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
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Tel: 01392 670160

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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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 16 and 17 November 2015 and was unannounced.

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.

Summary of findings

The service had a registered manager. 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.

At the last inspection on 12 November 2014 we found there were breaches of legal requirements. We asked the provider to take action to make improvements to care records and ensure that people's legal rights were protected under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We received a provider action plan stating the relevant legal requirements would be met by June 2015. At this inspection we judged the service was now acting in line with legislation to protect the rights of people who lacked capacity, however, some care plans and risk assessments were out of date.

Staff managed risks to people, while supporting them to make choices and feel in control. They did this by ensuring people were fully involved in risk assessments, and in agreement with any plans to keep them safe.

There were systems in place to ensure that medicines were managed safely.

Staff were proactive in monitoring the safety of people at the service. One person said," If I was concerned I would talk to any of the staff. They are very good"

There were enough staff deployed to meet people's complex needs. An induction, regular supervision, and a rolling training programme gave them the necessary skills and knowledge. Care plans contained clear information about people's individual needs and the service guided staff to provide person centred care. We observed staff treated people with kindness, dignity and respect. One person told us, "The staff are super. Very kind and caring. Angels, they all are".

The majority of people lived independently with support available as they needed it. They chose how and where they wanted to spend their time. The service was planning to develop its organised activity programme according to the wishes of the people living there.

People's needs were responded to as they changed, and external health professionals were appropriately involved. One professional told us, "They were patient and supported people when they were mentally unwell". Another professional told us how another person had become more independent;" They have done a really good residential support job and enabled him to move on to supported accommodation".

Staff, people and their relatives spoke highly of the registered manager, describing him as, "a lovely man. Lovely natured, kind and caring". The providers visited the home regularly and were proactive in supporting staff and the people living there.

The providers had a quality assurance system in place to ensure they continued to meet people's needs effectively. A senior carer had been recently recruited to support the registered manager with this task and had begun to review and update people's risk assessments.

We found a breach 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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff managed risks to people, while supporting them to make choices and feel in control.

Staff were proactive in protecting people from abuse and avoidable harm.

There were sufficient numbers of staff to keep people safe and meet each person's individual needs.

Good

Is the service effective?
The service was effective.

Where people lacked the mental capacity to consent to aspects of their care or treatment, the service acted in line with current legislation and guidance to ensure their rights were protected.

Staff were knowledgeable about each person's individual support needs and provided care and support in line with people's care plans.

People had access to healthcare services and received ongoing healthcare support.

Good

Is the service caring?
The service was caring.

The home's policies directed staff to provide person centred, individualised care.

People were treated with kindness, dignity and respect.

Staff were committed to promoting people's independence and supporting them to make choices.

Good

Is the service responsive?
The service was not always responsive.

Some risk assessments were out of date and the information in care plans was not always accurate.

People were invited to be fully involved in developing and reviewing their care plans.

People's needs were responded to as they changed.

Requires improvement

Summary of findings

Is the service well-led?

Good

The service was well led.

People, relatives and staff had confidence in the registered manager, and found him approachable and supportive.

People were consulted and involved in decisions about the home and service provision.

There were systems in place to monitor the quality of the environment and the care provided.

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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 was planned to check 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 inspection took place on 16 and 17 November 2015 and was unannounced. It was carried out by one inspector. 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 12 November 2014 we found there were breaches 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 and ensure that people's legal rights were protected under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

During the inspection we spoke with five people using the service, the provider, registered manager, four other members of staff, and three external health professionals.

We reviewed four care plans and other records relevant to the running of the home. This included four staff recruitment and training records, medication records, accident and incident files and feedback questionnaires.

Following the inspection we telephoned one person's relative to gain their views on the care and support provided by the service.

Good

Is the service safe?

Our findings

Staff managed risks to people living at the home, while supporting them to make choices and feel in control. They did this by ensuring that people were fully involved in risk assessments, and in agreement with any plans to keep them safe.

One person had fallen out of bed while asleep. Following discussion with the manager, they had agreed to have a bed rail installed to prevent it happening again. They told us they were pleased with this as it helped them to feel safe.

