

Precious Homes Support 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

About the service:

Phoenix House is a care home providing personal care and support for people with learning disabilities and complex needs. The care home is registered for nine people. At the time of this inspection there were five people using the service. Each person lived in their own self-contained flat.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People were protected from avoidable harm and abuse.

People's risks were assessed, and plans were in place to minimise the risks.

Staff were recruited safely and were supported to carry out their role with training, supervision and appraisals.

People's care needs were assessed before they began to use the service to ensure the appropriate support could be given.

People were supported with their healthcare needs and their medicines were managed safely.

The service involved relatives in decisions about the care.

Care was planned to maximise the choice and control people had over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew how to provide an equitable service.

People received personalised care which included their preferences and outcomes.

Staff and relatives gave positive feedback about the management of the service.

A variety of quality checks were carried out to identify areas for improvement.

We made two recommendations around record-keeping and medicine audits.

Rating at last inspection:

Requires Improvement (report published on 08 June 2018).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

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

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

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

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.

Inspection team:

Our inspection was completed by one inspector and an inspector manager.

Service and service type:

Phoenix House is a care home. People in care homes receive accommodation and nursing or personal care as a 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 visit because it is a service for younger adults who are often out during the day. We needed to be sure someone would be in.

What we did:

Before the inspection we reviewed the information, we held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a Provider Information Return so we took this into account when we made the judgements in this report. The Provider Information Return 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 contacted the local authority with responsibility for commissioning care from the service to seek their views about the service.

During the inspection, we spoke with the registered manager, two deputy managers, quality assurance manager, director of operations, senior support worker and two support workers. We also spoke with a visiting healthcare professional.

We reviewed three care records for people using the service, including risk assessments.

We reviewed three staff files including recruitment and supervision.

We looked at records relating to how the service was managed including staff training, medicines and quality assurance documentation.

After the inspection, we spoke with three relatives and the registered manager sent us information we had asked for.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection (28 February 2018) we rated this question as requires improvement. This was because we identified concerns in relation to risk assessments, medicines, recruitment practice and infection control. However, at this inspection we found improvements had been made in these areas.

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

- Relatives told us they felt their relatives were safe using the service. One relative told us, "Yes I do feel the service is safe. I don't have any concerns."
- Staff received training in safeguarding vulnerable adults.
- The provider had a comprehensive safeguarding policy which gave clear guidance to staff about how to protect vulnerable adults from the risks of being harmed or abused.
- Staff knew what actions to take if they suspected a person was being abused or harmed. Comments included, "I would go to management first of all. Make sure the [person] is fine. Do a report", "Talk to [registered] manager. We have policies to follow [and] details in the office of who to contact" and "If concerns about the manager, we can go to CQC or the police."
- The provider had appropriately notified the local authority and CQC about safeguarding concerns when required.

Assessing risk, safety monitoring and management:

- People had risk assessments which gave clear guidance to staff about how to reduce the risks of harm people may face. Risk assessments included attending medical appointments, taking medicines, behaviours that may challenge services, and accessing the community. People had an individual 'keeping safe' care plan.
- Staff received training in managing aggressive behaviour. One staff member confirmed they had only had to use restraint once as a last resort to keep a person safe but had received training in how to safely do this.
- People had behaviour support plans which gave clear guidance to staff on the techniques to use. These documented what the possible triggers for a behaviour were, how to prevent them from occurring and how to react to the behaviour.
- Care plans detailed the support people needed to manage their money. The provider had safeguards in place to ensure people's money was safe which included storing money in tagged wallets in a locked safe. Records were kept of money held, receipts were kept of money spent and staff were required to sign whenever they took money from the safe on behalf of a person. We checked the amounts and records of money held on behalf of one person and found these were correct.
- Building safety checks had been carried out as required including annual testing of portable electrical appliances and a yearly gas safety check.
- People had a personal emergency evacuation plan. The most recent fire drill was carried out in February 2019.

