

Phoenix Learning and Care Limited

No. 1 Hermosa Lodge

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

No. 1 Hermosa Lodge is a supported living service providing personal care to people with learning disabilities who live in their own homes in the Dawlish and Teignbridge areas. A supported living scheme is one where people live in their own home and receive care and support in order to promote their independence. At the time of our inspection the service provided support to 26 people living in their own homes. However, only five people required support to meet their personal care needs at the time of this inspection. Therefore, we only looked at the care and support received by those people.

No 1. Hermosa Lodge provides other services which help people to live independently, such as assistance with shopping and enabling people to undertake activities in the community.

Services for people with learning disabilities and/or autism are supported. The service has been designed and developed taking into account best practice guidance and the principles and values underpinning Registering the Right Support. The focus in this section is on the environmental factors relating to the service. People are supported to live in shared houses or in their own flats or houses in the community.

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

We carried out this targeted inspection due to concerns we had received in recent months. This inspection covered only the areas relating to the concerns we received. These related to quality assurance, safeguarding and whistle blowing, staff levels, skills and knowledge, medicines, care planning, complaints and concerns, and communication with families. We decided to inspect and examine those risks.

We found the provider had already made a number of improvements. They had plans in place to make further improvements to address all the concerns raised. Please see the Safe, Effective and Well-led sections of this full report for further details.

The provider had taken actions to improve people's safety and protect them from abuse. These had included changes to the management structure of the service, with new appointments such as a deputy manager and area manager. They had also improved their quality monitoring systems to ensure improvements were being made in all areas of the service. People and staff had seen positive changes and improvements and we heard how these had resulted in a safer and better service.

Risk assessments and support plans were in the process of being reviewed thoroughly and updated.

The management team and staff had improved the communication with relatives. They contacted relatives on a weekly basis to keep them updated and involved in the service. A relative told us, "I am still involved daily and have fantastic communication with my daughter and the key workers. A social worker told us, "The contact I have had with staff has been positive and professional and they are supportive of the person concerned."

People told us they were happy, liked where they lived, and liked the staff. They said they felt safe and knew who to speak with if they felt worried or concerned.

There were sufficient staff employed to meet people's needs safely. Staff were flexible and able to provide support when people wanted, for example to accompany them on an outing or activity. Staff were well trained and well-supported. Staff were positive about their jobs and told us about recent improvements. Comments included, "Everything that's happening now is very positive", "People are absolutely safe. They have a brilliant life. Eat well, bath and shower every day. Brilliant flats. Can't fault the team", "I feel valued" and "The managers have always been welcoming and accommodating and are never too busy to respond to people or staff."

Improvements had been made to the way medicines were recorded and monitored. The provider had realised the recording system had been too complicated leading to recording errors. They were in the process of improving the recording systems. They had implemented further training for staff in this topic and carried out monitoring and competency checks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was previously included in the registration of Eldra Court, which is also run by Phoenix Learning and Care Limited. In 2019 the provider applied to register No.1 Hermosa Lodge separately. Registration was approved in 2019 and the service would normally have a comprehensive inspection within the first year following registration. However, due to Covid-19 restrictions we have not yet carried out the first comprehensive inspection, and the service has not yet been rated. We plan to carry out a comprehensive inspection of the service when visiting restrictions are lifted. This inspection did not cover all key areas and targeted only the areas relating to the concerns we had received. Therefore, we were unable to give the service a rating following this inspection.

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what action was necessary and proportionate to keep people safe as a result of this inspection.

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 further 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?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

No. 1 Hermosa Lodge

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had addressed concerns that had been received about the service in the last year.

Inspection team

The on-site inspection was carried out by two inspectors. After the inspection, two inspectors made video calls to staff and people who used the service.

Service and service type

Supported Living:

This service provides care and support to people living in five 'supported living' settings, and also to some people living in their own homes in the community, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to plan the inspection safely bearing in mind Covid-19 pandemic arrangements.

What we did before the inspection

We looked at the information we had received about the service since the service was registered in 2019. We also looked at the responses we had received from the provider, and from other health and social care professionals we had spoken with, or received information from. We used this information to plan our 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 one person who used the service and three members of staff including the registered manager and area manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at staff training records, complaints and concerns, and records relating to investigations carried out by the provider following complaints and concerns.

After the inspection

We held an on-line video call with the nominated individual and two senior members of the provider's management team. In separate calls, we also spoke with four staff and two people who used the service. We had email contact with one relative and one social care professional. We also spoke on the telephone with a management consultant who had been engaged by the provider to look at the service and give advice on how they could improve.

We also continued to seek clarification from the provider to validate evidence found. The registered manager sent us a range of information including training data and quality assurance records.

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. We have not given a rating for this key question, as we have only looked at the part of the key question we had specific concerns about.

