online computer system 'behaviourwatch' held details of their appointments and staff we spoke with knew people well. Staff monitored people's mental and or physical health and records showed, where concerns had been identified people were referred to or reviewed by an appropriate healthcare professional.

People were supported to maintain a healthy and balanced diet. We asked people what they thought of the food provided by the home. One person said, "The food pretty good, we get to choose what we want. We mainly cook for ourselves, I like spicy foods." People could access the kitchen with staff support and were encouraged and supported by staff to be actively involved with the preparation of their meals. Staff had a good understanding of people's food preferences and described how people were encouraged to develop their independent living skills including preparation of their meals. Support plans contained information about what people could do for themselves, their likes, dislikes as well as any allergies. People told us they planned with staff each week what they would like to eat and then shopped for the ingredients. One person said, "I shop every week, there is always plenty of things I like in the cupboards."

St Agatha's Presbytery was set over three floors. We toured the home with the registered manager and spent time looking at the environment. There was a kitchen and dining room with access to a large garden overlooking the sea. Each person had their own private lounge area. The staff sleeping in room was found on the first floor along with people's bedrooms and a shared bathroom. The environment was clean and tidy and people's bedrooms and lounges were decorated with their own furniture and items of importance.

Good

Is the service caring?

Our findings

People told us they were happy living at the home. One person said, "Yah I'm happy here," another said, "It's a great place to live and the staff are good." Relatives and a healthcare professional spoke positively about the care and support people received. One relative said, [person's name] is happy and safe there and well looked after, I can assure you of that."

We found there was a relaxed and friendly atmosphere within the home. Staff knew people well and had an in-depth understanding of their individual likes, dislikes and personal preferences. Staff could tell us about people's background/histories and events which had shaped their lives, as well as their aspirations and what was important to them now. Staff described how they worked with people in a positive way to help them identify triggers that might impact on their lives for instance, poor sleep patterns, social isolation and/or inappropriate behaviours.

During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes. Staff engaged people in conversations about their interests and preferences. People told us they were free to choose how and where they spent their time. For example, some people chose to stay in or spend time with family or friends. Another person said they preferred to be outside and enjoyed going into town or for a bike ride. Staff supported people to be as independent as possible and recognised that it was important that people had the opportunity to gain new experiences and take risks.

People told us they were involved in planning their care and support and were included in any meetings held about them. Records showed people's views were actively encouraged and recorded. One person said, "We sat down yesterday [staff member name] talked me through the changes that had been made to my support plan." Another person said, "I can see my support plan whenever I like, staff are always updating something." Each person had a key worker who supported them to develop their everyday living skills as well as new interests. People and their relatives spoke passionately about the difference their respective key workers had made to their everyday lives. However, as they now shared a staff team with another home, people told us they did not get see them as much as they would like. One person, said "[key workers name] is brilliant, they have helped me so much." A relative said [key workers name] has made such a difference and provides a very good role model, my concern would be they are not here as much as they used to be." We passed on this information to the registered manager, who said they were aware of people's concerns and accepted that at times having shared staff team did impact on people wishes. They said they would look at the rota and talk to people about how they felt.

Staff were motivated and passionate about making a difference to people's lives. They talked about people with passion and commitment. One member of staff said, "I really enjoy my job and everyone who works here brings something different to the table". Staff recognised the importance of family and personal relationships and people were supported to develop and maintain relationships which were important to them. One person said, "My family can visit whenever they like." People's bedrooms and lounges were personalised and furnished with items which were meaningful to them and celebrated their individual interests.

Good

Is the service responsive?

Our findings

Staff knew people very well and provided care and support which was person centred and took account of people's needs, personal preferences and goals. The registered manager told us that prior to offering a placement at St Agatha's Presbytery they carried out a placement impact risk assessment. This enable the registered manager to consider the current mix of people living at the home and helped ensure the home could meet people's individual needs and expectations.

People's care records reflected their needs and were regularly reviewed and updated. We looked at the care and support records for both people living at the home. We found people's care records were written in a person-centred way and described how each person wished to receive their care and support. Support plans were informative and provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs and medical history. 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 provided staff with valuable information to enable them to build positive relationships and help them understand what really mattered to people and how they wished to be supported to live their lives.

