

# Phoenix Learning and Care Limited

# St Agatha's Presbytery

## Inspection report

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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 ●

# Summary of findings

## Overall summary

### About the service

St Agatha's Presbytery is a small care home that provides accommodation, personal care and support to a maximum of two younger people who have a learning disability or autistic spectrum disorder. At the time of the inspection there were two people living at the service.

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

People told us they were happy and liked living at St Agatha's Presbytery. Staff were seen to be kind, caring and respectful of people's needs and people were complimentary about the care and support provided.

People received individualised care and support from staff who knew them well. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People received individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well. However, we found whilst regular reviews were taking place some aspects of people's care records had not been updated when significant changes had occurred. We have recommended the provider reviews the systems in place to ensure people's support plans are fully reflective of people's individual changing needs and wishes.

People were encouraged and supported to engage with a range of healthcare services. Staff understood people's healthcare needs and acted promptly to changes in people's health.

People's medicines were managed safely and stored securely.

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

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. People were encouraged to share their views and people told us they were aware of how to make a complaint.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely and were suitable support people who might be vulnerable by their circumstances.

People and staff had confidence in the service and told us the service was well managed.

The service was clean, and staff had access to personal protective equipment (PPE)

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was 'Requires Improvement' (published on 6 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was 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?

Requires Improvement ●

The service was not always 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.

# St Agatha's Presbytery

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

#### Notice of inspection

The inspection took place on the 21 November 2019. 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 be available for us to speak with.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used this information to plan the 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 met with both people living at the service and gave them the opportunity to talk with us and share their views, but one of the people chose to decline. We also spoke with two members of staff and the registered manager. To help us assess and understand how people's care needs were being met we reviewed both 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm and there continued to be good systems in place to safeguard people from abuse.
- Staff attended safeguarding training and demonstrated a good awareness of safeguarding procedures. They knew who to inform and what action to take if they suspected someone was being abused, mistreated or neglected.
- The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues, and where concerns had been raised we saw these had been managed well.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. We found risks such as those associated with people's complex 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 staff were aware of people's individual risks as well as any signs that might show a person was becoming unwell.
- 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.
- Fire safety systems were serviced and 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 continued to be protected by safe recruitment processes.
- Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service.
- Staff were employed in sufficient numbers to meet people's needs and staffing levels were regularly reviewed.

Using medicines safely

- People continued to receive their medicines safely.
- Medicines were managed safely and stored securely at the correct temperatures.
- 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 they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.

- Staff told us they had received training in the safe administration of medicines and were having their competency regularly assessed.

### Preventing and controlling infection

At our last inspection we recommended the provider reviewed their clinical waste management arrangements. At this inspection we found the system in place to dispose of items that would be considered healthcare waste had improved.

- People were protected against the risk of infection.
- The home was clean, tidy and fresh smelling and systems were in place to prevent and control the risk of infection.
- Personal protective equipment (PPE) was readily available for staff to use when needed.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager to identify any learning which may help to prevent a reoccurrence. The registered manager told us they were keen to develop and learn from events and described how they encouraged staff to learn from each other in an open and supportive culture.



# 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 last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found people's ability to make decisions had not always been recorded in a way that showed the principles of the Mental Capacity Act 2005 had been complied with. This was a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service 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.

- We found staff had a good understanding of consent and we saw them asking people for their consent before providing support. Documents regarding consent had improved.
- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

### Staff support: induction, training, skills and experience

At our last inspection we recommended the provider reviewed the systems in place to assess and/or monitor staff training. At this inspection we found the system in place to monitor staff training had improved.

- The homes training matrix showed staff had received training in a variety of subjects. For example, safeguarding children and adults, infection control, medication administration, Epilepsy, Autism and physical intervention.

- The provider had introduced a new staff induction process which was run over three days and covered a range of topics. For example, person centred care, safeguarding and positive behaviour management.
- Staff told us they felt supported in their role and could approach the registered manager or team leaders for advice, guidance and support at any time. However, none of the records we saw contained sufficient evidence to demonstrate staff were receiving regular supervision. We discussed what we found with the registered manager who explained that due to recent staff changes this had slipped. However, staff were able to request supervision should they need one and there was a plan in place to address any shortfalls.

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 those needs in line with people's preferences.
- People told us they were involved in assessments and were supported to make choices about their care. This showed the service continued to apply the principles and values of Registering the Right support. These ensure that people can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- 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.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. Both people's support plans contained a hospital passport, this document is designed to support staff in different services and/or healthcare settings to understand a person's needs and wishes.

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

- People continued to be supported and 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 always cook my own meals".
- People were encouraged to maintain a balanced healthy diet and staff had a good awareness of people's dietary needs and preferences, but understood this was their choice
- People could help themselves freely to food and snacks throughout the day and night and we saw the kitchen was well stocked.

