Stepping Stones Care Homes (Phoenix House) Limited

Phoenix House

Inspection report

218-220 Kettering Road
Northampton
NN1 4BN
Tel: 01604 626272

Date of inspection visit: 9 February 2015
Date of publication: 13/05/2015

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?	**Requires improvement**

Overall summary

This unannounced inspection took place on 9 February 2015. Phoenix House is registered to provide accommodation and personal care for up to 15 people, some of whom may have a mental health diagnosis. There were 11 people living at the home at the time of this inspection.

There was not a registered manager in post. The previous manager had left the home in October 2014. 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. The provider had employed two new managers, who have submitted an application to the Care Quality Commission in order for them to apply to become the registered managers for the service.

There was not a robust system in place to monitor the quality of the service and to make improvements where necessary as monthly audits had not been completed for several months.

Summary of findings

People who used the service were well looked after by a staff team that had a good understanding of how people wanted to be supported. Staff encouraged people to be as independent as possible and to make safe choices in their day to day life. Staff treated people with dignity and respect.

Staff were knowledgeable about the risks of abuse and the reporting procedures to follow if they wanted to raise any concerns.

We found there was sufficient staff available to meet people's individual care and support needs. The home had recently recruited several new members of staff and safe and effective recruitment practices were followed.

The procedures to manage risks associated with the administration of medicines were followed by staff working at the service. There were suitable arrangements for the safe storage, management and disposal of medicines.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Where required staff supported people to plan, budget, shop and cook their meals.

The managers had knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation, they knew how to make appropriate referrals to restrict people's liberty and ensured that people's rights were protected.

Staff received induction, training and supervision which enabled them to carry out their jobs effectively.

Staff understood their role and had confidence in the new management of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

People told us that they felt safe.

There were enough staff available to keep people safe and to provide care and support to people when they needed it.

Staff knew how to identify abuse and what action to take to keep people safe.

Medicines were stored and administered safely.

Effective recruitment practices were followed.

Good

Is the service effective?
The service was effective

Staff had the knowledge and skills to carry out their role

Supervision and annual appraisal systems were in place for staff.

People had sufficient to eat and drink to maintain a balanced diet

The managers and staff acted in accordance with the Mental Capacity Act 2005 and had a good understanding of meeting people's legal rights. The correct processes were being followed regarding the Deprivation of Liberty Safeguards

Good

Is the service caring?
The service was caring.

Staff were flexible in developing ways to increase people's independence and recovery at a gentle pace that suited people's individual needs.

People were supported to make choices about their day to day support needs and staff were respectful of their decisions.

Staff were confident in their knowledge of people's requirements and how to deliver their care and support.

People's dignity and privacy were respected and upheld by all the staff.

Good

Is the service responsive?
The service was responsive.

Staff encouraged people to make day to day choices and increase their independence.

People's care plans were individualised and had been completed and reviewed with the involvement of people.

Good

Summary of findings

People's physical and mental health needs were met, and external healthcare professionals had been involved in promoting people's recovery

Referrals were made promptly to healthcare professionals when assessments or treatment was required.

People provided feedback on the service they received.

Is the service well-led?

Requires improvement

The service was not always well led.

The service did not have a registered manager in post

Monthly audits had not been completed in the last four months to check that the service was delivering quality care to people. Following a staff survey an action plan was put in place but not actioned by the manager in post at the time.

Some quality assurance systems were in place and improvements to the service had been identified as a result of these but they had not all been carried out.

There were records of complaints but there were no records to show the outcome of investigations or any changes required as a result of these.

The managers provided visible leadership to staff. Staff understood the philosophy of the service and how they can contribute towards this.

Staff had confidence in the new management team.

Phoenix House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This unannounced inspection took place on 9 February 2015 and was carried out by two inspectors.

We spoke with people who used the service. We did this so we could obtain their views about the quality of care provided at the service. We also reviewed the data we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we undertook general observations in communal areas and we spoke with eight people who lived at the home. We reviewed the care records of three people to see how people were encouraged and supported to carry out their daily routines. We spoke with one relative, eight members of staff including two managers, three directors and three care staff.

Good

Is the service safe?

Our findings

People said they felt safe at the home. One person explained "Their philosophy is residents first – they don't tolerate bullying". Staff understood their personal responsibilities to protect people in the home from harm and abuse. They understood the different types of abuse and had a clear understanding of how to report any concerns that they had to the manager and or external agencies such as the Local Authority or the Care Quality Commission.

