

Newhaven Care Limited

Phoenix House

Inspection report

124 Crowstone Road
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Essex
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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 residential care home providing personal care and accommodation to people with learning disabilities or autism. The service can support up to nine people. At the time of inspection, nine people were being supported by the service.

Since our last inspection in November 2018, the service had registered to provide personal care and support to people in their own homes. At the time of inspection, only one person was using this service; they were not receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home. It was registered for the support of up to nine people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Systems were in place to safeguard people from harm, including risk of abuse. Medicines were managed safely. The maintenance of the service had improved since our last inspection to help keep people safe and to prevent the spread of infection. Safe recruitment procedures were in place including pre-employment checks. The service learnt from accidents and incidents to provide safe care and support.

Staff received training, supervision and appraisal to fulfil their role and responsibilities. The service worked with health and social care professionals to ensure people's nutritional needs and health care needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated in a caring manner by staff. Where possible, people and their relatives were involved in the planning and review of their care. Staff treated people with respect and dignity and promoted their independence.

People received person centred care. They were supported to follow their interests and hobbies and with accessing the local community. People received information in accessible formats. There was a complaints procedure in place and relatives told us they felt any concerns would be listened to and acted upon. We have made a recommendation about end of life care.

Quality assurance systems were in place to monitor the quality of the service provided. Without exception relatives told us they would recommend the service to others.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 January 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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.

Inspection team

The inspection was carried out by one inspector.

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 also provides a domiciliary care service, providing personal care to people living in their own houses and flats.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with six people who lived at the service. It was not possible to speak to everyone and ask direct

questions about their experience of the service because of their support needs. We observed interactions between staff and people. We spoke with four relatives and five staff including the deputy and registered managers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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. We looked at training data and quality assurance records and reviewed feedback received from one professional.

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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Improvements had been made to ensure the premises and equipment were safe, clean and properly maintained, mitigating risks to people's health and safety.
- Robust systems had been implemented since our last inspection to ensure regulatory requirements were met. This included a 'two metre' radius initiative to ensure staff are constantly checking their surrounding area is safe and clean.
- Risks to people were assessed and guidance was in place to staff to reduce these. This included risks in relation to specific health conditions such as epilepsy and dysphagia.
- Staff had received training in infection prevention and control and food hygiene.

Systems and processes to safeguard people from the risk of abuse

- Without exception, people's relatives told us they felt the service was safe. One relative told us, "[Person] is very safe living at Phoenix House, loves it there, and always wants to go back when they come for home visits. At [previous placement] they cried when I left. He doesn't here, you can tell when he's happy." Another said, "I certainly feel [person] is very safe."
- Staff had completed safeguarding training and understood the action they should take if they suspected people were at risk of harm. This included reporting to external organisations such as CQC and the Police. One member of staff told us, "I would report to the senior or manager. I would whistle blow if I had to."
- The registered manager took action and reported incidents to the local safeguarding team for investigation.

Staffing and recruitment

- Staff feedback about staffing levels was generally positive. The registered manager informed us vacancies were currently being recruited to. Our observations during our visit were there were enough staff to meet people's needs.
- Safe recruitment systems were in place to ensure staff were suitable to provide safe care and support. This included obtaining references and undertaking checks with the Disclosure and Barring

service (DBS). The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people.

- Probationary periods and disciplinary policies supported the management of unsafe and ineffective staff conduct.
- No agency staff were used. This meant people received care and support from a consistent staff team.

Using medicines safely

- People received their medicines safely from staff who had completed relevant training.
- Where people were prescribed 'as and when required' medicines, there were protocols in place to assist staff to understand when to administer such medicines. One relative told us, "[Name] is at risk of seizures, there's control over them now and I'm confident staff will cope. I have no concerns over staff training, they are all aware of the protocol for Buccal." Buccal midazolam is a medicine which treats seizures.
- The storage of medicines was safe, and the stock and balance checks of medicines were accurate.

Learning lessons when things go wrong

- Procedures were in place for reporting incidents and accidents.
- Incidents were reviewed and analysed to learn lessons, mitigate reoccurrence, and keep people safe.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Since our last inspection, one new person who had moved into the service. We noted no formal pre-assessment had been undertaken prior to them moving into Phoenix House to ensure their needs could be met safely and effectively. We discussed this with the registered manager. They explained the circumstances why the service's pre-assessment procedure had not been followed and assured us the provider's pre-assessment process would be followed for future referrals to the service.
- People had their needs assessed and met. Detailed care plans were in place which provided staff with the information they required to meet people's needs.
- People's care plans were reviewed with them and/or their representatives to ensure they continued to reflect their needs and aspirations.

