

Phoenix (Bespoke Support) Limited

Phoenix Bespoke Support

Inspection report

55 Sharpthorne Crescent
Portslade
Brighton
East Sussex
BN41 2DP

Tel: 07885471494

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Phoenix Bespoke Support is a service providing care to people in several supported living settings and to people in their own homes. The service is registered to provide care to people with learning disabilities and/or autism, mental health conditions and older people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 12 people receiving personal care at the time of the inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Staff supported people exceptionally well to live as independently as possible and be in control of their daily lives. Innovative uses of social stories and communication enabled people to achieve goals that would ordinarily have been very challenging for them. Staff and management used a range of communication strategies and accessible materials to ensure people were able to fully express their views and have full involvement in decision making that affected them. People were provided with consistent choice and involvement in all their decision-making and families were involved where they wanted to be. People were supported by staff to take up voluntary employment which helped them to maintain their independence. People's risks in relation to their care were managed well. Staff understood how to maintain and improve people's independence, including taking positive risks. There were sufficient staff to meet people's needs and we were assured that the service was following good infection prevention and control (IPC) procedures to keep people safe. People and their relatives felt respected, valued and listened to.

Right Care:

People and their relatives told us they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they had undertaken relevant training to effectively support people. People told us that the care they received was consistent and that staff knew them well. Managers matched people with care workers of their choice, who understood them and enhanced their care experience. People were able to choose their meals with appropriate support from staff. People's right to privacy was respected and staff encouraged people to regularly provide feedback about the care provided. Care plans were personalised and included information on people's healthcare needs, preferences, challenges and hobbies. People's preferences and abilities in relation to oral care were recorded clearly in care plans.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Culture:

The culture of the service was open, inclusive and empowered people to live independent lives. People and their relatives were complimentary about the service and felt their ideas and concerns would be listened to by management. Relatives told us they felt that staff had helped their loved ones become more confident and independent. Management had undertaken regular audits to look at ways of improving the service and identifying issues. Staff were complimentary about the management of the service, felt valued and told us they were able to raise concerns with the manager. Staff were encouraged by management to undertake training. Staff treated people equally in line with their beliefs, opinions and preferences. Meaningful relationships had been developed between people, their relatives and staff. People felt comfortable and trusted the care workers. Caring for people's wellbeing was an important part of the services philosophy. People had a regular team of care workers and felt they had become part of the extended family.

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

Rating at last inspection

The last rating for the service was outstanding published on 9 May 2018. At this inspection, the rating has changed to good.

Why we inspected

The inspection was prompted in part due to concerns received about care delivery. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service 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.

Phoenix Bespoke Support

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection. Inspection activity started on 9 September 2022 and ended on 13 September 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We reviewed a range of records. This included three staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed three people's care records. We spoke with six members of staff, including the registered manager, a care manager and care staff. Some people using the service had complex needs and were unable to speak with us. However, during our inspection we managed to speak with three relatives over the telephone.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and had no concerns around safety. A relative told us, "I have no concerns around safety, there has never been an issue."
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded. Subsequent action was shared and analysed to look for any trends or patterns.

Staffing and recruitment

- Enough skilled and experienced staff were employed to ensure people were safe and cared for. Staffing levels were determined by the number of people using the service and their needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Feedback from people and staff was they felt the service had enough staff. A relative told us, "I've never known a time when there hasn't been staff available. The manager helps out regularly as well."
- The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS), requesting references from previous employers about their conduct in previous jobs and health checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Detailed risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. For example, risks around finances and accessing the community.
- People had positive behaviour support plans in place where needed. These set out the support people required to manage behaviours that may challenge staff and other people. The plans included clear information about signs for staff to look out for and actions needed to support people effectively and keep them safe.
- Other potential risks included the environment where people lived. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Risk assessments were up to date and appropriate for the activity.

- The service planned for emergency situations, such as staff shortages and inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff.

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Detailed medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Preventing and controlling infection

- People were supported by staff who understood the importance of infection prevention and control measures. Staff completed regular training and had competency checks to make sure personal protective equipment (PPE) was put on, taken off and disposed of safely.
- Relatives told us staff wore PPE when they were supported. Staff told us they had plenty of PPE and could collect more stock whenever they needed it.
- The provider had a robust infection prevention and control policy which was shared with staff. COVID-19 risk assessments, for people and staff, were in place and regularly reviewed.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received effective care and their individual needs were met. A relative told us, "The staff have worked with [my relative] for quite some time now, they know how to care for him and what he likes to do".
- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. Care plans included detailed information on their healthcare needs and how best to provide support. Care records also demonstrated when there had been a need identified, referrals had been made to appropriate health professionals.
- People were supported to access routine health care appointments such as visits to the GP and hospital.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough with choice in a balanced diet