- A fire risk assessment was carried out on 20 January 2019 which identified issues in the main building containing offices, such as, the seals around the fire doors and the glazing between the office and the hallway. This assessment recommended that action should be taken on these issues within three months. Following the inspection, the registered manager forwarded the email confirmation that the works to rectify these issues was beginning on 2 April 2019.

Staffing and recruitment:

- The provider had a safe recruitment process in place. Relevant checks were carried out before someone was employed that included staff providing proof of identification, the right to work in the UK and written references.
- New staff had undergone criminal record checks to confirm they were suitable to work with people. The provider had a system to obtain regular updates to the criminal record checks to check the continued suitability of staff.
- Staff confirmed there were enough staff on duty.
- Records showed people had dedicated one to one or two to one staffing during the day and at night.
- Relatives and a healthcare professional noted there had recently been a high turnover of staff and high use of agency staff which was unsettling for people using the service. The registered manager told us recruitment was ongoing and there were currently no staffing issues. A new staff member was due to start on the day of the inspection and they were waiting for recruitment checks for another member of staff to be completed.
- The service used agency staff to cover staff absences. The deputy managers told us there was a good relationship with the agency who were usually able to send the same staff. New agency staff were given a basic induction. The deputy managers told us once an agency staff member had worked over a certain number of hours they were invited to apply for a permanent position when one became available.

Using medicines safely:

- Medicines were stored appropriately and safely.
- Senior staff were responsible for administering medicines and records showed they had received appropriate training and competency testing.
- People had a medicine care plan which gave clear guidance to staff on how the person preferred to take their medicines and how to administer the medicines safely.
- Records were kept of administering medicines to each person and these were completed correctly.
- People prescribed medicines on an 'as needed' (PRN) basis had clear guidelines in place so that staff would know when these should be administered and how to do so safely. The provider kept a stock check of these medicines. We reviewed these and found them to be correct.
- However, we noted that PRN medicines for one person had not been added to the medicine administration record (MAR) sheets. We raised this with the management who took immediate action and manually updated the MARs with the PRN medicines. The registered manager contacted us the following day to confirm that a request had been made to the pharmacy to send printed sheets with the PRN medicines in future deliveries.

Preventing and controlling infection:

- There were adequate handwashing facilities in the premises so that staff, people who used the service and visitors could wash their hands.
- Staff confirmed they were provided with enough personal protective equipment such as gloves and aprons to enable them to carry out their role safely.
- The service had an infection control policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection.
- Records showed staff were up to date with infection control training.

Learning lessons when things go wrong:

- The service had a system in place to record accidents and incidents. These were analysed so that lessons could be learnt. Incident forms had a space for learning outcomes to be documented.
- A deputy manager told us they used incidents to learn lessons. They explained that they consider the reasons for the incident and ways to reduce a reoccurrence. This deputy manager explained that incidents are addressed in staff meetings or by getting the staff involved together to discuss whether anything could have been done differently.
- The other deputy manager gave a specific example of where a lesson had been learnt as a result of an incident between two people who used the service. They told us a new risk assessment was drawn up to minimise it happening again and to reduce the risk to one of the people involved.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection (28 February 2018) we rated this question as requires improvement. This was because we identified concerns in relation to food hygiene and staff training and supervision. However, at this inspection we found improvements had been made in these areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Relatives told us they were happy with care provided to their family member. One relative said, "[Staff] are really fabulous. They were open to try new things." Another relative told us, "It's good. My [family member] is happy. [Named staff] does go that extra mile."
- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs effectively.
- Assessments included people's life history and information about what support was needed with daily living activities.

Staff support: induction, training, skills and experience:

- New staff received an induction which included four days corporate training and one week training in the service. The provider had a buddy system in place where new staff and new agency staff shadowed more experienced staff.
- One staff member told us, "Induction was quite fun. There was only three of us. The first three days were health and safety, safeguarding and autism and the last two days we did MAPA [training in the management of aggression]. Then I started [in the service] the following week. I was shadowing the first three days."
- Records showed staff completed the Care Certificate which is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised.
- Training records confirmed staff were up to date with training in safety-related topics such as basic life support and food safety. Staff had also received training in topics relevant to the people who used the service such as diabetes and autism awareness.
- Records confirmed staff were supported with regular supervision and staff told us they found supervision useful. One staff member told us, "[Supervision] is very useful to make sure I'm understanding, knowing things and setting goals."
- Following the inspection, the registered manager sent us the spreadsheet which confirmed the last supervision each staff member had and when the next one was planned. This record also showed the dates in April 2019 when staff would have their annual appraisal to set goals for the forthcoming year.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to eat a nutritionally balanced diet. Care records documented what people's favourite foods were. Menus showed that people were encouraged to eat a healthy diet.