Several people smoked in their bedrooms. Each person had an individual risk assessment, with clarity around the level of risk, what action was needed to minimise it and who was responsible. For example, one person was at risk of fire caused by safety matches. It was the responsibility of staff to help them light the cigarette. The risk of passive smoking had also been considered, and the rooms of people who smoked were clearly signposted to warn people entering of possible tobacco smoke. The risk assessment and plan were signed and agreed by the person and the manager, and reviewed every six months. Fire doors were in place and a smoke detection system was inspected and serviced regularly by an approved contractor. Fire checks and drills were carried out in accordance with fire regulations.

Staff recognised when people's behaviour was putting them and others at significant risk. This was the case during the inspection. The registered manager was proactive in requesting urgent support for one person from health professionals. Staff were clear about what action they needed to take if this person put themselves at risk, and the registered manager had liaised with the police to explain that this person was vulnerable. This meant any risks were addressed appropriately.

There were sufficient numbers of staff deployed to meet people's needs and to keep them safe. The registered manager told us that the service was 'in transition' as the home was now fully occupied and some long standing staff members had moved on. New staff had been recruited and numbers increased, to meet the needs of the additional people at the service. A relative told us some people found the changes hard to cope with, although, "that's life and it's nobody's fault". The registered manager understood people found it difficult when there were strangers in their home, and never used agency staff for this reason.

Risks of abuse to people were minimised because the manager ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. The DBS checks people's criminal history and their suitability to work with vulnerable people.

People were protected from the risk of abuse through the provision of policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. People were free to come and go, so staff were proactive in monitoring their well-being. For example, there was a board near the front door where people could indicate whether they were in or out. In addition, staff made sure they knew where people were going and what they were planning to do. Staff emphasised the importance of knowing people well and listening to them, as well as looking out for any physical signs. This helped them to find out if people were experiencing, or at risk of, harm. One person told us," If I was concerned I would talk to any of the staff. They are very good. All lovely ladies".

Staff were aware of the service's whistleblowing policy and told us they would feel confident to use it. They had safeguarding training, which allowed them to maintain their knowledge and awareness. Staff disciplinary procedures were in in place, and there were no disciplinary processes underway at the time of the inspection.

Systems were in place to ensure people received their medicines safely. Care staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines and medicine administration records (MAR) were kept in locked drawers in a locked room. Medicines which required additional security were kept in a separate locked cupboard. We looked at the medicines administration records (MAR) and saw they had been correctly completed with two staff signatures on the MAR sheet for controlled drugs. Some people managed their own medication, which they kept in locked cupboards in their rooms. Risk assessments and

Good

Is the service safe?

management plans had been drawn up with the person. MAR sheets were signed by the person and two members of staff, and staff monitored weekly to ensure that medicines were being taken correctly.

The registered manager completed a monthly audit to look at the safe supply, ordering, dispensing, administration, disposal and recording of medicines. An audit was also carried out by an external pharmacist who focussed on policies and procedures.

Staff had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken. The manager audited these records, which allowed them to understand any causes and identify wider risks, trends and preventative actions that might be needed to keep people safe.

There were plans for responding to emergencies or untoward events. A range of health and safety policies and procedures were in place to keep people and staff safe. This information was communicated to staff at induction and updated during training, staff meetings and briefings.

Health and safety checks were carried out at least every four weeks, to ensure the physical environment in the home was safe. There was a comprehensive cleaning programme, which included tasks for night staff. People were encouraged to keep their bedrooms clean and tidy, but this was not always achievable for them. The registered manager talked about people's right to live as they wished, but was aware this needed to be balanced with health and safety risks. One person chose to clean their own room and a procedure and agreement was in place related to the safe use of cleaning materials.

Good

Is the service effective?

Our findings

At the last inspection on 12 November 2014 we required the provider to take action to ensure people's legal rights were protected under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). We received a provider action plan stating the relevant legal requirements would be met by June 2015. At this inspection we judged the service was now acting in line with legislation to protect the rights of people who lacked capacity.

