

# Voyage 1 Limited

# Phoenix House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Phoenix House offers accommodation and support to nine people who have learning and associated physical disabilities. At the time of our inspection nine people were living at Phoenix House.

The home is purpose built, set in a village location and within easy reach of several larger towns. Accommodation was provided on one floor and people had their own en-suite bedrooms and spacious shared areas to spend time in.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

A registered manager was employed by the service and was present throughout our inspection. 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.

People were protected against the risks of potential harm or abuse. Staff had received relevant training and understood their roles and responsibilities in relation to safeguarding people from abuse and harm.

Safe recruitment practices were followed to ensure staff were of good character and suitable for their role and people were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs.

Risks to people and their safety had been identified and actions taken to minimise these. Risk management plans were in place to ensure people received safe and appropriate care.

People's medicines were managed safely. People's health care needs were managed effectively in response to their changing needs and had access to health and social care professionals when required.

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

People were treated with compassion and kindness in their day to day care. Staff worked well together and had a good understanding of people's needs including how they expressed their individual needs and preferences.

Care plans were personalised and contained detailed information about the person's preferences, likes, dislikes and what was important to them. Staff were knowledgeable about people's care and support needs

and acted in accordance with the guidance in their care plans.

People had a range of activities they could be involved in which they said they enjoyed. People were supported to form bonds with each other and had good links to the community.

There were quality assurance systems in place which enabled the provider and registered manager to assess, monitor and improve the quality and safety of the service people received.

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?

Good ●

The service remains Good

People were protected against the risks of potential harm or abuse by staff who knew how to recognise different types of abuse and how to report concerns.

Risks assessments had been completed and where risks had been identified regarding people's safety, actions were taken to help mitigate these.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service remains Good

People had sufficient to eat and drink and were supported to maintain a healthy diet.

Staff had the suitable knowledge and skills to ensure they could meet the needs of the people they cared for.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to the most appropriate healthcare professional.

### Is the service caring?

Good ●

The service remains Good

Staff had a good understanding of people's needs including how they expressed their individual needs and preferences.

Staff treated people with dignity and respect.

Staff knew people's methods of communication and used these as per each person's individual requirements.

### Is the service responsive?

Good ●

The service remains Good

People and their relatives were encouraged to inform staff or the managers if they had any concerns or a complaint.

Care plans were person centred and reflected people's preferences, likes and dislikes. People's care and support needs were regularly reviewed to ensure they received appropriate care.

People's social needs were met through a range of activities and staff supported people to have good daily experiences.

**Is the service well-led?**

**Good** ●

The service remains Good

Relatives and staff spoke positively about the leadership in the home. There was a strong leadership team who promoted the values of the service and was focused on providing individual, quality care.

Processes were in place to assess and monitor the quality of the service.

The management team had a clear vision for the service and development plans were in place for continual evaluation and improvement.

# 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 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 took place on 3 May 2017 and was unannounced.

One inspector and one expert by experience carried out this inspection. Experts by experience are people who have had personal experience of care, either because they use or have used services themselves or because they care or have cared for someone using this type of service. The areas of expertise for the expert by experience during this inspection was care homes and adults with learning and associated physical disabilities.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We also received information from community healthcare professionals on their experiences of the service.

We reviewed the Provider Information Return (PIR). 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.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with six people who use the service and four relatives about their views on the quality of care and support being provided. We observed the interactions between people using the service and staff, looked around the premises and observed care practices to help us understand the experience of people who live at the home.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included five care and support plans, staff training records, staff duty rosters, personnel files, policies and procedures and quality monitoring documents.

We spoke with the registered manager, operations manager, six care staff and one visiting community healthcare professional.

# Is the service safe?

## Our findings

People continued to receive a safe service. People were unable to tell us in any detail that they felt safe however, people's relatives told us their family members were safe living at Phoenix House and told us they were confident staff were looking after them well. Their comments included "This place and the care my son receives is top notch, I am very, very happy with the care my son is receiving and I feel he is safe" and "If there is ever anything out of the ordinary they (staff) will always let me know."

People looked relaxed and comfortable when staff supported them and were confident in asking staff for support when this was needed.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff told us they had received safeguarding training and training records confirmed this. Staff were aware of the different types of abuse people may experience and the action they needed to take if they suspected abuse was happening.