Staff support: induction, training, skills and experience

- Staff received an induction to the service to enable them to provide safe care. One member of staff told us, "The first thing we do when we come for induction is to spend a lot of time looking through care plans and risks assessments to ensure we understand them."
- Staff received training to enable them to fulfil their role and responsibilities. Relatives told us they considered staff to be appropriately trained to meet the care and support needs of their family member.
- Staff received supervision and told us they were able to speak with senior management who were visible and approachable if they needed any support or guidance.

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

- People had their nutritional needs assessed and met.
- Where required the service sought, and followed advice, from other professional such as the speech and language team (SALT).
- People were able to make choices about what they had to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care services, such as GPs, consultants and dentists.
- People had Hospital Passports in place. These give information to other professionals about the support people required and the things they liked. This helps to ensure people receive consistent care and support if they were to be admitted to hospital.

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

- Phoenix House is a three-storey building and people were able to access all areas of the home, including garden area, sensory room and communal lounges. There was no lift installed to access the first and second floors of the building.
- People had large bedrooms which were filled with furniture and personal items of their choice.
- Except for one person who had access to a communal bathroom, people had their own en-suites.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received MCA training and understood the principles of the MCA.
- Where possible, staff consulted people about their care and supported them to make day to day decisions.
- Appropriate DoLS applications had been made. Records showed no conditions had been applied on approved authorisations.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had a range of complex care needs. They were treated as individuals and staff supported them to live their lives how they wanted.
- Without exception, relatives told us staff were kind and caring. Comments included, "Happiness wise [person] is so much better [compared to last placement]. [Registered manager] and the team have worked so hard with [person]" "Staff are kind and caring", and, "The staff are very friendly, kind and caring. There's a lot of long serving staff, you got to be a special person to work with [client group]." We observed staff interacting positively with people, showing patience and consideration.
- People were supported to maintain relationships with their families and friends. This included supporting people to make home visits. One relative told us how they valued this as they were no longer able to visit the service.
- People were supported to follow their specific religious/spiritual needs.

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

- Where possible people were encouraged and supported to express their views about the service they received. Relatives confirmed they were always invited to be involved in the review of their loved one's care.
- Care plans clearly documented people's preferences and choices.
- The service held information on advocacy services. At the time of inspection, no one was being supported by an advocate. An advocate helps people to access information and be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Relatives and staff confirmed to us people were treated with dignity and respect and their independence was promoted as much as possible. One relative told us, "[Name] is always treated with dignity and respect and I can see [person] has respect for the staff." Another relative said, "They treat [person] as a 'grown up' and treat them with respect and dignity. Some people treat [person] as he has a disability, but [staff] treat him well."
- Staff promoted people's independence and encouraged them to do as much as they could for themselves. A staff member said, "We always encourage them, say at breakfast, to come in and try and do breakfast themselves." Another said, "We encourage people to do things and we will support and give guidance. For example, if [name] wants to make a cup of tea, we go in the kitchen and talk to him. He knows how to put the kettle on and take milk and get his specific cup, I help pouring the boiling water. It's about support rather than doing everything for them." A relative told us, "[Person] still has clear needs relating to their lack

of social or independent skills, but we have a real confidence in the way these are met through the caring and professional attitudes of Phoenix House staff."

