

## St Anne's Community Services

# St Anne's Community Services - Phoenix Court

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 14 March 2018 and was unannounced which meant the provider did not know we would be visiting.

A registered manager was in post. 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.

Staff told us people were safe and understood safeguarding and whistle blowing procedures. People lived in a safe environment and risks to people had been identified, assessed and managed through the support planning process. The same workers provided support so people received consistent care. We have made a recommendation about the management of some medicines.

Staff received training and support which enabled them to do their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received a balanced and varied diet, and accessed services which ensured their health needs were met.

Throughout the inspection we observed staff were friendly and caring in their approach. They knew people well and talked about things that were important and relevant to the person. The provider promoted people's rights and had systems in place to ensure people were not discriminated against.

People received person centred care. Support plans were comprehensive and reviewed regularly. Annual review meetings were held which involved the person and others who were important to them. People had opportunity to engage in varied in house and community activities. They were supported to maintain relationships. Relatives we spoke with said they knew who to speak with if they wanted to discuss anything or to raise concerns. They said staff were approachable and had "time to listen".

The registered manager had good knowledge of the day to day running of the service as well as their overall responsibilities. Relatives and staff we spoke with told us the service was organised and well managed. The provider had systems and processes in place to make sure safe quality care was being provided.

Further information is in the detailed findings below.

## 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 has deteriorated to requires improvement

**Requires Improvement** ●

### Is the service effective?

The service remains Good

**Good** ●

### Is the service caring?

The service remains Good

**Good** ●

### Is the service responsive?

The service remains Good.

**Good** ●

### Is the service well-led?

The service has improved to Good

**Good** ●

# St Anne's Community Services - Phoenix Court

## **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.

Before the inspection we reviewed all the information we held about the service including statutory notifications and contacted relevant agencies. The provider was last asked to complete a Provider Information Return (PIR) in December 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the inspection we asked the provider for information which was more up to date where relevant.

This comprehensive inspection took place on 14 March 2018 and was unannounced. An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit we spoke with two people who used the service, three relatives, (one face to face and two on the telephone), five members of staff, the registered manager and a senior manager. We gained limited information from some people who used the service about their experience of living at Phoenix Court because of the different ways they communicated. We looked around the service, observed how people were being cared for, and reviewed documents and records that related to people's care and the management of the home. We reviewed two people's care plans and three people's medication records.

# Is the service safe?

## Our findings

At the last inspection we found the service was safe. At this inspection we found the service was not always safe. The provider had not breached regulation but improvements were required.

People were safeguarded from abuse. Before the inspection we reviewed notifications sent to us by the provider. A safeguarding case had been reported and was still being investigated at the time of the inspection. The outcome of the investigation will be shared with us once it has concluded. All the staff we spoke with told us people were safe. They understood safeguarding and whistle blowing procedures, and knew they should report any concerns to the management team. They were confident any issues would be acted on promptly.

Risks to people had been identified, assessed and managed through the support planning process. We saw from people's records that measures were in place to keep people safe, for example, one person had a management plan for reducing the risk of choking which identified the 'right support', 'right diet' and 'right environment'; staff were observed following this guidance. A report from the speech and language team around choking awareness was also kept with the management plan.

People lived in a safe and clean environment. Certificates and records confirmed checks had been carried out to make sure the premises were safe. Staff were familiar with fire evacuation procedures and told us regular fire drills were practiced. Records we reviewed confirmed this. We noted bathroom and kitchen extractor fans had been recorded as not working in recent health and safety audits. We checked the fans and found one was still not working. We found there was no formal servicing arrangement in place for the extractor fans. The registered manager wrote to us the day after the inspection and said an external company was repairing the extractor fan and would be cleaning all fans regularly in future.

We saw notices in kitchens and bathrooms that the water temperature was very hot. The registered manager said this was due to burst frozen pipes during recent very cold weather. They confirmed this was no longer an issue but had kept the notices as a precaution. We checked the water flow in both bathrooms and found safe water temperatures.

We observed there were enough staff to keep people safe. Staff told us the staffing arrangements worked well and the same workers provided support so people received consistent care. The registered manager told us only one member of staff had commenced employment in the last six months; we reviewed their recruitment records and saw appropriate checks had been carried out before employment commenced.

