

Phoenix Learning and Care Limited

Number 14

Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service: Number 14 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.

People's experience of using this service: People told us they felt safe and happy living at Number 14 and gave us positive feedback about the care and support provided. Number 14 had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published. We found the outcomes for people living at the home reflected some of these values and principles.

Since the last inspection, the registered manager had made several improvements, however some improvements were still needed. We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). We found there was a risk that people's rights were not protected as staff did not have a clear understanding of how to apply it in their daily work. We have made a recommendation in relation to mental capacity and the best interest decision making process.

People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so. We have made a recommendation about PRN medicines. These are medicines used 'as required' to support people, for example because they are in pain.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People received personalised care from staff who knew them well and understood how to meet their needs. Support plans contained information about individual preferences and what was important to people such as interests and activities.

Risks associated with people's complex care needs and the environment had been appropriately assessed and staff were provided with information on how to support people safely.

People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities.

People were treated kindly and compassionately by staff and were supported to express their views and make decisions about their care. People and their relatives felt comfortable raising complaints and were confident these would be listened to and acted on.

The provider had an effective governance system in place. The management team continued to carry out a regular programme of audits to assess the safety and quality of the service and identify issues.

Rating at last inspection: Number 14 was previously rated as 'Requires Improvement.' The report was published on the 2 May 2018.

Why we inspected: This was a planned inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme.

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

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

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The home was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Number 14

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the home under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Number 14 is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced and took place on the 8 May 2019.

What we did:

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.

We spoke with two 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.

To help us assess and understand how people's care needs were being met we reviewed three people's care records. We also reviewed 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.

Is the service safe?

Our findings

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

At the previous inspection in March 2018, this key question was rated 'Requires Improvement'. We found improvements were needed in risk management. At this inspection, we found the home had taken steps to improve the safety of people's care and the management of risks relating to the environment. The rating for this key question has improved to 'Good'

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- People continued to receive their medicines safely. However, we found, where people were prescribed medicines they only needed to take occasionally [PRN], such as for the management of pain or anxiety. Guidance had not been provided for staff to follow to help ensure those medicines were administered in a consistent way.

We recommend the provider undertakes a review of PRN medicines to ensure staff have guidance available to inform their decision making.

- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused. We checked the quantities of a sample of medicines against the records and found them to be correct.
- Staff had received training in the safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse:

- People were protected against the risk of abuse.
- When asked, one person said, "I do feel safe living here, the staff are great".
- Policies in relation to safeguarding and whistleblowing were in place. Staff had received training to enhance their understanding of how to protect people from any form of discrimination and were aware of their responsibilities to report concerns about people's safety.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- People were protected from the risk of harm.
- Risks such as those associated with people's complex care and or medical needs had been assessed and were being managed safely. Each person had in place a comprehensive risk management plan which was linked to their support plan. Risk management plans described what needed to happen to keep people safe and were regularly reviewed. Staff were aware of people's individual risks, potential triggers and signs that might show the person was unhappy or unwell. As well as how to support each person to manage/minimise these risks.

- The premises and equipment were well maintained to help ensure people were kept safe. Checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, gas safety certificates and portable appliance testing (PAT) was in place and up to date.
- Fire safety systems were audited regularly, and staff received training in fire awareness. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Staffing and recruitment:

- People were protected by safe recruitment processes.
- Systems were in place to ensure staff were recruited safely and were suitable to support people who might potentially be vulnerable by their circumstances.
- Relatives and staff told us there were enough staff on duty to support people and keep them safe.
- Staffing levels were organised around each person's specific support needs. Where people had been identified as needing one to one support, this was being provided.

Preventing and controlling infection:

- People continued to be protected against the risk of infection.
- The home was clean throughout and fresh smelling.
- The provider had good systems in place to prevent and control the risk of infection. Staff were aware of infection control procedures, had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- There was an on-going programme to redecorate and make other upgrades to the premises when needed.

Learning lessons when things go wrong:

- Accidents were appropriately recorded, and action taken to prevent similar occurrences. For example, medicines travelling between a person's home and the service in now transported in a locked tin.
- The provider and management team analysed accidents and incidents and shared learning across the organisation.

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.

At the previous inspection, March 2018, this key question was rated 'Requires Improvement'. We found improvements were needed in relation to staff training and to show the home was working within the principles of the Mental Capacity Act 2005 (MCA). At this inspection, we found improvements were still needed. The rating for this key question remains 'Requires Improvement'.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People's ability to make decisions had not been assessed or recorded in a way that showed the principles of the Mental Capacity Act, 2005 (MCA) had been complied with. Staff had completed training in MCA but did not have a clear understanding of how to apply it in their daily work. For example, records showed that staff assessed both people living at the home as not having capacity to hold their own front door key. Staff had gone on to carry out a best interest decision and decided that it would not be in the person's best interest to have a key. However, based on the information recorded, staff should have deemed both people as having capacity and therefore not gone on to complete the best interest decisions.
- The registered manager accepted this did not demonstrate the home was working within the principles of the MCA and assured us they would take action to address this. We did not find that people had been placed at a disadvantage.