Satisfactory risk assessments were in place including individualised risks assessments to manage for example, risk of suicide, self-harm, violence, non-adherence to care plan, physical health, self-neglect, medications, and vulnerability. The risk assessments were individualised and were tailored to each person's particular risks. For example, one person was at risk of infection due to self-harm and these risks were also identified under their physical health risks assessment as well as there being specific risk assessments for infection control and self-harm. This demonstrated a holistic approach to risk management and in depth knowledge of risks to people's care. Staff were able to demonstrate through discussion their awareness of people's risks and how to manage these to keep people safe.

Individual and specific risk assessments were in place such as risk of using scissors and contained measures for staff to follow to reduce risks. E.g. scissors to be kept by staff and given when needed and their use monitored by staff. These balanced freedom and safety as people used the scissors regularly for craft making and staff monitored their use to keep people safe.

The staffing arrangements that were in place were sufficient to meet people's needs. We were told by the manager that staffing levels were usually three care staff, however this was sometimes exceeded as the two managers were also available to meet people's needs. The service also had a 'nurse call' system in place in people's bedrooms should people require assistance in an emergency.

People could be assured that they were cared for by staff who were of good character and had undergone a robust and thorough recruitment process which included interview, two references, and Disclosure and Barring Service (criminal records check), before being offered employment at the home. The manager was clear about staff management processes and how they would respond where there were any concerns about staff conduct or where potential disciplinary action may be required.

Medicines were managed safely. One person said that they had started to manage their own medicines with the support of staff. We observed people receiving their medicines and they told us that staff always ask them if they are feeling well. We noticed that records of medicines taken 'as required' were recorded accurately. Staff explained that if people were requesting more 'as required' medicines then this would be reviewed by the doctor to see if changes were required to people's prescriptions. Staff showed us how they managed people's medicines and we saw that all medicines were obtained, stored and dispensed safely and accounted for. We noted that the provider had recently introduced a new system of medicines management which had included people's photograph as well as their name on each medicine pack. Staff told us that this information was removed to preserve confidentiality before packaging was disposed of.

Good

Is the service effective?

Our findings

People's day to day health needs were met. People told us that they had access to healthcare services for example, diabetic eye screening clinic, GP's for ill health concerns and blood tests, opticians, chest clinic, podiatrist, and a district nurse for wound dressings. One person said " the staff arranged for me to have a check-up with the GP

Staff completed an induction period and received training which included medicines management, first aid, mental health and personality disorder awareness and managing behaviours that challenge others. One person said "The staff have done a lot of training recently". The manager explained that they had had several new members of staff and that they had arranged for staff to complete training such as personality disorders as this would help staff to understand their job and how best to support people. We spoke with staff that had recently joined the service and they said that the training had helped them to understand and meet the needs of people that lived at the home.

Staff received supervision meetings with the manager and annual appraisals were carried out in June. Plans were in place to provide regular supervision to all the staff. The staff we spoke with said that as they worked closely with the new managers they felt that they could discuss any issues of concerns whenever they needed to. Staff also said that during supervision meetings with the manager they could discuss their future training and development needs and received feedback on their role and how well they supported the people they cared for.

The manager and the staff team had received training and understood their role and responsibilities under the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure the human rights of people who may lack capacity to make decisions are protected. The DoLS are a code of practice to ensure that people are looked after in a way that is least restrictive to their freedom.

We found that the manager had discussed any concerns with relevant health and social care professional and if necessary had submitted appropriate requests to restrict people's liberty to keep them safe and they were complying with the specific conditions applied to the individual authorisations.

People received sufficient food and drink to maintain a balanced diet. Some people were able to plan, shop and cook their own meals. Others required help and guidance from staff and this included advice on budgeting and healthy eating. There was a Sunday 'communal meal' where people cooked a roast dinner for all to enjoy. We spoke to people who enjoyed the communal meal and one person said that they enjoyed making cakes and baking and sharing these with people that came to the home. Another person said "The staff have helped me to learn to cook so that I can look after myself more."

Good

Is the service caring?

Our findings

Staff interacted positively and in a caring and supportive way with people that lived at the home. One person said "I am very happy here and the staff are very kind and patient, I feel trusted here." Another person said "I have done very well here and I couldn't have done so well without the support of staff, they did not rush me and I was able to go at my own pace."

Staff were knowledgeable about people's individual needs. It was clear from our observations that staff knew people's individual likes and dislikes and their hobbies and interests. We saw staff chatting to people and assisting with plans to increase independence in areas such as social activities, cooking and planning healthcare appointments. Staff encouraged people to increase their Independence while remaining respectful of their wishes.