The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. This ensures that their human rights are protected. The service had a detailed MCA policy with clear guidance for staff in how to apply the principles of the act in practice. The registered manager and some staff had received training in the requirements of the MCA; this training was also being arranged for new members of staff. 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.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The service had submitted a DoLS application for one person living in the home. This was needed because they required constant care and supervision to help keep them safe and were unable to leave the home without staff support. This showed the service complied with the DoLS requirements.

People's needs were met effectively. A relative told us how their family member's mental health had, "improved enormously", and they had become much more confident. A health professional commented," They manage some difficult people. I have no issues with the support that's provided".

Staff were knowledgeable about each person's individual support needs and provided care and support in line with people's care plans. We spoke with some new members of staff who explained how their induction had given them a good understanding of people's needs and their role. The first day was spent meeting people and staff, getting to know the lay out of the building, and learning about policies and procedures at the service. They then had a three month probationary period, spending the first week shadowing other members of staff, reading care plans and getting to know people. They told us, "When you understand people's backgrounds, their behaviour makes more sense".

Staff had an annual appraisal and formal supervision every six to eight weeks, where they discussed their strengths, training needs and plans for the future. They told us this was very helpful.

An ongoing training programme helped staff to develop and maintain the skills and knowledge needed to support people at the service. This included safeguarding, moving and handling, administration of medicines, equality and diversity and infection control. At the time of the inspection staff had just completed a course in managing challenging behaviour. They told us the provider was really investing in their professional development, supporting them to undertake vocational qualifications in health and social care. The registered manager himself was completing a management qualification.

People told us they enjoyed the food at the home, "The food is very good. My favourites are stew and roast dinner". The provider, and a person living at the service, planned the menu every week and did the food shopping together. They took into account people's individual likes and dislikes, and any particular dietary needs. A cooked meal and pudding was provided for everyone at 4.30pm, with alternatives available if people wanted them. There were two kitchens where people could make their own breakfast, lunch and drinks throughout the day, with staff support if necessary. People could eat in their rooms if they wished, and some people had their own kettles to make hot drinks. People told us they enjoyed the weekly 'cooking club', where they chose what they wanted to make.

People with special dietary needs were catered for. For example, one person was following a particular diet after a 'healthy heart' assessment. Their health had improved as a

Good

Is the service effective?

consequence. Another person with diabetes was provided with sugar free options. Staff encouraged people to eat healthily, but respected their right to make their own choices.

Staff supported people to keep health appointments, and care plans showed health professionals had been consulted as required. This meant people were supported to maintain good health. One professional told us," They are very good at asking for support and help when needed." Another professional said, "The manager always rings in and updates us".

The registered manager told us that there had been some recent environmental improvements to the home, and this was a 'work in progress'. Carpets in the communal areas had been changed, some bedrooms had new double glazed windows installed, and wallpaper had been replaced in some rooms because it was flammable. Outside steps had been painted so that they were easier for people to see and less of a trip hazard. A relative felt people at the home would benefit from a walk in shower in the large upstairs bathroom, as the bath was not easy for people to use. This would make it easier for them and others to maintain their personal hygiene.

Good

Is the service caring?

Our findings

People told us the staff were caring, and treated them with dignity and respect. Comments included, "The staff are super. Very kind and caring. Angels, they all are", and, "They always knock on the door before they come in or if you need anything doing". A relative said, "The staff are all lovely". A member of staff told us, "We're so lucky to have the staff that we have. Here they always make time. They never forget. They really care about the residents. They are really interested and supportive".

Policies at the service guided staff to provide person centred care. The staff handbook stated," We are committed to affording service users their fundamental rights to choice, privacy, dignity, respect and independence. They have rights to choose which lifestyle they prefer and we encourage them and help them to fulfil their needs."

People chose how and where they wanted to spend their time. Some people liked to stay in their rooms, relaxing and watching television, others told us they liked to go into town for a game of snooker, or to the shops. They valued the fact that they could be independent, with support if they needed it. One person said, "Everybody's got their own front door key. You couldn't call it home without your own front door key."

