

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Phoenix House is a residential care home providing accommodation and personal care for up to nine younger adults with a physical and learning disability. At the time of the inspection, eight people were living at the home.

The building was on one level and people had a single room with en-suite facilities. Communal spaces included a kitchen, dining area, television room, sensory room and accessible gardens.

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

People felt safe and relatives had no concerns about safety. Staff knew what to do to keep people safe and were confident any concerns would be taken seriously. There were people whose behaviours at times placed them, the staff and others at risk of harm. Guidance on how staff were to manage incidents were in place which the registered manager monitored and analysed.

People were supported by sufficient numbers of suitably trained staff.

Medicines were safely managed. Information showed when staff should administer medicines that were prescribed as required.

The service was well led. There was a registered manager at the home who maintained oversight and had effective quality assurances systems in place. The registered manager was supported in their role by the operations team who visited regularly. People and staff had regular meetings to discuss their views, if needed, actions were identified and acted on.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

Not all Key Lines of Enquiry were assessed at this inspection, so the principles of Right support, right care and right culture were only reviewed in relation to the areas inspected.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

- Staff knew how to engage with people meeting their specific communication needs and we saw positive responses to staff from people.
- Staff genuinely showed a passion for improving outcomes for people and promoting choice.

### Right care:

- People appeared comfortable with staff and there was much laughter and interaction throughout the day.
- Care practices were designed with people to meet their specific needs.

#### Right culture:

- The service promoted a positive culture and put people first.
- Morale was high, and this was felt throughout the service.
- Staff were encouraged to share ideas and knowledge about what worked best for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 December 2019).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check the service had made the necessary improvements and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Phoenix House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Phoenix House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector completed this inspection.

#### Service and service type

Phoenix House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with nine members of staff including the registered manager, deputy manager and care workers. Prior to this inspection we completed an engagement call with people to seek feedback. We also received feedback from four health and social care professionals who have regular contact with the service. This was undertaken as part of a direct monitoring call with the provider.

We reviewed a range of records. This included two people's care records and medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection in December 2019, the provider had failed to ensure there were enough staff available at night to safely meet people's needs. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made and the provider was no longer in breach of Regulation 12.

### Staffing and recruitment

- The home employed sufficient levels of staff to support people and meet their needs.
- There was a good system of deployment to ensure that cooking and cleaning roles were completed alongside providing full support to people and spending time engaging with them.
- All staff we spoke with told us there was enough staff and they did not feel rushed and had time to sit with people. Staff said, "Staffing is a blessing here, always enough on shift and have time to spend with people and sit with them", "There's enough staff, we all pull together here. We are a supportive team" and "[Registered manager name] is a great manager and supportive and staff stay. We are one big team."
- At this inspection the registered manager told us staff retention was good and they had not needed agency cover for seven years commenting, "The staff team have been excellent and always cover shifts."
- The service followed safe recruitment practices. 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.

### Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and act on these to keep people safe. Staff told us, "We know people and would pick up on any triggers. I feel happy to speak up on people's behalf" and "I am more than confident to report safeguarding concerns. I would go to the senior and if I was not happy with what they did I would go higher."
- During a recent engagement call people living at Phoenix House did not express or indicate any concerns in response to questions about their safety. Relatives told us they had no concerns about safety and one relative said, "No concerns" and "[name] is fine, no qualms at all, I drive away at ease after a visit."

### Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For any risks relating to people's health, we saw the appropriate medical professionals had been involved.
- At times some people could display distressed or anxious behaviours. We saw triggers for these times were clearly documented in support plans alongside techniques to minimise this distress for people and support them in the way they preferred. Staff told us they felt confident in supporting people at these times, and were aware of specific individual indicators that may show a person was starting to feeling anxious.

- Staff demonstrated genuine interest in helping people overcome their personal risks and support them in living healthy lives. One staff spoke about how they had experienced a "huge breakthrough" with one person who ate very little when they first came to the service but with time and support they had made improvements and the other day had eaten several portions at one mealtime.
- There were a number of checks in place to ensure the environment remained safe, these included electrical checks, fire safety checks and legionella checks.
- Staff told us that when people's needs changed there was good communication shared within the team to ensure everyone knew about these changes in order to give the appropriate support.