- The registered manager undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were very in-depth and used to develop a detailed ongoing care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided, as well as areas for development and outcomes to be achieved. Documentation confirmed people and their family were involved in the formation of an initial care plan.
- The registered manager was aware of their responsibility to deliver care in line with national guidance and legislation. Care was delivered in line with legislation and we saw this from care and training records we reviewed which referenced CQC Regulations, the Care Act 2014 and the Equality Act 2010.
- Staff were supportive to people's nutrition and hydration needs by helping them with shopping and assisting and prompting them to prepare food.
- Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they encouraged some people to eat and drink healthily.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team and staff had a good understanding of their responsibilities which made sure people were supported in line with the MCA. When people were not able to make a decision about their care and support, meetings were held with the relevant people, such as relatives and health care professionals, to make sure decisions were made in the person's best interest.
- Staff had undertaken training on the MCA and understood the principles of the framework and how to apply this to their day-to-day work.

Staff support: induction, training, skills and experience

- People told us they thought that staff were well trained. A relative told us, "The staff I regularly see are well trained. I know they often do training, they have to."
- Staff received training and were knowledgeable in what was required when looking after people. This meant all staff providing support for a person with learning disabilities and/or autism had undertaken the relevant training.
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training. They supported people to make choices to live in any way they wished, and ensured their rights were protected.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- People were supported in empowering and original ways to further their independence. Staff had a common aim to achieve positive outcomes for people. They gave us examples of individual personalities and character traits and staff ensured they were able to communicate with people effectively.
- People were supported in innovative ways that promoted their independence, health and wellbeing. For example, through the use of personalised social stories. Social stories use both words and images to break down tasks or social skills into smaller, easy-to-follow steps. They helped people to relieve anxiety, calm fears, learn new skills and have a better understanding about what is happening and expected in various situations, thus creating greater independence.
- Through the use of social stories, people who had never been able to have injections were supported to be vaccinated against COVID-19. A social story was produced which was then backed up daily by staff. Staff simulated receiving an injection by using syringes without needles. Over a period of two months this enabled people to gain the knowledge and confidence to successfully go to a COVID-19 vaccine centre and receive the vaccine. A relative told us, "What they did was incredible, I never thought [my relative] would be able to get vaccinated. It meant they could do things that others were doing at the time."
- Again by using an innovative, personalised and accessible social story, the provider enabled a person to understand and feel empowered and confident enough to travel a long distance by public transport to visit their relative who they had not seen for several years. This increased independence meant that regular visits had subsequently been arranged. We saw feedback on how important this was to this person and their family.
- Staff supported people and encouraged them, to be as independent as possible. For example, some people were supported to volunteer in local shops, with the assessed goal of obtaining paid employment. This enabled them to be part of their local community, develop skills and increase their personal confidence. Staff also supported people to take regular exercise, go cycling and work on a local allotment. These activities enabled people to maintain their fitness, make friends and enhance their skills and independence.
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. People's confidentiality was respected. Training about information and confidentiality was given during staff induction, and the provider had a confidentiality policy in place for staff.

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

- People were supported by kind and caring staff who knew them extremely well. Staff ensured people were

treated in an individual and equal way, irrespective of their beliefs, opinions and lifestyle. The service had celebrated the cultural diversity of both people and staff, and staff had a good understanding of equality and diversity reinforced through training. The provider ensured that policies and procedures were understood, and that staff were aware that equality, diversity and human rights made up a principal part of people's assessments of their care and support needs before they began using the service.

- There was evidence that a very strong culture of empowering people existed throughout the service. Independence and autonomy were promoted at all times and this was at the centre of all support and care people received. There were several examples of where people's self-esteem had been enhanced and they had become more independent and confident in terms of physical or emotional wellbeing due to the service provided.
- We saw examples of people being supported to celebrate their heritage through education and events. Barbecues and parties had been held to celebrate a person's Caribbean culture. Other people using the service were invited to attend, in order to learn from each other, develop understanding and have fun. Staff told how they actively supported people to learn about other cultures and have regular opportunities to form new friendships. Due to these events organised by staff, firm friendships had been built between people using the service, which had led to other social and vocational activities that people attended as a group. This had improved their wellbeing and created further opportunity for people to increase their independence and social skills. A relative told us, "It's very important for [my relative] to live a life that he wants and enjoys."
- Staff had an excellent understanding of people's social and cultural diversity, values and beliefs that influenced their choices on how they received their care. For example, people had been supported to explore and discover their sexuality and celebrate their identity. This had enabled a person to understand about the kind of personal relationships they wanted and how staff could assist them to fulfil this.
- People unanimously told us they were treated with kindness and respect when receiving care and support. They said staff supported the wellbeing of both them and their families. They spoke of how close they were to staff and how they had built up positive and meaningful relationships together. For example, staff took it upon themselves to support people to continue to keep chickens after the previous ones had died, as this activity promoted their wellbeing and independence. A relative told us, "They [staff] didn't have to do that. They just got us new chickens for the house which is amazing. They always go the extra mile."