We recommend the provider review staff knowledge and seeks guidance from a reputable source in relation to carrying out and recording capacity assessments and best interest decisions.

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 Safeguarding (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where restrictions had been placed on one person's liberty to keep them safe, the registered manager had worked with the local authority to seek authorisation to ensure this was lawful.

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

- Care needs assessments identified people's needs and provided staff with guidance about how best to meet these needs in line with best practice guidance and people's preferences.
- People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. Records showed referrals were made to GPs and community nursing services when needed and people had opportunities to see a dentist or optician regularly.
- Regular care reviews ensured changes to people's needs were identified quickly and support plans amended to reflect these changes.

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

- People were encouraged to be as independent as possible with planning, shopping and cooking their own meals. People told us they could make decisions about what they ate and drank and when. One person said, "I decide each week what I'm going to cook, and staff help me if I need it, but I'm quite a good cook". Staff explained how they encouraged and supported people to develop their independent living skills.
- People were encouraged to maintain a balanced, healthy diet. Staff had a good awareness of people's dietary needs and preferences but understood that this was their choice. However, a relative we spoke with raised concerns that staff may not be providing enough information or guidance in relation to healthy eating habits. They felt this was having a negative impact on their relations health. We raised these concerns with the registered manager following the inspection, who assured us they would speak with staff and contact the relative.
- People could help themselves freely to food and snacks throughout the day and night and we saw the kitchen was well stocked with tea, coffee, and soft drinks.

Staff support: induction, training, skills and experience:

- The provider had made improvements to the support staff received to ensure they had the skills to carry out their duties and the role expected of them.
- The provider had recently introduced a new staff induction process which was run over three days and covered a range of topics. For instance, person centred care, safeguarding and positive behaviour management.
- Staff new to care were also 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.
- The homes training matrix showed staff had received training in a variety of subjects. For example, safeguarding children, medication administration, Epilepsy and Autism.
- Staff had opportunities for regular supervision and appraisal of their work performance. The Registered manager had good systems in place to understand which staff needed their training to be refreshed and who required supervision.

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

- Number 14 had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published. We found the design and layout of Number 14 was suitable and appropriate to meet the needs of the people living there. The property was a spacious semi-detached house, set over two floors with a large rear garden, which was safe and accessible.
- People's bedrooms were personalised and reflected their individual interests, likes and hobbies.
- Technology and equipment were used effectively to meet people's care and support needs. This gave people greater freedom to come and go as they pleased, whilst providing increased security.

Is the service caring?

Our findings

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

At the previous inspection, March 2018, this key question was rated 'Requires Improvement'. We found improvements were needed to ensure people were treated with dignity and respect. At this inspection, we found improvements had been made. The rating for this key question has improved to 'Good'.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living Number 14. One person said, "It's amazing, they [meaning staff] have put me on the right road and turned my life around".
- People were supported by staff who had a good understanding of their individual needs. Support plans contained information about people's past, cultural and religious beliefs as well as their future aspirations. Staff used this information to build positive relationships and to support people to make decisions about their care. For example, records showed how staff supported one person on work experience and another to follow their passion for music.
- Staff had received equality and diversity training and understood how to deliver care in a non-discriminatory way ensuring the rights of people with a protected characteristic were respected.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support provided. Each person had an allocated 'keyworker' who was responsible for consulting with people about their care and checking whether they felt they were being supported in the way they wished. One person said, "I can speak with the [registered managers name] whenever I need, and we have regular house meetings".
- People were encouraged to make decisions about day to day matters such as food, clothing and routines. Staff offered people opportunities to spend time where and how they wished.
- People and relatives were given the opportunity to provide feedback through regular reviews.

Respecting and promoting people's privacy, dignity and independence:

- Support plans contained clear information about what each person could do for themselves. Staff described how they supported and encouraged people to develop their independent living skills by helping them to take part in household tasks such as shopping, meal preparation, washing clothes or tidying up.
- People said, they were able to lock their rooms if they wished and their privacy and dignity was respected by staff who treated them with respect.
- People were supported to maintain and develop relationships with those close to them. For example, we heard how one person was supported to arrange a meal for their girlfriend for 'Valentine's day'.
- People's personal records were kept secured and confidential and staff understood the need to respect people's privacy including information held about them.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People continued to receive person-centred care. Support plans were informative and provided staff with detailed information on people's likes, dislikes, personal preferences, care needs and medical history. Each person's support plan contained a one-page profile; these were designed to provide staff with all the important information about a person under three simple headings. 'What people appreciate about me', 'What is important to me' and, 'How to support me'. This provided staff with important information to enable them to build positive relationships and help them understand what really matters to people and, how they wish to be supported to live their lives.
- People's support plans guided staff on how to support people in managing their own behaviour and/or anxieties in a way which caused the least amount of distress. They contained detailed information on the signs and triggers that might indicate that the person was anxious or upset, as well as any action staff should take to support the person during these times.
- Staff described how they took a positive approach to risk taking and encouraged people to increase their independence, whilst recognising when people might need some additional support to keep them safe. For example, we saw how the service had bought a variable temperature control kettle. This reduced the risk of scalding whilst promoting independence.
- People's communication needs continued to be known and understood by staff. Support plans identified people's communication needs and how they could be supported to understand any information provided. For example, through visual aids, planners and social stories. This approach helped to ensure people's communication needs were 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 any information they are given.
- People's care records were regularly reviewed and updated. People told us they had been involved in the development of their support.
- People were encouraged and supported to lead active lifestyles, follow their interests, and take part in social activities. Each person's support plan included a list of their known hobbies/interests and staff supported people to take part in things they liked to do. During the day people attended college. In the evening people routinely went to a variety of clubs, the cinema, or out for meals if they wished to do so. People were encouraged and supported to gain valuable work experience with one of the people having a part time job working at a local hotel.

End of life care and support:

- Both the people living at Number 14 were young adults and did not have life limiting conditions. As such end of life care planning had not been discussed with them. However, each person's support plan contained a health passport which held detailed information about the person's care and support needs. This helped

to ensure people's wishes and needs were respected in an emergency.

Improving care quality in response to complaints or concerns:

- People were aware of how to make a complaint and felt comfortable raising concerns if something was not right and relatives were confident action would be taken if needed.
- An easy read version of the provider's complaints procedure was available to people and contained photographs of people they could talk to. This gave them the best opportunity to understand the process.
- People had access to advocacy support if needed and advocacy details were contained within the home's service user guide and displayed within the home.
- We reviewed the homes complaints file and saw where complaints had been received. These had been thoroughly investigated in line with the home's own policy and appropriate action had been taken. They had clearly recorded the outcome and provided feedback to the complainant.

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.

At the previous inspection, March 2018, this key question was rated 'Requires Improvement'. We found improvements were needed as quality assurance and governance systems had not been effective in ensuring people received the care and support they needed, in a respectful and dignified way that promoted their wellbeing and protected them from harm. At this inspection, we found significant improvements had been made. However, we have made two recommendations in relation to PRN medicines and the Mental Capacity Act 2005 (MCA). The rating for this key question has improved to 'Good'

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, staff and relatives, had confidence in the registered manager and told us the home was well managed. One person said, "[registered managers name] is good to talk to, he listen's and has invested time in me", A staff member said, "I think the home is very well led". However, one relative felt, "Communication could still be improved." We fed this back to the registered manager who assured us, they would speak to people to find out how they could make the improvements.
- The management team were passionate about providing a high-quality service. There was a strong emphasis upon striving for continuous improvement. For example, the provider was in the process of reviewing and implementing a new quality assurance system and had invited critical challenge to help ensure this would be effective.
- Learning took place from accidents and incidents as well as other CQC inspections that had taken place across the group of homes. Concerns and complaints were listened to and acted upon. It was evident staff knew people well and there was a strong emphasis upon getting it right for people.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. The provider displayed their CQC rating at the service and on their website.

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

- The registered manager was supported by a deputy manager and a team of senior care staff. Each had recognised responsibilities and there were clear lines of accountability. This ensured staff at the right level made decisions about the day-to-day running of the home.
- Staff understood what was expected of them and daily handover meetings facilitated the sharing of information. This helped to ensure staff had accurate and up to date information about people's needs.

- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and the registered provider had the information they required. Staff performance as well as the safety and quality of the care provided were monitored.
- The provider engaged the services of an external company who visited regularly and produced a report of their findings. This included speaking with people and staff about their experiences of the service and was used to drive improvement

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

- People told us they were encouraged to share and express their views. They could speak to the registered manager if they needed to. One person said, "I know, I can be difficult at times but they [staff] are always there for me and encourage me to talk. [Deputy managers name] is the best. I would give them 10 out of 10".
- There were a variety of ways in which people could give feedback. These included annual surveys, face to face, care reviews or through the complaints process.
- The registered manager and staff had good working relationships with partner agencies which promoted good outcomes for people. This included working with commissioners, safeguarding teams and health and social care professionals.
- The registered manager told us they kept up to date with best practice by attending local forums with other care providers. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.
- Learning was shared through regular team meetings, and staff were open to change and keen to listen to other professionals and seek advice when necessary.