- Staff were knowledgeable about people's dietary requirements and preferences. One staff member told us, "[People using the service] are always given choice but try to make sure the food is healthy."
- The main kitchen was stocked with a variety of nutritious food and drink.

Staff working with other agencies to provide consistent, effective, timely care:

- The service worked jointly with healthcare professionals to ensure people received timely and effective care.
- A visiting healthcare professional told us they found the staff helpful. They told us the people they visited in the service had made progress in that they were going out into the community with staff and their need for medicines had reduced.
- Staff kept records of people's appointments and the outcome.

Supporting people to live healthier lives, access healthcare services and support:

- Staff demonstrated they knew how to support people to maintain their health. One staff member told us, "[We] set up dietary plans for the [people] who are overweight. Work with outside sources. Give them options re: healthy eating. Offer fruit. All [people using the service] have the same GP."
- People had health specific care plans and guidelines where appropriate. For example, for people with diabetes, there were clear guidelines on how to manage high and low blood sugar levels.
- People had a health action plan which included guidance for staff about the signs to look out for if the person was unwell or in pain.
- The provider had recently recruited a multi-disciplinary team consisting of a clinical director, occupational therapy, speech and language therapy and speech and psychology. This team aimed to work across all the provider's services.

Adapting service, design, decoration to meet people's needs:

- The premises consisted of individual self-contained flats that included cooking and laundry facilities. People's flats were personalised according to people's preferences.
- Communal areas included a sensory room, a meeting room for social gatherings, a kitchen and a laundry. There was a communal courtyard where people could choose to sit in the sun on benches at tables. There was a raised flower bed to enable people to participate in gardening activities and a hot tub.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in the MCA and DoLS.
- Records showed people had a legally authorised DoLS in place because they required a level of supervision that may amount to their liberty being deprived.
- Staff described how they supported people to have maximum choice and control of their lives and in the

least restrictive way possible.

- One staff member told us, "[MCA] is about making sure someone has capacity or if they do not then ensure any decisions made are in their best interests. DoLS is about explaining why we have to do things to restrict access."
- Staff understood the need to obtain consent before delivering care. Comments included, "[We] need to get consent [from people] when doing anything" and, "For most things, you have to ask and if they do not have capacity then [we] would have to seek input from other professionals and have best interest meetings."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection (28 February 2018) we rated this question as requires improvement. This was because we received some negative feedback from relatives and observed infantilising language during the inspection. At this inspection we found improvements had been made in these areas.

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

- Relatives told us staff were caring. One relative said, "They are very friendly." Another relative told us, "It is a good care home. I really like [person's] keyworker. I feel comfortable and reassured."
- We observed staff spoke appropriately with people using the service.
- Staff knew people well including their care needs and preferences. A staff member told us, "I read through the care plans, talk to other staff and get information from them." Another staff member said, "By spending time with [the person], reading their care plans, asking them questions, trying new activities."
- People had an allocated keyworker who was a named care worker responsible for overseeing the care a person received.
- Staff understood how to provide an equitable service and had received equality and diversity training.
- We asked staff how they would support a person who identified as lesbian, gay, bisexual and transgender. One staff member told us, "I would get [the person's] opinion to see what we could do to support them. Anything to make them feel comfortable, [for example], how they would like to be addressed." Another staff member said, "[I would] treat [person] exactly the same way I would treat anyone else."

