Care Quality Commission

Blackpool Borough Council

The Phoenix Centre

Inspection report

Stratford Place
Ferguson Road
Blackpool
Lancashire
FY1 6RN

Tel: 01253477841
Website: www.blackpool.gov.uk

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 24 and 26 May 2016 and was announced.

The last inspection took place on the 28 August 2013. They were meeting all the requirements of the regulations that were inspected at that time.

The Phoenix Centre is run by Blackpool Borough Council. The location provides a domiciliary service for people who live in the local community. This includes supporting people with personal care needs and assisting people to be as independent as they can be. Within the building there is a residential mental health service for people with a primary diagnosis of enduring mental illness who are experiencing a mental health crisis. The service offers short stays from one night to up to two weeks to enable a period of recovery. In addition the Phoenix centre provides a supported living scheme and extra supported living scheme in houses within the community. These are houses in the Blackpool area that are staffed 24 hours a day and provide accommodation. The aim of the services is to provide rehabilitation for people and move on to accommodation of their choice. The services each had a registered manager. At the time of the inspection there were 21 people supported by the supported living services. The domiciliary service was providing support for 99 people. In addition there were three people currently staying at the Phoenix Service mental health unit within the Phoenix Centre.

There were registered managers in place for the four services. 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.

We found recruitment procedures were safe with appropriate checks undertaken in all services before new staff commenced employment. These included employment and personal references along with a Disclosure and Barring Service check (DBS).

The registered managers had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

Care records of people who used the services were person centred where appropriate, organised and identified support people required. Risk assessments had been developed to minimise the potential risk of harm to people during delivery of their care. These had been kept under review and were relevant to the care provided.

We looked at how medicines were administered. The medicines administration record (MAR) sheets were legible and did not contain any gaps. The registered manager's ensured only staff that had been trained to manage and administer medicines gave them to people.

People were kept safe and secure in all the services provided by the Phoenix Centre. For example the supported houses had appropriate numbers of staff deployed. This meant the service was meeting people's needs and provided a flexible service. One staff member said, "We have plenty of staff to support the people we care for."

The registered managers understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People were supported to eat and drink and were encouraged to attend to their own dietary requirements. In the rehabilitation services people were supported to maintain their own dietary needs and budget arrangements for food. One person who was staying at the service said, "I was not able to do what I do now in relation to cooking. The staff have given me a lot more confidence."

Staff we spoke with had a good understanding of how people should be treated in terms of respect and supporting people with dignity. We witnessed examples of this during our inspection. For example on person who received support from the domiciliary service said, "I was in a bit of a mess when I came home. However the agency has been so good and kind I feel much better now because of the care and attention I have received."

People told us they were comfortable raising any issues, concerns or complaints with the management team. The services had arrangements in place to deal with these appropriately.

We found a number of audits were in place to monitor quality assurance. The management team and registered managers had systems in place to obtain the views of people who used services.

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 services were safe.

Staff had received safeguarding training and knew how to recognise and respond to abuse correctly.

Risks associated to people's needs had been assessed and risk plans were reviewed.

Recruitment procedures the service had in place were safe.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good

The services were effective.

People were supported by carers who were sufficiently skilled and experienced to support them.

Within the services that provided accommodation people received a choice of suitable and nutritious meals and drinks.

The registered provider was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good

The services were caring.

People were able to make decisions for themselves and be involved in planning their own care.

People told us staff supported them appropriately and were kind, caring and respectful.

People's individual needs were known by staff who provided care and support in a way that respected their individual wishes

and preferences.

Information about Independent advocacy services were available for people should they have required this support.

People's privacy and dignity was respected.

Is the service responsive?

Good

The services were responsive.

People who were living in supported accommodation participated in a range of activities and individual rehabilitation programmes. The daily activities promoted independence and supported people to return to community living.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

The service had arrangements in place to deal with people's concerns and complaints.

Is the service well-led?

Good

The services were well led.

Systems and procedures were in place to monitor and assess the quality of services people received.

The registered provider had clear lines of responsibility and accountability. Staff and members of the management team understood their role. They were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who used the service. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Care Quality Commission

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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 checked 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 visit took place on 24 and 26 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we spoke with a range of people about the service. We visited three individual homes of people who received a domiciliary service and spoke with eight staff. In addition we spoke with people and staff by telephone. We visited a supported living house and spoke with four staff and three people who lived there. In addition we spoke with two staff and two people who were staying at Phoenix Service which is in the same building and provides short term accommodation for people who are in crisis and have a mental health illness. We also spoke with an occupational therapist and psychologist who supported people in the supported living houses. At the office base we spoke with three registered managers, members of the senior management team and four staff members.