People's privacy and dignity was respected, we observed staff knocking on people's bedroom doors and receiving permission before entering. Staff spoke with people in a respectful way but used humour when appropriate such as when encouraging people to complete a task. People explained that the staff had supported them to be as independent as they could be and this included assisting with community trips and interests

People felt that their views were respected and that staff had the time to listen to them. Care plans were developed with the involvement of people. One person said "My 'named nurse' is very good they sit down with me and we go through my care plan's, they made sure that what was important to me was included." We noted that an advocacy service was available for people to access if they wanted any independent guidance or for someone to speak up on their behalf with any issues they may have. People said they were aware of the advocacy service but felt able to discuss any issues with the staff that worked at the home.

We spoke with a visiting relative and they said that they were able to visit their family member at any time and that the staff always made them feel welcome at the home and that their relative was happy living there.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People said that they had felt listen to when they described how they wanted to be supported by staff and that their care plans reflected their wishes. One person said “When I feel well enough and able to go out I tell the staff and they make sure that somebody comes with me.” Staff we spoke with had an in depth knowledge of people’s individual needs and they were able to describe exactly how to support people with their recovery.

Care plans were in place to meet people’s needs including mental health needs. Plans included areas that had been identified that people required support. For example, wound care, physical health, living skills, work, relationships, addictive behaviours, responsibility and trust. The care plans were written in partnership with people with people expressing how and when they wanted to be supported. For example “If I am feeling low I want to be encouraged to use distraction techniques such as art and craft activities”. We saw that craft materials were readily available if people wanted to use them at any time.

People’s physical and mental health needs were reviewed. For example one person had a number of physical health conditions and management plans were in place to provide appropriate medicines when required. Referrals had also been made to healthcare professional for advice and guidance when required. The care plans reflected the requirements for staff to be more vigilant of physical health if people’s mental health deteriorated.

Care plan reviews were completed monthly or when people’s needs changed. For example one care plan to prevent self-harm described how staff had provided support such as discussing coping mechanisms and how this had helped people when they had felt unwell and at risk of harming themselves.

People were listened too and encouraged to express their views. The home had arranged to hold community meetings every two weeks where people raised ideas or concerns. One person said “We said that we wanted to be able to go out more and they got another vehicle and now there are more staff that can drive so we can get to appointments or outings more easily.” People were encouraged to discuss their ideas as to how the service should be improved; we noted that an increase in people’s budgets for food had been increased as a result of feedback from people.

People also said that they knew how to raise concerns and had done so when they were not happy with the way the service was run. One person told us that they had raised a complaint in the past about staff with the Care Quality Commission but that staffing was better now. Relatives said that they had no concerns about the way the service was run and that if they had any concerns they would speak to staff.

Requires improvement

Is the service well-led?

Our findings

There was not a registered manager in post. The provider had recently employed two senior managers who have applied to the Care Quality Commission to become the registered managers of the service.

There was not a robust system of quality assurance systems in place. The provider explained that they had experienced some recent changes to staff at a senior management level and that during this time some of the planned audits to monitor the standard of the service had not been carried out since September 2014. For example a medicines management audit had Identified missing signatures and there had not been a re audit to check that improvements had been made. During our inspection we checked a sample of medicine administration records (MAR) and found that all the medicines had been signed for to indicate that medicine had been administered as per the prescription.

Records of complaints and the outcome of investigations were not in place. Complaints received from January to July 2014 had been recorded within the complaints log but there was no further information about the outcome of any investigation of the complaints or a plan to show how and when identified improvements were to be made.

Feedback from people, relatives, staff and professionals had been sourced by the provider. The results were that doctors and professionals were happy with people's care and most relatives were confident that staff were caring. Three people indicated that the complaints procedure had not been explained to them. People were generally happy with care and quality of the service including cleanliness. Staff were generally happy. An action plan was put in place but not actioned by the manager in post at the time.

We discussed what arrangements would be in place with the new management team and they were able to demonstrate that systems were in place to increase staff training, which was evidenced by the training that staff had recently been undertaken and that which was planned. Policies and procedures and people's care plans were also under review. However while we saw that the new managers had taken swift action to rectify the lack of quality monitoring and had implemented a range of actions to drive improvement forward, it was too early to assess the effectiveness of the new systems in monitoring the quality of the service that people received.

Staff said that they were looking forward to working with the new managers and they could see that some improvements to the service had been put in place already. Staff said that they felt able to discuss ideas with the new managers and that they were approachable and knowledgeable. "I can see that the managers are on the ball and that things are improving."

The directors of the company had carried out unannounced visits every two months and we noted that some of these had taken place at night time. The reports produced after the visits showed that a variety of areas of the home including safeguarding the premises, staffing and quality assurance had been reviewed. We noted that actions arising from these visits had been recorded such as re decoration of the premises.