People's goals were central to the care and support provided and there was an understanding that staff were there to enable and support people to manage their own personal wellbeing and life skills. This 'can do' attitude had a positive impact on the lives of the people they supported. For example, the registered manager described how staff supported one person to become more independent by developing their road safety awareness. This in turn had led to increased independence and the person was now able to travel to their relative's house without staff support. We spoke with this person who said, "I'm now able to go into town on my own and travel into Exeter; I have more independence, which is really good as I want to live in my own place one day."

Support plans identified people's communication needs and how they could be supported to understand any information provided. For instance, one person had been diagnosed with a visual impairment. Records guided staff when using a computer this person preferred an Arial font and the text size should be set at 16 or 18. 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 and relatives, where appropriate, were involved in reviews and could express their views about the care and support they received. People's needs were reviewed on a regular basis with external professionals and any changes in people's needs or support were recorded. Handover meetings provided staff with clear information and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped to ensure people received consistent support to meet their needs.

A complaints policy was in place at the home. People were aware of how to make a complaint, and felt able to raise concerns if something was not right. The home's 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. One person told us when they had been unhappy they had made formal complaint to the registered manager. We looked at this complaint as part of the inspection and found the registered manager had investigated the person's concern and provided a response.

People were encouraged and supported to maintain links with the local community to help ensure they were not socially isolated. People's support plans contained detailed information about people's hobbies and interests. For example, we saw one person had a passion for cars and we were told they regularly went to car enthusiast meet up's. Another person told us, they were planning a trip to Poland with their keyworker. During the day people attended college however, after college staff told people routinely went to a variety of clubs, the cinema, or out for a meal if they wished to do so. Staff said people had many different opportunities to socialise and take part in activities if they wished to do so, from taking part in sports such as bike riding, swimming or getting involved in the local youth club 'Red Rock.' People were also encouraged and supported to gain valuable work experience and we saw one of the people living at the home had a part time job at a local garage.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the home were not well led.

We looked at the home's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality and safety of the services provided. The provider used a variety of systems to monitor the home. These included a range of meetings, audits, and spot checks, for instance checks of the environment, medicines, infection control, health & safety, accident and incidents. In addition, the home also used an external company to provide independent monthly reports on the quality and safety of the care provided.

Although some systems were working well, others had not been effective, as they had not identified the concerns we found during this inspection. For example, although people's care records were being reviewed on a regular basis both internally and externally, these reviews had failed to identify that the home was not working within the principles of The Mental Capacity Act 2005 (MCA). This meant they were not always taking appropriate action to protect people's rights.

The home did not have effective systems in place to assess or to monitor staff training. This meant the registered manager could not be assured staff had the necessary skills and knowledge to meet people's assessed needs in safe way.

Systems and processes did not support the management of the home in protecting people's right to privacy by preventing the sharing of personal and/or confidential information. Suitable arrangements were not in place to safely dispose of healthcare waste.

Failure to operate effective systems and processes to assess, monitor and improve the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff told us the home was well managed. Comments included: "very impressed," "[registered managers name] leads by example." One relative said, "The home is managed well, they keep me informed and I have confidence in them to meet [person's name] needs."

The registered manager was knowledgeable and passionate about the home and the people who lived there. The management team were open about the challenges they had faced, and were proud of what the staff team had achieved in the past year. The culture of the home was caring and focused on ensuring people received high quality person-centred care. It was clear staff knew people well and put these values into practice. All members of staff we spoke with told us that they could approach the registered manager about any issues and that everyone worked openly together. Staff confirmed that regular staff meetings took place where issues were discussed including any changes in policies or procedures. All staff felt that they could speak openly and were able to make suggestions. This showed us that staff had a voice in the running of the home and in any new developments.

When the registered manager was not available in the home there was an on-call system in place. This meant someone was always available to staff to offer advice or guidance if needed.

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 'excellent.' One relative said "I receive regular emails and phone calls from the registered manager and staff. They always keep me well informed." Feedback was sought from people, relatives and staff as part of the quality assurance process. 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 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.

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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the Mental Capacity Act 2005. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems to assess, monitor and improve the home. Regulation 17 (1)(2)(a)(b)(c)(d)(f)