We looked at the care records of six people, recruitment records of three staff, the services training matrix and records relating to the management of the services.

Good

Is the service safe?

Our findings

We spoke with people about the services they received and what life was like staying at the Phoenix service and the supported houses and if they felt cared for and safe. Every comment we received by telephone or by visiting people were positive. For example on person who received support from the domiciliary service said, "I don't know what I would have done I felt vulnerable. However I feel safe in the knowledge good people are helping me daily." Another person who stayed at the Phoenix Service said, "I was not safe outside I felt terrible. I now feel more relaxed and that is credit to the staff."

The registered managers had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. Staff we spoke with told us they had received training and that it was updated on a regular basis. The services had whistleblowing procedures and staff we spoke with knew the process to go through should they wish to raise concerns.

We looked at the staffing levels across all the services within the Phoenix Centre. For example we found by talking with people who used the domiciliary service staffing levels were suitable with an appropriate skill mix to meet the needs of people who required support. Staff were matched for their individual skills to people who would benefit from their skills and experience. For example one person who received a service said, "I needed male carers who could understand my needs. They matched people who suited me. That's what I like about the service."

We found other areas of the service had skilled staff available to support people with mental health issues. For example in the supported living houses they employed physiatrists and physiotherapist available for support to people who were on their individual rehabilitation programme. One person we spoke with who was staying in one of the houses said, "The support has been great I was in a mess but feel so much better having spent time with people who understand my issues."

Care plans had risk assessments completed. This was to identify the potential risk of accidents and harm and promote independence. Risk assessments we saw provided clear instructions for staff members when supporting people. For example when people go out independently in the community any potential risks were discussed with the person and any action plan put in place to ensure people were safe.

The domiciliary service completed risk assessments of people who used the service home. This was so staff were aware of any potential risks or hazards. We found they had been reviewed regularly or when circumstances changed.

Accidents and incidents were recorded and discussed between the registered managers and staff. They were analysed by the management team and action to reduce risk and keep people safe were learnt from incidents.

We looked at recruitment procedures and documentation for staff for each service. All required checks had

been completed prior to any staff commencing work. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references. The recruitment process demonstrated the management team ensured all checks were provided prior to any staff working at the Phoenix Centre.

We spoke with staff about initial training following their recruitment to find out what training they had completed. We found staff received a comprehensive induction package. This was confirmed by talking with staff members. New staff also had to complete a probationary period. This was to demonstrate they were competent to support people in the supported tenancy schemes. One staff member said, "Yes the recruitment programme was very thorough and good instruction on the induction training."

We checked to see if medicines were managed safely when we visited the supported houses and The Phoenix Service. Where appropriate care plans contained information to ensure the responsibilities of family, staff and the people who received care and support were clear. This helped ensure people were supported to take their medicines safely.

We looked at how medicines were administered. The medicines administration record (MAR) sheets were legible and did not contain any gaps. The registered manager's ensured only staff that had been trained to manage and administer medicines gave them to people. Staff we spoke with confirmed this.

Good

Is the service effective?

Our findings

People who used all the services told us they were supported by staff who had the knowledge and skills required to meet their needs effectively. For example in the supported houses they had an occupational therapist and psychologist to support people. One person who was currently staying in one of the houses said, "It has supported me a lot talking with the psychologist and other staff members on hand." In addition when we spoke with people who used the domiciliary service comments were positive in the way staff supported people. One person said, "They do appear well trained and know what they are about. That makes me feel good when I have been recovering from illness."

Records seen for all services operated from the Phoenix Centre confirmed training covered a range subjects. People were supported by staff who had the knowledge and skills required to meet their needs. For example we found staff training records identified courses they had attended and when training relevant to their role required updating. The services had their own individual training programmes of mandatory training that included, moving and handling, safeguarding vulnerable adults and food and hygiene and mental health awareness training. Staff we spoke with told us training courses to attend and opportunities to access training were very good. Staff told us training was provided to enable them to understand people who had mental health issues were very good. One staff member said, "We have had some very good training to understand mental health problems people may have. It has given me a better understanding of people with mental health issues."

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.

The registered managers all demonstrated an understanding of the legislation as laid down by the MCA. We spoke with registered managers from the services to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. Staff had also received training and a programme for all staff to complete MCA training was in place. This meant clear procedures were in place so staff could assess people's mental capacity. This enabled staff to assess people's ability to make decisions for themselves. We did not witness any restrictive practices during our visits.