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

- People were respected and equal partners in their care arrangements, and staff worked with them to provide the care they wanted. People were empowered to take responsibility for their own lives, achieve goals and make their own decisions.
- We saw examples of outstanding individualised support given to people. We spoke with the registered manager about care matching. They gave us examples of matching people with care staff who would be most suitable to effectively meet their needs. The registered manager told us that people and their families were always involved with recruiting their care workers. They added, "We look to match staff to create the best fit for the client and also where they live and what they like to do."
- In-depth assessments highlighted to staff potential 'matches' of people and staff. People chose who supported them, and the service ensured this was done in line with people's preferences around age, gender, ethnicity, faith and interests.
- We saw that when people had requested that certain staff assisted them, the provider ensured they matched them with care staff that reflected this. For example, one person required care to be delivered in a culturally appropriate way, by care staff of a specific gender, ethnicity and faith for their care to be facilitated. The service had specifically recruited appropriate staff of the same faith in order to facilitate this person's care package. This relationship had been sustained over time and the person received care in a way that was culturally appropriate and delivered ongoing positive outcomes to their whole family. A relative told us, "I can't recommend them enough. If you want a good support team, then use Phoenix

[Bespoke Support]."

- We saw further examples of staff being matched around ethnicity and cultural history. Strong bonds had been built and staff took the time to support people to follow and respect their interests, faith and culture both at home and in the community. This had brought much comfort, enjoyment and education to people, their families and staff.
- Choices in all aspects of people's lives were encouraged and promoted, and staff were committed to ensuring people remained in control and received support that was about them as an individual. A member of staff said, "We are all like a family, we give the choices and support they need to live their best lives."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At our last inspection we rated this key question outstanding. At this inspection, the rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

- The service responded well to people's care needs and it was flexible to meet their preferences. We were given examples of how the service adapted to fit in with a person's changing daily schedule and to support social time and activities.
- The registered manager told us that the hours needed for care would be changed on review if needed to ensure the service was flexible to people's needs.
- Detailed person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs and interests. These included people's choices about what they did during the day and their preferences for daily activities and ways of communicating.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "They have involved us from day one and the manager is regularly in touch to discuss [my relative's] care."
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care.
- People received care from a consistent and regular staff team. A relative told us, "We pretty much have always had the same carers, it makes things easier as they know the routines."
- Staff supported people to enjoy activities and socialise. For example, care staff took people shopping, went to music events and spent time getting to know them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that communication needs were met for individuals, for example, people received information in easy read format.

End of life care and support; Improving care quality in response to complaints or concerns

- Nobody using the service was receiving end of life care. However, policies and procedures were in place, and we were told that peoples' end of life care would be discussed and planned, and their wishes would be respected should this be required.
- The procedure for raising and investigating complaints was available for people in accessible formats, and staff told us they would be happy to support people to make a complaint if required.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- We received positive feedback how the service was run. A relative told us, "My [relative] would not have the life they have without them, they support [relative] with everything. I think it's an excellent service."
- Staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. A member of staff told us, "I love working here. I like to care and give people a choice on how they live. We are like a family."
- The registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality care. The registered manager told us, "It's about the clients, the family and us. We enable them to live their best lives."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were actively involved in developing the service. For example, people were involved in the interview process for employing new staff. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals.
- Staff meetings and satisfaction surveys were carried out, providing management with a way for monitoring satisfaction with the service provided. A relative told us, "They have weekly meetings in the house, they plan all sorts of things."
- The service liaised with organisations within the local community, such as the Local Authority, to share information and learning about local issues and best practice in care delivery. Staff also supported people to obtain and maintain their tenancy and housing agreements and access funding.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines and care plan audits. The results of which were analysed in order to determine trends and introduce preventative measures.
- Senior staff also carried out reviews and spot checks to ensure that standards of care remained high.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing and staff commented that they all worked together and approached concerns as a team. The registered manager told us, "All the staff team are on board with what we are doing, which is enabling people to live full lives."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.