Systems and processes to safeguard people from the risk of abuse

- In the last year we had received three allegations of possible abuse. These matters were investigated, and no evidence of serious abuse was found. However, the provider recognised there were problems with the culture of the service which meant staff did not always feel confident to speak out if they felt concerned. The provider took actions to address these concerns. During this inspection we checked to make sure the actions were effective, and people were safe.
- New management arrangements had been put in place and further changes were being considered (see Well led for further information). These management systems had provided greater oversight of the service. We saw evidence of the provider's detailed investigations and the actions they had taken. We were assured the provider had taken matters seriously and had put in place measures to protect people in future. They had taken steps to create a more open culture in which staff were better able to recognise signs of possible abuse and to report these appropriately.
- New management arrangements gave a better oversight of the service and a greater ability to identify and act upon signs of abuse promptly.
- All staff had received training and regular updates on safeguarding. Training records showed a number of staff were overdue the most recent updates on safeguarding, but the registered manager assured us this training had been allocated and was due to be completed shortly.
- People appeared relaxed and happy. They told us they felt safe. People were able to raise concerns and knew who to speak with if they were worried or upset. A person told us about recent changes in the management of the services and said they "feel safer". Another person told us they thought things were better since the new management came in, because they responded to their text messages quicker, especially when the person was upset.
- Staff told us they felt able to raise concerns with the new management team and were confident these would be listened to and acted upon. Comments included, "I would feel confident to whistle blow. The guys come first" and "The managers have always been welcoming and accommodating and are never too busy to respond to people or staff. People are able to raise a concern."
- Over the last six months the service had also held weekly video calls with relatives. This has given relatives the opportunity to raise queries or concerns and to find out about any actions taken to address these.
- New systems had been put in place to protect people from the risk of financial abuse. Records were closely monitored by senior members of the management team. Relatives were involved with finances as much as possible, and this meant there was oversight over spending and outgoings. Some people were able to manage their own money.

Assessing risk, safety monitoring and management

- In the last year we had received a higher than expected number of notifications about serious incidents

which may have placed people or staff at risk. During this inspection we looked at the way risks were assessed, and the instructions given to staff to support people to stay as safe as possible.

- Each person had a detailed individual risk assessment in place. These covered topics such as behaviour, medicines, personal care and accessing the community. Risk assessments were in the process of being reviewed in detail to ensure they were up-to-date and contained sufficient information. All support staff had been encouraged to participate in these reviews as it was recognised that support staff had a great knowledge of each person than managers had.
- Staff told us about the changes that had taken place in recent months to improve care plans and risk assessments. A member of staff told us, "All our folders are being updated. I was getting really frustrated before. Now there is no messing". Another member of staff said, "We have good information about people. ...The information is accurate because its updated frequently. If anything changes staff will add the changes in."
- A senior member of staff told us, "We are trying to change the culture and put more responsibility on the staff. Get them to start thinking for themselves. They panic if I ask them to do a risk assessment in case they make a mistake. They need the tools to do the job. (We are giving them) training and confidence."

Staffing and recruitment

- Before this inspection we received concerns that there may have been a high turnover of staff. This meant people were potentially supported by staff who did not know them well or understand their support needs fully. some people were not always receiving the support hours they required. During this inspection we looked at staffing arrangements and staff rotas.
- We found that the staff turnover had been around 20% in the last year, which was not excessive. Some turnover had been expected due to recent management changes and actions taken to address the culture of the service. Where people had occasionally missed one-to-one support sessions, they had instead received shared support so had not been at risk.
- In recent months new staff had been recruited and all staff vacancies had been filled. They had also recruited bank staff to ensure they had staff available to cover for sickness or holidays. New staff had completed a through induction.
- Concerns had previously been raised about lack of flexibility of staff to support people to attend activities that may be longer than a member of staff's normal planned hours. We saw evidence to show that staff were very flexible and willing to support to people at times to suit the person. People were able to go out for the day or an evening and not have to return early due to staff shift allocations.

Using medicines safely

- Before this inspection we received reports and notifications about a higher than expected number of medicines errors. During this inspection we looked at the actions taken by the provider to investigate the concerns and the actions taken to address them.
- The registered manager and area manager told us they had found their recording systems had been too complicated. This had led to recording errors rather than medicine errors. They had simplified their recording systems and reduced the number of forms filled out by staff. The records provided a clear record of medicines received and good records were maintained of each medicine administered. Balances were checked daily. The new recording systems were clear and easy to follow.
- There had been a strong emphasis on providing medication training and checking staff competency levels. Systems were in place to make sure training and assessments were carried out at the required frequency.
- Support plans contained detailed information about each medicine prescribed to people.
- A person told us the staff helped them with their medication and they were happy with the help they received.

Learning lessons when things go wrong

- We saw and heard evidence to show that the provider had taken all concerns seriously, investigated them thoroughly, and taken actions to address the concerns and prevent recurrence. These actions included changes to the management structure, improvements to the training and support of staff, and improvements to support plans, risk assessments and medication administration procedures. The registered manager and area manager both agreed, "We've learnt lessons." A senior member of staff told us, "There have been massive changes. Constant improvement. I always try to get everybody to understand. We don't just rest. We are constantly trying to improve." The nominated individual told us, "Where issues occur across the organisation, we review these and use the learning from these."