People had support plans in place in response to identified risks. Staff were knowledgeable about the specific care people needed to keep them safe and where these risks had been identified, they were able to tell us how they supported people to help minimise these risks. This included areas such as risk of choking, changes in specific health conditions and in behaviour.

Accidents and incidents were recorded in detail and followed up as appropriate.

People continued to receive the support they required with their medicines and medicines were managed and administered safely. Where people were prescribed 'as required' medicines, there were protocols in place detailing what they were for and when and how often they could be administered. When medicines were administered, a medicines administration record (MAR) was completed in line with the service's medicines policy.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Regular health and safety checks were conducted. This included testing water temperatures, electrics, fire alarms and lifting and handling equipment. Individual emergency and evacuation plans were also in place and were easily accessible.

All areas of the home were clean and free from any odours. Staff had access to personal protective equipment (PPE) such as gloves and aprons to minimise the spread of infection. Staff were careful to follow good hygiene practice by washing their hands and using the PPE available to them. Cleaning schedules were in place to ensure all areas of the home were kept clean and control the risk or spread of infection.



Daily recording of fridge and freezer temperatures were recorded to monitor the safe storage of food.

# Is the service effective?

## Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

The registered manager and staff remained knowledgeable about the MCA and demonstrated a good understanding of the principles of the MCA and how the DoLS worked. All necessary DoLS applications had been submitted by the registered manager to the local authority and were reviewed on a monthly basis to ensure best interests decisions made on behalf of a person continued to be the least restrictive option. Feedback from an external healthcare professional confirmed staff had a good understanding of the MCA. They told us they had seen them demonstrate this well by communicating well with other healthcare professionals when people needed to stay at other services such as during hospital admissions.

The service continued to support people to eat, drink and maintain a balanced diet. Procedures were in place to ensure people had the correct meals and were supported in line with their individual nutritional needs. Staff were knowledgeable about people's individual's dietary needs and provided people with the correct meals.

Staff were able to tell us what adaptive cutlery and other aids were available to assist people to eat independently such as plate guards and anti-slip mats. They were also able to tell us what type of cutlery each person preferred to use when eating their meals. Details of people's dietary needs were also available in the kitchen area for staff to refer to.

People continued to receive care from staff who had the skills and knowledge to meet their needs. Staff received specialist training to enable them to deliver appropriate care to people living with a number of physical or mental health issues. This included training in supporting people with epilepsy and the use of specialist equipment. Staff told us they felt confident in their roles. One staff member told us "The training I have definitely helps me to support people" and another said the training was good and gave them the confidence to carry out their role adding if they needed more training, "I could ask for more training if required."

Staff received regular supervisions and annual appraisal (one to one meetings) with their line manager. Staff members spoke positively of these meetings saying they were a good opportunity to express any new identified training needs and whether there were any issues. Staff felt supported by the registered manager and said they could approach them outside of these formal meetings at any time for guidance and advice. New staff members received a comprehensive induction to their role which included shadowing experienced staff members before working on their own.

People continued to have access to support from health and social care professionals in accordance with their needs. One healthcare professional told us "They (staff) are proactive at monitoring healthcare conditions and seeking medical help when needed."

## Is the service caring?

### Our findings

People were supported by staff who gave them the opportunity to make their own choices and decisions and supported and encouraged people to be independent by offering them choices for example, during personal care and mealtimes. One member of staff told us "X (person using the service) likes to choose her own clothes so I get items of clothing out for her and she points to what she wants. She also chooses which of her shower gels she wants to use too." A healthcare professional told us "The staff look for ways to involve the service users they support, enable them to make choices and do the things they enjoy."

People's rooms were all personalised and decorated to each of their individual tastes. There were pictures and photographs on the walls and ornaments and furnishings that people had chosen to have in their rooms. One person had an aquarium in their room as they liked fish and staff supported them to look after this.

A quiet sensory room was available which we saw in use by two people during the inspection. They looked happy and relaxed in this room. The registered manager told us this was popular with many of the people living at Phoenix House.

People were supported by staff who knew them well and treated them in a kind and caring way. Staff had developed good relationships with people and were aware of their preferences, likes and dislikes. People looked comfortable and happy in the presence of staff. People's relatives and healthcare professionals gave positive feedback about the staff telling us "The staff are genuinely kind and caring towards the people they support" and "The place is lovely, the staff are lovely, it's a lovely place, I can't complain about anything, nothing at all". A visiting healthcare professional told us "When I visit, the home always seems quite relaxed and nice and staff know people well".