#### Using medicines safely

- Peoples' medicines were managed and administered safely.
- Safe practices for storing medicines were followed. All medicines were stored safely in a locked cupboard and fridge, and disposed of safely in a locked returns box when no longer required. We reviewed the medicine administration records (MAR) for people and saw that they were being completed properly and signed by the competent person administering the medicines.
- Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicine. We saw these protocols referenced 'Stopping over medication of people with a learning disability' (STOMP) guidance to increase staff awareness (STOMP is a national project involving many different organisations which are helping to stop the overuse of these medicines).
- Staff completed medicines training, annual refresher training and their practice was observed to ensure they remained safe. Not all staff administered medicines within the service. The registered manager told us staff were not pushed into administering, it was their choice if they felt comfortable to undertake this. One staff told us, "The medicines training is good, if you are not ready you are not pushed into administering medicines. I feel confident to raise questions."
- A full medicines count was conducted with two staff at each handover and a checklist completed. This allowed any errors to be identified in a timely manner.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and Incidents were recorded and reviewed by the registered manager. These records could also be accessed by senior management at head office. For example, any incidents linked to distress behaviours would be analysed by a behavioural staff member so they could review the actions and input if further suggestions or support was needed.
- Accidents and incidents were used as an opportunity to learn and improve practice. Part of the incident



form included a debrief section to complete with staff to discuss the incident. The registered manager told us, "We complete reflective learning from these with the wider team and look at what we could do differently and if there are any patterns."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- The service promoted a positive culture and the registered manager was a role model for staff.
- We saw that people appeared comfortable with staff and there was much laughter and interaction throughout the day. Staff knew how to engage with people meeting their specific communication needs and we saw positive responses to staff from people.
- Staff genuinely showed a passion for improving outcomes for people and promoting choice. One staff told us, "The best thing here is staff give individualised care. Although we know people well, we don't give the same thing for breakfast. I offered one person a new choice compared to what they had eaten that week and they gave me a big grin. It made me smile."
- We saw torches were hung up outside people's rooms. The registered manager explained this was so at night staff could check on people in the least disruptive way without flooding their bedroom with light and reduce the chance of waking them. This demonstrated a people led service with care practices designed to fit the needs of people within the service.
- Staff told us morale was high in the service and the team was close-knit and very supportive of each other. Staff said, "We are just a happy family, it's a nice feel" and "I love it here, staff are so welcoming. Each staff member is lovely to work with and so supportive." One staff told us, "The team is a whole, there are no individuals."
- All staff we spoke with praised the registered manager for their approachableness, visibility within the service and supportive nature. Comments included, "The registered manager is approachable, one of the best I have had, very understanding, she's not intimidating, she's a joy to have. Always has a smile, she spends a lot of time on the floor", [registered manager name] is the loveliest person ever, if you have a problem you can go to her and her door is open" and "I can't fault her as a manager, she's always been there for staff. She picks up when staff are down or not themselves and offers support."

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

- The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.
- A duty of candour policy was in place and the registered manager understood their responsibilities in relation to this.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.
- The provider's internal quality team completed an audit of the service in March 2021 and any areas for improvement were recorded on an action plan.
- Regular audits were completed including areas such as medicines and health and safety. All audits were recorded electronically so senior management could review these.
- In addition, a daily service review was completed recording things including any positive COVID-19 cases, staffing levels and hospital admissions. A risk service card was also in place which displayed information on safeguarding, staff retention and incident reports. This was reviewed by senior management so if concerns were identified the necessary support and discussions could take place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw that one-page profiles of staff were displayed with their photo, so people could learn a bit more about the staff supporting them and strengthen the relations between people and staff.
- Feedback surveys were given to people, staff and external professionals to complete. One member of staff told us they wanted to do things to "increase Phoenix's profile locally."
- Staff had the opportunity to attend team meetings and share ideas and knowledge. Staff told us they felt listened to and appreciated commenting, "We can suggest things and are listened to and our ideas are taken on board and acted on" and "It's one of the best places I have worked, they listen to my ideas and I feel appreciated."
- Senior management visited the service and we saw they spent time observing people and speaking with staff as part of their quality monitoring. The registered manager told us that during the pandemic, "The organisation really made sure they carried on doing things and I was proud of that, as you hear about so many homes that were left on their own."

Continuous learning and improving care

- We saw that the registered manager had creatively displayed the Five principles of the Mental Capacity Act (MCA) in the staff washroom, to keep the relevance and awareness on staff minds. The registered manager told us, " We have done a lot over 18 months, a lot around COVID-19, MCA and staff mental wellbeing, including training on how to support the team and look for signs."
- Staff told us they were happy with the progression of the service and could not think of any improvements needed. One staff said, "Nothing to improve at the moment, it's a very calming place here."
- The registered manager said the focus next was on increasing activities outside of the service now restrictions had eased.

Working in partnership with others

- The registered manager maintained good working relationships with other healthcare professionals. This meant that the service worked collaboratively with different professionals in order to maximise outcomes for people.
- Prior to this inspection we received positive feedback from health and social care professionals who regularly work alongside this service. Feedback stated the registered manager and staff were helpful, co-operative and supportive and that people were well supported.