Care plans supported staff to work in a person centred way. For example, one care plan identified that the person was at risk if their individuality was not supported. There were risks from, "not being allowed to make choices and decisions about how they live their life. Not being given the opportunity to experience achievements, and being talked to and treated like a child".

Staff told us, "I like caring for people. It's my passion, and I want to provide good care". They respected people's dignity and privacy when providing care by, "shutting the curtains and closing the door. I help them to have a bath and take a dressing gown to walk back downstairs". We observed that staff were respectful, understanding and patient when assisting people. For example, during the inspection people frequently approached the registered manager to ask for guidance or support. He always took the time to listen and provide the reassurance and answers people asked for.

Care plans contained good information about people's history, support needs, risks and signs of becoming unwell. This helped staff get to know and understand people, how to support them and respect their choices. For example, a member of staff told us a person had become physically aggressive when staff had gone to check they were ok. This was a very private person who preferred to stay in their room, but who needed monitoring to ensure their safety. An agreement was reached with the person, respecting their wish to be left alone, apart from set times when staff could visit.

One person was unable to communicate verbally. Staff told us how they supported the person to make choices at breakfast by showing them two boxes of cereal and watching their reaction. They followed the same process to help them decide what to wear. "You get to know them and they show you what they want".

Requires improvement

Is the service responsive?

Our findings

The service was not always responsive. Care plans included assessments related to weight, blood pressure and medication but the records showed they had not been reviewed for two months. Some reviews had been completed, but were not signed and dated. This meant staff may not recognise if and when, there had been changes in people's health, or if action was needed. This was particularly relevant for new staff who did not know people well. The information in some care plans was not clear. For example, one care plan stated the person was allergic to a particular antibiotic, yet it was included on a list of medication the person took. The registered manager assured us the person was not allergic to the medication and not at risk. He acknowledged that care plans required urgent review. A senior carer had been recently appointed, and their role was to support the registered manager in this task. This had begun by the second day of the inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

Before moving in, people usually spent time at the home to see if they liked it and would settle in. The registered manager completed an assessment with them to determine whether the home was right for them and their needs could be met. He told us this process needed to be managed sensitively, as there was an established group of people living in the home, some of whom found change difficult. Staff understood it was also difficult for people moving in, telling us, "It's hard for them to come into a new environment".

Key workers involved people in the planning of their care if they were willing, but many weren't. This information was then reviewed, with the person if they wished, every six months.

One person told us," You are involved when they are writing it. Then you can read what is written and sign to say you agree with it". The care plan of a person who was thinking about moving on said, "Always tell [person's name] the plan, and keep them informed".

People had diverse and changing needs, so care plans needed to be individualised and responsive. Some people were largely independent, just requiring support with medication and health appointments. Others needed support with all activities of daily living. Some people were hard to engage with, or lacking in confidence. Care plans contained guidance for staff in meeting people's physical and mental health needs, as well as understanding their likes and dislikes. For example they described," What I do and don't like"," What I do and don't find important", "What a good day looks like for me" and "What a bad day looks like for me". Risks were clearly documented, not only in relation to physical and mental health, but environmental and emotional risks, such as getting lost, becoming disoriented due to lack of signage/cues, or feeling lost and insecure because the building doesn't feel like 'home'. This information supported staff to provide care that was right for each person, and they signed to show they had read it.

Information about new people and their support needs was shared by the registered manager at staff meetings. Daily records kept staff informed about people's well-being on a day to day basis. There were also staff handovers and a white board in the staff office where important information could be shared on that particular day, for example if a person was distressed or being aggressive.

People's needs were responded to as they changed. One health professional told us, "They were patient and supported people when they were mentally unwell". Another professional told us how another person had become more independent; "They have done a really good residential support job and enabled him to move on to supported accommodation".