We checked the systems in place for managing medicines and found some aspects were well managed, however, we found examples where the provider was not following safe medicine practice. Medication administration records (MARs) were completed correctly. Daily checks were carried out to make sure the stock of medicines was correct. We checked the stock levels of medicines for three people and found these were correct. We had to check the medication administration record (MAR) and a stock check sheet to establish stock was correct because the stock received was not always clearly recorded on the MAR. The

clinical lead said they would ensure the MAR accurately reflected the stock of medicines to avoid confusion.

Staff responsible for administering medicines had completed medicines training and their competency had been assessed. We observed the administration of medicines. The nurse checked the MAR, prepared the medicines and ensured these were administered safely. The MAR was signed after medicines were given, which ensured the MAR was not signed in error. We saw the nurse followed safe administration practice on all but one occasion. Two people were prescribed fluid thickener and rather than use the thickener prescribed for each person they used the same thickener for both people. The registered manager said this was not usual practice and would ensure all staff followed the correct procedure. They spoke with the member of staff during the inspection.

We saw prescribed topical creams and fluid thickener were not stored safely. Some people had topical creams in their room but these were not locked away. We saw one person had creams stacked on their sink. The registered manager told us they had purchased a lockable cabinet for topical creams and were waiting for this to be fixed to the wall. They agreed to make sure this was done as a priority. The label on one person's cream had details of the date of opening but this was not clearly legible. Another cream stated it should be discarded after one month which had expired. The clinical lead told us the information was incorrect because the cream did not need discarding until three months after opening. They agreed this was confusing. We recommend the service considers current guidance on storage of topical medicines and recording opening dates, and take action to update their practice accordingly.

# Is the service effective?

## Our findings

At the last inspection we found the service was effective. At this inspection we found the service remained effective.

Staff received appropriate support which equipped them with the skills and knowledge to deliver care effectively. Staff told us they felt well supported and understood their role and responsibilities. We looked at the home's training matrix and saw staff received induction training when they started working at the service and periodic training. Staff also received regular supervision and an annual appraisal.

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

Staff we spoke with understood the principles that must be adhered to when people did not have capacity to make some decisions. For example, decisions should always be in the person's best interest. People's care records provided guidance around promoting choice and involving the person in the decision making process. When people were unable to make specific decisions, capacity assessments were completed and relevant others were involved in the best interest's process. We saw examples of best interest's decisions such as thickened fluids, medication administration and support with health issues. A record was maintained which showed DoLS applications were submitted when people were being deprived of their liberty.

People were supported to have sufficient food and drink. We reviewed the five week rolling menu and food records which showed people had a balanced and varied diet. Lunch was a pleasant experience; staff sat with people and provided individual support where required. Meals that were textured to meet people's dietary needs were nicely presented. Staff we spoke with had a good understanding of people's special dietary requirements.

People accessed services which ensured their health needs were met. We saw from people's care records they had health checks and support from other health professionals to meet any specialist health care requirements. Health appointments were documented and dates for follow up appointments were monitored. Staff we spoke with told us good systems were in place to monitor people's health needs.

People lived in a pleasant and homely environment. We saw they were comfortable and freely accessed different areas of the service. People's rooms were personalised. We noted the décor in some areas looked tired. The registered manager said a programme of decoration was on-going.

## Is the service caring?

### Our findings

At the last inspection we found the service was caring. At this inspection we found the service remained caring.

Throughout the inspection we observed staff were friendly and caring in their approach. They knew people well and talked about things that were important and relevant to the person. For example, a member of staff chatted to one person about their family. Another member of staff chatted to another person about what they would be doing later in the day. We saw staff were responsive to people's needs. For example, a member of staff noted one person's hearing aids were not working. This was dealt with straightaway and involved the member of staff taking the hearing aid for repair.

Relatives we spoke with told us staff were caring. They said their relatives were well looked after. Staff were also confident people received good care. One member of staff said, "People have a good quality life. We focus on the individual and provide plenty of one to one time." Another member of staff said, "People seem happy. Staff are enthusiastic, and give care and attention to each individual."

People had very detailed communication grids to help staff understand what the person was telling them and how to respond. For example, when one person made a clicking noise this indicated the person was happy and may want to interact, and staff should respond by mimicking the same noise. We saw the provider had been looking at how they could improve communication and people's access to information. They were introducing a 'talking support plan', which was only in the very early stages with an aim of helping people have better access and an understanding about things that were important to them.