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

- Relatives told us they were satisfied with communication from the service. One relative said, "They usually keep me up to date. They are very good in that respect. They are communicating better." Another relative told us, "I do get reports regularly."
- Staff described how they involved people and their relatives in making decisions about the care. One staff member told us, "There is input from families. Staff make decisions on day to day basis but there is a lot of involvement and liaison with family members. We ask the residents for their decisions. This can be hard as some are non-verbal. May use Makaton or pictures."
- The registered manager told us he encouraged staff to, "Fill the gap, not take the lead. Let people carry out the meaningful activities they choose. Let people make their own decisions and allow choices."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was promoted. Staff described how they promoted people's dignity. One staff member told us, "Usually [person] has personal care in the mornings; make sure windows and curtains are closed. If helping them, explain what we are going to do and ask if they can manage it for themselves."
- Staff gave examples of the support they gave people to maintain their independence. One staff member

gave an example of helping a person to prepare a meal. They said, "I will ask them, 'Do you want to come and help me make it?' As long as they've got the choice to have whatever they want." Another staff member said, "Lots of encouragement. Don't do things they can do for themselves. Show them new things and they can learn and enjoy them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

At our last inspection (28 February 2018) we rated this question as requires improvement. This was because we identified concerns in relation to people's needs not always being met, end of life care plans not always being completed and relatives not aware of how to make a complaint. At this inspection we found improvements had been made in these areas.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care records showed a staff matching support sheet which detailed the skills needed from a carer, personality and characteristics needed and shared common interests. This enabled the provider to match suitable staff with people.
- Each person had an individual timetable of activities which included walks, drives, trips to the park, cinema, watching television and listening to music.
- The registered manager knew about the Accessible Information Standard (AIS) and what it meant. The AIS requires providers to evidence that they record, flag and meet the accessible communication needs of people using the service. The registered manager told us they had read about AIS on the internet and the provider had made information available in easy read format. For example, we saw there was an easy read leaflet on healthy food portions. People had a separate communication care plan which detailed the person's preferred method of communication.
- Staff knew how to provide a personalised care service. Comments included, "[The care] is centred around what the person wants and what their needs are" and "It's about the things that are important to each specific [person]."
- Care plans were person-centred and contained people's preferences. For example, one person's care plan stated, "[Staff] to ensure if something is planned, it goes ahead. I don't like waiting around for staff. Prepare me three days before an appointment and then remind me the day before and then on the day. Has a strong preference for routine and order and can become extremely upset if this order is disrupted."
- Care plans included what people needed support with and the outcomes they wished to achieve. For example, one person's care plan included that they liked long car trips and should be given the opportunity to have a daily walk. However, daily notes did not give enough detail about this. For example, staff recorded the person had been out for a car trip but had not documented where the destination was.
- We raised the above issue with the management who explained they were aware of this and had recently introduced a 'what has worked well and what has not worked well' section to encourage staff to include more detail. We reviewed examples of this section on the electronic records and although more information was documented, details such as which film a person saw at the cinema were omitted.

We recommend the provider seek advice and guidance from a reputable source about record-keeping.

Improving care quality in response to complaints or concerns:

- Relatives told us they knew how to make a complaint. One relative said they had raised small issues, felt they were listened to and resolved satisfactorily. Another relative told us, "When I have had concerns, the concerns have been rectified."
- The provider had a complaints policy and procedure in place which advised staff on how to handle complaints.
- Staff knew what actions to take if somebody wanted to complain. Responses included, "I would go to management but if it is management they are not happy with I would go to head office" and "We have a complaints book. [I would] speak to the manager."
- We reviewed the record of complaints and saw two complaints were made during 2018. These were dealt with appropriately.