Staff received supervision on a regular basis and annual appraisals. Staff we spoke with confirmed this. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. One staff member said, "They are very good about one to one meetings. However you can speak with [registered manager] anytime she is wonderful."

Care records we looked at in supported houses contained people's dietary needs. They showed they had

been assessed and any support required with their meals was documented. Part of some people's recovery programme was to be able to prepare and monitor their own food provision. For example in one of the services one person who was staying there told us they had learned to cook and now managing their own food budget. We spoke with the person who said, "I was not able to do what I do now in relation to cooking. The staff have given me a lot more confidence."

Staff encouraged people to have some healthy option meals and eat fresh vegetables and fruit. It was clear people had choices of food and were involved in their own food provision shopping as part of their rehabilitation programme.

We found people who received a support from the domiciliary services had their dietary needs documented as to the extent of support they required with meal provision. Staff who prepared food had completed 'food and hygiene' training. We spoke with the staff who confirmed this. One staff member said, "We have to do the food and hygiene training as part of our training schedule."

People's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. This meant information was available to staff should they need to contact a health professional in an emergency.

Good

Is the service caring?

Our findings

People who used the services told us they were treated with kindness and respect. Comments included, "This is a great place to be for me. The staff have been supportive and kind." Also, one person who lived in the community in supported housing said, "The family have been so kind and treated me with respect which I am not used to." Other comments from people who used the domiciliary care service included, "Great staff and treat me with dignity." Also, "I was in a bit of a mess when I came home. However the agency has been so good and kind I feel much better now because of the care and attention I have received."

Staff from all the services we spoke with demonstrated a good knowledge about people's support needs, mental health issues and their preferences. For example the domiciliary service had a matching process where staff with different skills were matched to people they could offer the best support and guidance. This meant people were appropriately matched and have similar interests and hobbies. One person said, "It's great my carer likes the same things as me and we get along fine."

We looked at the care records of people from the different services based at Phoenix Centre. We found people were supported to lead active and full lives based on what was important to them. For example care plans of people who lived in one of the supported living houses contained people's preferences in terms of food, mental health needs, social preferences and hobbies. We spoke with staff and it was evident they were aware of how to use a care approach that supported people with a mental health condition.

Care plans we looked at were centred on people's personal needs, support identified and their wishes of how their care should be delivered to them. Daily events that were important to people were detailed, so staff could provide care to meet their needs. Care plans contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated as the service had identified. Staff told us they promoted people's independence as much as possible. For example the aim of the supported living scheme was to provide rehabilitation for vulnerable adults with a mental health illness to return to community living.

Care plans included monthly action plans to help support the person to reach individual goals. One person we spoke with who was staying in one of the houses on the supported living service said, "We look at how I am doing at my reviews and look towards improving my self being so I can go home. The staff have been so understanding and caring [the house name] has helped me."

We observed examples of staff showing respect and kindness when we visited the supported living houses and private houses of people who used the service. For example we observed staff knocking on doors before entering and always letting the person know who they were. Staff we spoke told us respect and being patient with people was part of the process to support people with a mental health illness. We spoke with people in their homes who received support from the domiciliary care service about the attitudes of staff when they visited their home. Comments were all positive and included, "They always show up on time and are so polite and kind. I don't know how I would manage without them. "Also, "I need help with personal care and the staff treat me with dignity and I feel relaxed when they come. Yes they are polite and courteous

when they come into my house."

We spoke with the registered managers about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

We spoke with a range of people across the services about their experience and support they received. For example people who lived in one of the supported houses told us they were encouraged to make decisions themselves and be responsible to make choices with staff support when requested. In one instance a person who was on the scheme had difficulty with self-confidence and self-esteem. An action plan with agreed goals had been developed with the person to increase their confidence and build relationships within the local community. We spoke with the person who said, "It has been great so far. I am now doing some volunteer work and managing my own medication. I feel with the support I have achieved a lot in a short time."

When people used any of the services they had their social and health needs, communication preferences and general aims discussed with them. Staff told us people were comprehensively assessed to ensure they were aware of the individual aims and goals each person wanted to achieve. For example care planning involved working within the 'time recovery plan' This is a validated method able to identify strengths, aspirations and goals for each individual. Aims for people may involve education, employment or housing issues. One person currently staying at the service said, "I was so stressed out before coming in here and within a short time we have worked through what I need to do and how to do it. I feel much better the staff have worked with me."

A staff member of the domiciliary service told us as part of people's recovery they go through what people can do and what their aims were. This was to ensure people achieve as much independence as possible. A staff member said, "The enablement scheme worked intensely with people so they make as much progress as possible to return to independency and reach their objectives." One person who received a service said, "I could not walk when I came out of hospital but the intense care the staff have shown me has helped me reach my aim of walking with little aid."