- People's confidentiality was respected, and care records were stored securely to protect their privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff planned care and support in partnership with people, relatives and professionals.
- Care plans were person centred and contained detailed information and guidance. This included information on how to deescalate behaviours if people became anxious or distressed. A relative told us, "Staff are aware of how to act if [person] becomes agitated. They have learnt the triggers and how to stop them from happening."
- People's care records were regularly reviewed and updated to reflect any changes in their care needs. One relative said, "Yesterday we had another excellent [review] meeting discussing [person's] care and general health and well-being. We both feel very comfortable in meetings such as this as the level of genuine interest in [person] is very clearly demonstrated through the conversations which we are able to have." They went on to say, "Our greatest peace comes from the continual improvements we have witnessed in [person] whenever we visit. [Person] lived with us at home before they moved into Phoenix House and we readily recall how he was then, and can see the change in him generally now, his capacity to achieve and his general levels of peace and contentment."
- Relatives told us they were kept up to date about any changes in their family member's circumstances and health. We noted a recent compliment the service had received stated, "I am very satisfied with the care and attention that [person] receives at Phoenix House. The staff are aware of his needs and treat him with the respect that he deserves, coping with the challenging times with great care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service complied with the AIS. Information was provided in a format people could understand, such as visual aids and Makaton. Makaton is a language programme using signs and symbols to help people to communicate.
- The registered manager informed us staff would be receiving Makaton training within the next couple of months to refresh their knowledge.
- The registered manager assured us they would ensure people had access to the information they needed in a format they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff placed importance on people maintaining contact with their family and friends. This included, where necessary, taking people for home visits or picking up family members and bringing them to Phoenix House. One relative said, "It's a fantastic service. They bring [person] to us and I can go and visit."
- People were supported to access the community, pursue their hobbies and interests and lead fulfilling lives. On the day of our inspection one person decided they wanted to go out on their bike. Staff immediately arranged this.
- Relatives were happy with the range of activities people could participate in. Comments included, "[Person] is supported to follow their interests - football every Saturday, swimming, biking, clubbing, they do it all." "[Person] wants to go for a walk they take him for one, its good." And, "Staff are good at getting [person] out and about."
- People were supported to go away on holidays. One relative told us how staff had supported them to take their family member away for a week at a caravan park. Staff had stayed in an adjoining caravan in case the family required additional support. They told us, "It was really good to be back as a family for a week, it was like having [person] back home."

Improving care quality in response to complaints or concerns

- Effective systems were in place to deal with concerns or complaints.
- Relatives knew who to go to if they had any concerns and felt confident these would be listened to and acted upon.

End of life care and support

- At our last inspection, people did not have end of life care plans in place. The registered manager informed us they would review this and ensure care plans were updated.
- The service did not currently support any people who were receiving end of life care. We noted no one had end of life care plans in place. The registered manager informed us that people living at Phoenix House were young and families were reluctant to discuss end of life care for their loved ones.
- The registered manager assured us they would support people with end of life care and work with health care professionals such as the palliative care team, people and families to support good end of life care.

We recommend the provider review their care planning process to ensure that people's preferences and choices for end of life care are recorded, regularly reviewed and upheld.

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

- There was a good sense of community at the service with people getting along together and we saw people chatting and laughing with staff.
- Relatives spoke positively about the service and told us there was a positive culture within the home and the registered and deputy managers were always visible and approachable. Without exception they told us they would recommend the service to others. One relative said, "[Registered and deputy managers] and indeed all of the staff are so very approachable and attentive if we ever have the slightest concern in regard to [person] these have always been dealt with quickly and professionally."
- Staff were happy and proud to be working at the service. Regular staff meetings were held with staff to discuss people's well-being, discuss best practice, and the day to day running of the service.
- The registered manager was open and transparent throughout our inspection and were committed to providing good quality care, empowering people to achieve good outcomes and lead fulfilling lives.
- People and relatives had the opportunity to be involved in and influence the running of the service. This included the completion of surveys and using various communication aids to encourage and support people's involvement.

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 understood their responsibility under duty of candour to be open and honest if things go wrong. A relative told us, "[Registered manager] would inform me of anything."

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

- Following our last inspection, the registered manager had ensured the quality assurance processes in place were thorough and robust to ensure the service met regulatory requirements. This included refurbishing areas of the home and introducing delegated responsibilities for staff.
- People benefited from a staff team who understood their roles and responsibilities. They were kept fully informed of people's changing care needs.
- Staff felt supported and valued and were complimentary of the support they received from both the registered manager and deputy manager who were always available for guidance and support.

Continuous learning and improving care; Working in partnership with others

- Management promoted person-centred, high-quality care and good outcomes for people, by working in partnership with others to make sure they were providing 'joined up' care and following current practice; for example, social workers, behaviour support team, speech and language team, psychologists, consultants and other healthcare professionals. A social care professional told us, "Staff were open to working in partnership with health services and [local authority] in order to ensure the needs of the adults reviewed were appropriately met."
- Learning took place from incidents to mitigate reoccurrence.
- The registered manager kept themselves up to date with best practice by attending local forums and researching websites such as National Institute of Clinical Excellence (NICE) and Skills for Care.