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

- St Agatha's Presbytery is a three-bedroom house, set over three floors adjoining St Agatha's church located within the heart of Dawlish. There was a kitchen, dining room with access to a large garden overlooking the sea.
- The home was clean, tidy and well maintained. The staff sleeping in room was found on the first floor along with people's bedrooms and a shared bathroom.
- Each person had their own private lounge area which they had decorated to reflect their individuality and particular interests and was personalised with photos and personal possessions.

# 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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 continued to tell us they were happy living at St Agatha's. One person said, "I'm happy living here. I have my up's and downs, but I like living here and I get on well with all the staff especially my 'keyworkers'."
- Support plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths.
- Staff 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 understood and respected.

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

- People were involved in the planning of their care and met with staff to discuss their needs and any changes they wished to make. 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.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular reviews, meetings and surveys.
- The registered manager and staff frequently asked people if they were happy with their care and if there was anything they wanted to discuss or change.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to play a part in the planning of their care and the running of the home. Staff described how they supported and encouraged people to develop their daily living skills by helping them to take part in household tasks such as shopping and meal preparation.
- People were supported to maintain and develop relationships with those close to them and relatives could visit whenever they wished and were always made welcome.
- People's right to privacy and confidentiality was respected. People had a key to their own room/lounge which they could keep locked if they wished and staff knocked on people's doors and waited for a response before entering their personal space.
- 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well, and who were skilled at delivering care and support.
- Support plans were informative and described the person's skills as well as the support needed from staff and/or other services.
- Each person's support plan contained a risk management plan which guided staff on how to support people in managing their complex needs in a way which caused the least amount of distress. As well as 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 enabled staff to support people the way they wished.
- Regular reviews of people's care/support were taking place. However, we found some aspects of people's care records had not been updated when significant changes had occurred. For example, in relation to people's individual healthcare needs or where people were being supported to explore their identity and/or place in the world. We discussed what we found with the manager who was unaware that some sections had not been updated or identified as part of the monthly review process.

Whilst we did not find people's care or support had been negatively impacted. We recommend the provider reviews the systems in place to ensure people's support plans are fully reflective of people's individual changing needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Support plans identified people's communication needs and how they could be supported to understand any information provided.
- The provider had developed some information in an easy read format, for example, the annual survey and complaints procedure. This helped to ensure people had access to the information they needed in a format they could understand.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and have control over their care and lifestyles.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People continued to be encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. We saw people were encouraged to engage in a wide range of activities based on their individual preferences and interests.
- Each person's support plan included a list of their known interests and staff supported people daily to take part in things they liked to do. People routinely took part in a variety of social events for example, attending hoover conventions, car fest as well as regularly going out for meals, shopping or to the cinema. People were also supported to gain valuable work experience and we saw one of the people living at the home had a part time job.
- People were supported and encouraged to maintain relationships with friends and family. People told us during the inspection their friends and families were able to visit whenever they liked.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was freely available, in an easy to read format with pictures and photographs of who to talk to.
- The registered manager and staff regularly checked if people were happy with their care through meeting and chatting with people informally and by seeking feedback from other people who knew them well.
- Although the service had not received any formal complaints since the last inspection, the provider told us they would always act upon concerns in an open and transparent way and use them as an opportunity to improve the service.

End of life care and support

Both people living at St Agatha's at the time of the inspection were young adults and did not have life limiting conditions. As such end of life caring planning had not been formally discussed with them nor would it have been appropriate to do so. However, each person's support plan contained a health passport which contained detailed information about the person's care and support needs. This helped to ensure people's wishes and needs were respected in an emergency.

# 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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on their duty of candour responsibility

- People and staff had confidence in the registered manager and told us the service was well-led.
- The registered manager was supported by a team leader and a team of support staff. Each had recognised responsibilities. Staff understood what was expected of them and were proud of the care and support they provided. One staff member said, "I'm so proud of both the people we support, they have come a long way."
- The provider and registered manager were aware of their responsibilities under the 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.
- Concerns and complaints were listened to and acted upon
- The provider displayed their CQC rating within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Managers and staff demonstrated a shared passion and commitment for promoting people's wellbeing, safety, and security. We saw people had choice and control and were involved in decisions made about their care.
- Governance systems were in place to assess, monitor, and improve the quality and safety of the services provided and drive improvement through regular audits and spot checks. This framework helped to monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

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

- The provider was committed to protecting everyone's rights in relation to equality and diversity and this was embedded in their practice.
- The registered manager and staff had good working relationships with partner agencies.
- Learning took place from accidents and incidents as well as other CQC inspections that had taken place across the group of homes.
- The registered manager kept up to date with best practice by attending local forums. 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.