There were some organised group activities at the home, such as a cooking class, and badminton, but not everybody wanted to be involved. Staff had supported people to attend various community activities, but people had not wanted to stay. Plans were being made for the Christmas party, and people told us they were looking forward to that. Many people went out independently, to the shops, for a beer, or to play snooker. Staff accompanied those who needed some support and also spent individual time with people at the home. They told us, "We do make time to spend with people, we play cards and chat. One person loves it when you sit in their room and talk to them. They like the company." Some people chose not to engage in activities at all, preferring to watch TV in their room or sit in the garden. The registered manager told us he was looking to develop the range of activities available to people living at the home. He had asked people for their ideas at a recent residents meeting, and table tennis had been

Requires improvement

Is the service responsive?

suggested. One person was organising a DVD night, with staff support, with popcorn and hotdogs. A relative told us a pool table would be a good investment, as many people at the home enjoyed this. They also commented, "I see staff doing a lot of cleaning all the time. I know it needs to be done, but it would be nice if they had more time to spend with the residents. I'm talking about every resident. Some people don't have the confidence to go out on their own. They would rather be in a one to one than in a group. They could go ten pin bowling or play table tennis. There's so much you could do. It's really important for people getting better mentally".

There was a complaints policy and procedure displayed on a notice board in the entrance hall, and a complaints and suggestions box. The registered manager told us people didn't use it, preferring to discuss their concerns with him directly than fill in a form. This was confirmed by a relative who told us they had always gone to the manager with any complaints and he had listened and responded. They said, "Even my [family member] will go and talk to him, and that's somebody who's quite shy".

Good

Is the service well-led?

Our findings

People were complimentary about the service. One person told us, "It's the best home in the UK. All the staff are really caring and kind. I am truly blessed." Feedback questionnaires completed by relatives stated, "We find that the staff are very friendly and accommodating", and, "The home is clean and pleasant and well run."

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. Everybody was extremely positive about him. One person described him as, "a lovely man. Lovely natured, kind and caring". A relative told us, "He is a good manager. The residents love him". Staff said. "He is an amazing manager. He does his job properly, but you can talk to him as a member of staff, a manager and a friend. I would go to him straight away if I was worried." They told us people living in the home had confidence in him, and always asked for him if they needed something.

The registered manager told us the ethos of the service was to see people as individuals and to keep them mentally well and settled. He said, "This is a proper home for people; some have been here for 15 or 20 years…I am proud of the fact that people call it 'home'".

The service worked to help people explore their potential, for example, moving towards independent living, or planning to live their lives as they wished. For example, one person had been supported to complete a distance learning course on food hygiene and now cooked for people once a week. A feedback questionnaire stated, "Food is excellent. Especially when [person's name] cooks".

The service was facing some challenges. The manager told us there was less support available from the community mental health services due to budget cuts. This meant more responsibility for them as they had to advocate strongly for people to get the support they needed.

There was a 'full house' for the first time in many years, and several long term members of staff had moved on. This meant that over recent months, tasks such as reviewing risk assessments and care plans had been neglected. Whilst we identified this as a breach of Regulation 17 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014), we felt it was positive that the manager and providers had already recognised this was an area for improvement, and recruited a senior carer to review and update risk assessments and care plans, as well as support with management tasks.

There was an open and supportive culture at the service. Staff told us, "Everybody is nice and open and there for each other". They said, "The manager listens all the time. His door is always open. He is really good." They would not hesitate to talk to him if they had any concerns. One member of staff told us they had valued their recent appraisal because it was a "chance to say everything". Obligatory staff meetings took place monthly and were minuted. Staff were invited to raise concerns and make suggestions for the improvement of the service. It had been a staff member who suggested that a white board be put on the wall in the office, to keep them informed about important changes in people's day to day needs.

The providers had a quality assurance system to ensure they continued to meet people's needs effectively. The registered manager carried out a programme of monthly and six monthly audits and safety checks,and was going to be supported in this by the recently appointed senior carer. People were encouraged to give their views on the service at the regular 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. Staff told us, "They are both really good and hands on. If something's not right they will sort it out. They know the residents well, and the residents have a lot of respect for them".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Records relating to the care and treatment of people were not accurate or up to date. 17(2)(c)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.