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 not been rated because we have only looked at the part of the key question we have specific concerns about.

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

- Before this inspection we received concerns that support plans may not have been updated regularly. Relatives were not always involved or consulted in reviews of support plans.
- During this inspection we heard that in-depth reviews were being carried out on each support plan to ensure the information was correct and up-to-date. Families were being involved and consulted in people's support needs.
- Support plans were detailed and covered all areas of need. A member of staff told us, "We have good information about people. Care plans, risk assessments in their person-centred folder. Risk management plans, support plans. A 'Guide to a good day'. The information is accurate because its updated frequently. If anything changes staff will add the changes in."

Staff support: induction, training, skills and experience

- Concerns we received before this inspection suggested that staff may not have received the training or support they needed to provide safe care. During this inspection we looked at the induction, training and support given to staff. The records showed staff had received a range of training and regular updates on topics relevant to the needs of the people they supported. These included health and safety related topics and also topics such as antibullying, Autism, child sexual exploitation, diabetes, eating disorders, and equality and diversity.
- Training records were monitored by the registered manager and the provider to check that staff had received training and updates in line with the provider's expectations relating to training provision. Where training had not been completed within the expected timescales there were systems in place to take action to ensure the training was completed.
- Staff received regular training and updates on a range of relevant topics. The providers had adapted training to account for restrictions due to Covid-19 and this had resulted in a lot of online training. Staff were supported to gain relevant qualifications.
- Records showed staff had received regular supervision. This had been through telephone and online video calls during the pandemic. Staff confirmed they received regular supervision and good support. Comments included, "Supervision is very, very helpful. If you are struggling working with somebody they will give you a break if it gets too intense" and "I am feeling better supported. They take on board what I say."

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 not been rated as we have only looked at the part of the key question we had specific concerns about.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A few months before this inspection we received information from whistle blowers that indicated concerns and complaints may not have always been listened to or appropriate action taken by managers. Information also suggested that staff may not have always spoken up or raised concerns when they saw or heard about poor care or possible abuse. During this inspection we spoke with the registered manager and area manager about the concerns we had received. We also looked at their investigations into the complaints and concerns and the action they had taken.
- The provider and their management team had already identified issues that needed to be addressed and had drawn up an action plan to address these. They had found there had been signs of a closed culture. This meant in the past some poor practices had not been challenged by staff. This may have been a result of staff failing to recognise that some historic practices needed to change, or because staff had felt unable to speak out. We found the provider and their management team had taken these findings seriously and had taken a range of actions to change the culture. They had changed the management structure by appointing a new area manager who was supporting the registered manager to make changes. A new deputy manager had also been appointed. They had also recruited a consultant to help them review the service and their management systems and consider ways of improving the service.
- The senior management team input and involvement in the service had been increased. They were monitoring the service closely to ensure changes were being implemented and were successful.
- We spoke with the management consultant who had been appointed in 2019. They told us audits of the service had been carried out and the provider had considered the findings. They said the management team were "All very keen to get it right. They have been really, really proactive. Also getting staff on-board with the changes." They described how extensive action plans had been put in place. They also told us the service had introduced reflective supervision to consider ways of working that had been successful, and areas where changes could be made to provide more individualised support.
- Improvements had been made to the quality monitoring and improvement system. The provider carried out their own annual in-depth quality inspection of the service covering all key areas. They had drawn up an action plan to identify where actions were needed and when these should be completed.
- The area manager carried out a monthly review of the service, checking areas such as medication, supervision and training and support plans. They also met with people and staff and talked with families.
- The registered manager told us, "I think we're quite realistic about what needs to change, why it needs to

change and how it needs to change." They also gave examples of the positive improvements they had already seen and how this had benefitted the people supported by the service. They talked with pride about some of the successes the staff team had recently achieved such as how some people had been able to progress and move onto a lower level of support. They described the skills and dedication of the staff team saying, "I'm just really proud of them."

- People told us the provider asked for their views on the service by asking them to complete a questionnaire. Staff and managers also spoke with relatives on a weekly basis to keep them involved and informed, and to seek their views. A relative said, "Overall, I am satisfied with the care my daughter has". However, they also told us they had raised some concerns with managers in the past and they told us that some issues had not yet been fully resolved. We spoke with the registered manager about this and we were assured they have a meeting arranged with the relative in the near future when they hope to discuss these concerns and agree any actions necessary.
- A member of staff told us, "The culture is positive. If I was really unsure or upset I would be happy to approach them (management). I feel valued." Another member of staff told us the culture of the service was "very much an open policy".
- A social worker told us, "The contact I have had with staff has been positive and professional and they are supportive of the person concerned."
- A senior member of staff told us, "Quality assurance. We all share it. Monthly reports. Accidents and incidents. Staff as well". They explained the records they regularly completed on such areas as financial audits, fire checks and medicines. They went on to say "We've done wonders and want to continue to make it the best we can. We want to be outstanding. We are working through our service improvement plan, identifying what needs to improve. It's been an amazing and stressful six months."