People's privacy and dignity was respected and promoted by staff who considered what people wanted and treated them with respect. Staff knocked on people's doors and waited for a response before proceeding to enter. Staff addressed people by their name, listened to what they said, and were respectful in their actions.

People continued to be supported to maintain important relationships with people and form new relationships within the home and visiting of family and friends was unrestricted.

## Is the service responsive?

### Our findings

Care plans continued to be tailored to meet people's individual needs. These detailed what was important to each person and how staff could help them achieve their goals and preferences. For example, in one person's care plan it stated what they liked when they went to bed at night including how many pillows they wanted, whether they preferred the door to their room opened or closed and whether they wanted to have their light on or off.

Each person had an individual hospital passport which gave specific details of the support they required. This helped to ensure people had the right support in place when they had to stay away from Phoenix House.

People's care records gave clear guidance to staff on how to help prevent or respond to potential risks and how to support people in line with their needs. For example, the care plan of one person included a communication plan. This gave details of how to recognise certain emotions including stress, pain and happiness through non-verbal communication such as specific facial expressions and physical actions. Support plans were also available which included the personal care requirements for each person, how many staff would be required to support them and what assistance and equipment may be needed to assist with their mobility.

Each person had a key worker who was responsible for reviewing their care plan. Personal goals were set for each individual and staff told us about how they had supported people to achieve these. Staff told us these goals were reviewed monthly and that they looked for goals which would support people with their mental well-being and were possible to achieve. For example, one person liked flowers so staff organised for them to buy flowers from the local supermarket or if available, from the garden at Phoenix House to enable them to do flower arranging.

Care plans were reviewed monthly and a bi-annual review was held where people and those they chose to be involved with their care plan were invited to attend. One person's relative told us they felt involved with the planning of care saying "We meet up twice a year to discuss his care plan" "In between that, if there is ever anything out of the ordinary they will always let me know".

People participated in a range of activities and had their own activity plan which took account of their ability, preferences and interests. Activities included gardening, cooking, and arts and crafts at the local village hall, visiting the local café, listening to audio books and music, board games and watching television. One staff member told us "All the residents have their own garden space divided into plots where they can have them done to their own personal liking." She went on to tell us that many relatives got involved and helped their family members tend to their gardens which helped to create special memories and enabled social times together.

The service had a complaints procedure, which was provided to people and their relatives when they first arrived at the home. This was also clearly displayed and detailed who to go if there was a concern or

complaint. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Whilst the service rarely received formal complaints, the registered manager told us how they would track and monitor complaints to identify possible trends and to ensure the most suitable action was been taken to resolve them.

## Is the service well-led?

### Our findings

Since our last inspection in March 2015, people and staff continued to benefit from a service that was well-led by the management team.

There was a registered manager in post and they were available throughout the inspection. 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.

Quality assurance processes were in place which focused on different aspects of service delivery each month. These were completed by the registered manager, other members of the organisation's management team and external services such as the local pharmacy. This included the monitoring and review of accidents and incidents, care plans and medicines management. Action plans were written to address any shortfalls and to promote best practice throughout the service. The action plans seen during the inspection showed actions were followed up appropriately to continually improve the service.

There was positive feedback from staff, people's relatives and community professionals on the management of the service. All staff we spoke with said they liked working at Phoenix House and the registered manager was very approachable. Staff told us they always felt comfortable going to the registered manager with any concerns or issues they wanted to discuss. One staff member told us "I've worked for other places but this is the best place ever. The staff are all good and the manager is always approachable and will help whenever she can, she really does go above and beyond her duties". When we spoke to one relative they told us "I always feel that I can approach the manager or members of staff if I think there is anything wrong. They are like family really. I have no complaints what-so-ever, I'm very happy."

The registered manager spoke highly of the staff at Phoenix House. They told us they were focussed with a person centred approach putting the needs of people living at the service first. They told us many staff came to the service in their own time to offer support. One staff member had organised a fete and helped to raise money in their own time to provide a swing in the garden for people to use and enjoy and other staff members came to work early to help with people's individual gardens.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and to encourage staff to raise any concerns.

The service encouraged feedback on the quality of the service from people, their relatives and staff. Satisfaction surveys were sent out annually and there were many positive comments about the quality and care of the service in surveys that had been returned.