We looked at care records of three people. Care plans were reviewed and updated on an annual basis. However any changing needs could result in a full review of support they received. Care records were detailed, person centred and clear. Staff we spoke with confirmed this. Staff told us they felt care records of people they supported contained information necessary for them to help people in their daily lives.

We found staff we spoke with had a good awareness of the needs and wishes of people they supported. For example one person who lived in one of the supported houses had wanted to find employment. With support from staff the person was now in voluntary employment. We spoke with the person who said, "I love the work it has helped me a lot." Staff told us by spending time with people and building relationships they get to know them better. This helped people with a mental health illness become more confident. This enabled staff to know and understand people's needs individually.

We found information on how to make a complaint was available for people in all of the services. People we spoke with were encouraged to give their views and raise any complaints they had with the management team. The registered managers made contact with people on a regular basis to discuss any issues or

concerns people may have. This was in order to obtain their views and to give people the opportunity to raise any concerns they may have.

The registered managers told us constant engagement with people developed relationships and encouraged people to discuss any complaints they had. Across the services all the people we spoke with had no complaints. One person who lived in one of the supported houses said, "I know who to talk to but honest I have no worries or complaints."

The management team across the board at the Phoenix Centre viewed concerns and complaints as part of the improvement of the service. We saw the complaints process was included in information given to people who used services. The Phoenix Centre had not received any complaints. Comments from each of the services from people we spoke with about complaints included, "The staff have been great and the accommodation great, no complaints at all. " Also, "The home help service I cannot fault no complaints whatsoever."

Good

Is the service well-led?

Our findings

The services had registered managers who understood their responsibilities and was supported by the provider to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

The services promoted a positive culture that was person centred, inclusive and open. People who used the services spoke positively about the support and treatment they received. For example one person who was staying at the Phoenix Service said, "I was so in crisis before being admitted here. Within a couple of days I feel so much better. The organisation and staff have been brilliant." Also a person who received a domiciliary service we visited said, "They have been great the service is managed extremely well."

We found that each service had a structured management team in place. There were clear lines of responsibility and accountability within the staff team. The management team were experienced, knowledgeable and familiar with the needs of people they supported and cared for. One staff member from the domiciliary service said, "The management team have it well organised and also are very much 'hands on'." Another staff member from the Phoenix Service said, "We have good systems in place from the management and staff to ensure people in crisis with mental health issues get the right support."

Regular audits were completed by each service and by the organisation. These included, staff training, financial audits, environmental audits and care of the people they supported. Any issues raised by the audits would be addressed by the registered managers and improvements made where required to make sure the service continued to develop and be monitored. For example an environmental audit held on 13 March 2016 identified building repairs required attention. The following month action had been taken and the repairs were ongoing. This showed audits were followed up on and the service was continuously improving.

Registered providers are required to notify CQC about any significant events which might take place at the service. We found the registered managers had informed CQC of significant events promptly and correctly. This ensured CQC had information about incidents that had taken place and the registered manager had taken the appropriate action.

Staff we spoke with felt they worked well as a team in all the services. The registered managers and staff team worked closely together on a daily basis. This was confirmed by talking with staff members. This meant quality of care could be monitored as part of their day to day duties. Any performance issues could be addressed as they arose.

Staff and people who used the services attended meetings held across each service on a regular basis. For example in one of the houses provided rehabilitation for adults with enduring mental health issues, they held clinical/tenants meetings. These meetings were held weekly and discussions centred on the individuals who were supported. One meeting highlighted debt problems people had when coming into the home. An action plan was developed and a plan of support identified to reduce people's financial worries and plan for

their future. One person who used the service said. "I was so anxious and not coping with money problems. Now with help from staff I am much better and able to cope more."

We found people were routinely asked for their views about how the support they received could be improved. This was done through annual surveys, one to one meetings and visits from senior management to homes of people who received a service. For example the domiciliary service recently completed a survey from people who used the service. The response was very positive and comments included, 'Can't think of anything they could improve on'. Also, 'Very good service'. Between April 2015 to March 2016 the services had received 137 compliments and no negative comments.

The management team had developed a newsletter for all the services located at the Phoenix Centre that included 'employees of the month.' This was to reward staff for their great work. One registered manager told us each winner was recognised and in the newsletter. This showed the management team were creative in motivating staff and leading the service by introducing change to maintain and develop quality within the workplace. One staff member who was a winner of the award said, "I was chuffed but it was for all the team as they all work so hard in caring for people."