The provider promoted people's rights and had systems in place to ensure people were not discriminated against. All staff received training around equality and diversity, person centred thinking, and data protection and confidentiality. Relatives and staff we spoke with told us people were treated fairly and with respect. We saw that during the day some people's care records were left on the table in the dining room. We asked staff about this and they told us they were usually locked away.



## Is the service responsive?

### Our findings

At the last inspection we found the service was responsive. At this inspection we found the service remained responsive.

People received person centred care. Support plans were comprehensive and reviewed regularly. They identified how people's care needs should be met and had information about people's preferences, background and history which helped ensure staff understood the person and delivered appropriate care. Staff told us the support planning system was effective and care delivery reflected support planning guidance. Our observations confirmed this. For example, one person made reference to their past which had upset them; staff used a specific response which was agreed and clearly documented in their support plan.

The registered manager said people had an annual review meeting which involved others who were important to the person, and everyone had opportunity to contribute. We looked at one person's review which had been held in January 2018; they had discussed the last 12 months and agreed objectives which included planning a holiday and accessing pet therapy. On the day of the inspection pet therapy visited.

People had opportunity to engage in varied in house and community activities. A 'leisure rota' was maintained and showed what had been provided over the last three weeks. Activities included karaoke, hand massage, baking, shopping, lunch out, indoor bowling and reflexology. On the day of the inspection two people were trialling a new community exercise therapy. A 'better living' activity session was planned for after lunch but had to be cancelled because the external facilitator could not attend. Staff improvised and carried out a session which was based on the better living activity. Relatives we spoke with told us people's social and leisure needs were met. One relative told us their relative "had a much more active social life than most people." We saw people were supported to maintain relationships which included accompanying them to see their family if they were unable to visit the service.

The provider had a formal procedure for dealing with complaints. The registered manager told us the service had only received one complaint in the last 12 months and this had only been received recently so was still being investigated. We saw an initial response letter was sent to the person who raised the complaint and informed them when they could expect a formal response. The area manager confirmed the investigation was on-going and an outcome had not yet been reached.

We saw some people had complimented the service. A relative had thanked staff and said they had noticed their relative was 'relaxed these days'. Another relative had commented their relative was well looked after and did 'a lot of activities outside of the home with staff support'.

# Is the service well-led?

## Our findings

At the last inspection we found the service was not always well led because the provider had not reported all notifiable incidents to the Care Quality Commission. At this inspection we found improvements had been made and the service was well led.

The service had a registered manager. 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 registered manager worked alongside people who used the service and staff so had good knowledge of the day to day running of the service as well as their overall responsibilities.

Relatives and staff we spoke with told us the service was organised and well managed. Staff told us they were happy working at Phoenix Court and felt the management team which included the area manager provided good support. One member of staff said, "The structure is good and everyone is supportive. There is real inclusion." Another member of staff said, "We get really good support. You can speak to [name of registered manager] anytime." Staff told us the area manager visited the service on a regular basis and always looked around and chatted to people who used the service and staff. One member of staff said, "Whenever she visits she talks to everyone who is here, and even when she rings she asks if everything is okay."

The provider had systems and processes in place to make sure safe quality care was being provided. Staff completed a range of checks to make sure tasks were completed, for example, temperature records and food charts. The management team also completed a checklist to confirm they had checked staff were completing the relevant forms. They carried out care plan and medication audits. We saw a recent care plan audit had identified areas that needed updating; these were being addressed. Reports completed by the area manager showed they checked a range of areas during their visit. For example, we saw in February 2018 they had spent time with people who used the service, checked staffing levels and reviewed care records including capacity assessments, best interest's meetings and Deprivation of Liberty Safeguards. They checked action was followed up from a previous visit.

People were encouraged to share their views and help drive improvement. The provider had asked people to complete questionnaires about their views of the service in 2017. We saw some surveys were returned in January and February 2018, and people's comments and experience were positive. A professional had stated they were continually impressed with the organisation's ability to improve services for people. Six relatives said the service had improved and staff were responsive. Two said they were unsure if they received enough information. The registered manager said the provider had not analysed all the results because they were still giving people time to respond. Staff told us regular team meetings were held where they opportunity to put forward ideas and important information was shared. Records we reviewed confirmed this.