End of life care and support:

- The provider had an end of life policy which gave clear guidance to staff about providing appropriate end of life support. The policy included planning ahead for end of life if a person was diagnosed with a terminal illness or is approaching the end of their life.
- The registered manager showed us a letter with an end of life pack that was sent to each family. This pack was aimed at capturing the views and wishes of the family about the arrangements they would like in place if their loved one reached the end of their life and following the death.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection (28 February 2018) we rated this question as requires improvement. This was because we identified concerns in relation to negative feedback received from some relatives about the management of the service, quality assurance practices did not pick up on the issues we identified during the inspection. However, at this inspection we found improvements had been made in these areas.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives gave positive feedback about the service and the way it was managed. One relative told us, "The manager I found really good. He is approachable."
- People were relaxed with staff and the management team.
- Staff told us there was effective communication within the team. One staff member told us, "Changes are well communicated. Staff keep me up to date. They have handovers when I come on shift." Another staff member said, "If any changes, it is on the [electronic] system, then we have discussions [about the changes] with colleagues."
- The provider understood their duty of candour and had submitted relevant statutory notifications as required. Duty of candour means providers and registered managers must act in an open and transparent way with people who use services and their representatives about the care and treatment they receive. This includes actions that providers must take in relation to notifiable safety incidents.

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

- The registered manager told us they were always available to speak to staff including when they were not on the premises. They also said the fact there were two deputy managers made it easier for the management to be available to staff if they needed support or guidance. The registered manager told us they worked on the basis of removing negativity and setting a good example. We noted from minutes of a team meeting the registered manager had told staff, when he first took up the position, he would be working alongside them on shift to become familiar with the people using the service and the staff team. The registered manager told us they believed delivery of a good service, "comes from the top down."
- Staff spoke positively about the leadership in the service. Comments included, "He [registered manager] is quite new, but I deal more closely with deputy managers. [Registered] manager is always willing to sit and talk through with you" and "[Registered manager] is new, he is a good man, no problems."

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

- The service kept a record of compliments. A commissioner had written stating, "So positive to see the improvement in the person and their quality of life." A relative and social worker had sent emails to the service stating they were happy with the community activities the person was accessing.
- The provider sought feedback from people using the service, relatives and staff. The survey for people using the service was pictorial and we saw that overall people were happy with the service provided. The relative's survey also indicated that overall relatives were satisfied with the service.
- The staff survey showed an increase in staff satisfaction. An issue identified from the staff survey was for a more thorough induction for new starters. The action to resolve this was for face to face induction training to be increased from four days to five days from January 2019.
- Staff confirmed the organisation treated staff equally.
- The provider held regular staff meetings to update staff on policy and service changes. Records showed separate meetings were arranged for night staff. Topics discussed at recent team meetings included health and safety, safeguarding, Nourish [electronic care system], wellbeing of people using the service and training.
- Staff gave positive feedback about team meetings. One staff member told us, "We get all the information we need. We can raise things. If we want changes it gets discussed. We have them [team meetings] usually at handover time so that as many staff as possible can attend."
- The provider held a staff forum twice a year so that staff could raise and discuss issues such as their pay and conditions.

Continuous learning and improving care:

- The provider carried out regular audits of the service. We reviewed the most recent one carried out on 25 February 2019 with reference to the CQC areas of safe, effective, caring, responsive and well led. This record showed any areas identified for improvement and the action taken. For example, one action indicated the fire blanket in the communal kitchen need to be fixed to the wall. A tour of the building showed that this had been actioned.
- The registered manager had a system in place for the management team to carry out various weekly quality checks of the service. These included health and safety, medicines, care files, people's finance and physical environment and noted any identified issues that were signed off when rectified. Records showed these were up to date and any issues identified were documented. For example, a check of one person's flat on 25 March 2019 indicated they needed a new washing machine. This was signed off as completed with the person getting a replacement washing machine on 29 March 2019.
- However, we noted there was no place in the medicines check that enabled the management team to check the amounts of medicines in stock against the records. One person had a large stock of insulin in the fridge. The deputy manager explained they were not going to order any for the next delivery. An effective stock check system would have prevented this stock pile.

We recommend the provider seeks advice and guidance from a reputable source in relation to effective quality assurance systems for medicines.

Working in partnership with others:

- The service worked in partnership with other agencies. The registered manager told us they have made connections with the local authority providers forum and they planned to attend the next meeting. They also told us they had met the local authority multi-disciplinary team who had requested the registered manager become more involved in wider meetings. The registered manager said that since they had started working more closely with the local authority multi-disciplinary team there had been an improvement in obtaining specialist input for people using the service.