

Phoenix Cottages Ltd

# Phoenix Lodge

## 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 Lodge provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. 16 people lived in the service when we inspected.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice, control, independence and inclusion. For example, people's support focused on them having as many opportunities as possible to gain new skills and increase or maintain their independence.

People and staff told us they felt safe at the service. People received support to take their medicines safely. Risks to people's well-being were recorded and updated when their circumstances changed. Staffing was provided at safe levels that enabled people to go out and access the community when they chose to with support.

People's rights to make their own decisions were respected. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. There were a lot of new staff at the service and they told us they felt encouraged by their training and welcomed by the current staff team.

The emphasis of support was towards enabling people. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life. People were complimentary about their staff and the positive relationships they had with them.

The values of the organisation of offering choice, inclusion and respect were embedded. This supported people to receive a positive service. Staff were aware of their roles and responsibilities. Work to continuously improve was noted and the new management team were keen to make changes that would impact positively on people's lives.

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: At the last inspection the service was rated Good (report published July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More 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 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 Lodge

## Detailed findings

### Background to this inspection

The 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.'

Inspection team: One inspector carried out this inspection.

Service and service type: Phoenix Lodge is a domiciliary care agency which provides personal care to people living in their own homes. The houses were three adjoining buildings on one site with an office in the grounds.

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. The registered manager had recently moved to a regional role with the provider and the acting manager was in the process of applying to be registered with us.

Notice of inspection: This inspection was unannounced so people did not know we would be visiting.

What we did:

Before inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During and after the inspection: We spoke with seven people who used the service during our visit and met with two relatives to ask about their experience of the care provided. We spoke with six members of staff including the registered manager, acting manager, deputy manager and six support workers.

We reviewed a range of records. This included three people's care records. We looked at multiple records

relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

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

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

- People told us they felt safe with the staff that supported them. One person said, "Yes I am safe here, I don't worry." One relative we spoke with said, "I have peace of mind that [Name] is safe."
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training.

Assessing risk, safety monitoring and management.

- Risks to people's safety were assessed, recorded and updated when their needs changed.
- Staff understood where people required support to reduce the risk of avoidable harm. Support plans contained basic explanations of the control measures for staff members to follow to keep people safe.

Staffing and recruitment.

- Safe recruitment procedures were followed but some improvements were needed. The robustness of references could be improved to ensure that all recent care references were sought to ensure staff suitability to work with vulnerable people.
- People received care and support from the right amount of suitably skilled and experienced staff.
- There had been a recent recruitment drive at the service and the staff team told us this would help with staffing levels as at times, in the last few months, it had been "stretched."

Using medicines safely.

- The provider continued to manage medicines safely.
- Staff completed safe handling of medicines training; other checks were completed to ensure they were competent to give people medicines.
- People received the correct medicines at the appropriate times. Medicines were received, stored and disposed of safely.
- Audits were completed to check staff followed the correct procedures.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence. For example, following a person experiencing a choking episode as well as reviewing their care, all staff underwent specialist training and a staff meeting was held to ensure everyone at the service knew

how to respond if another episode was to occur again.

- Accidents and incidents were recorded and investigated thoroughly.

# 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.

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.

- People's needs were assessed to identify how their care and support should be provided.
- Assessments of people's needs were thorough and people's goals or expected outcomes were identified. The assessment also considered religious, cultural or spiritual needs people might have.

Staff support; induction, training, skills and experience.

- Staff were well supported and received the training they needed. One new staff member told us, "I have felt welcomed and really well supported, all the staff here have been really kind to me."
- Training, supervision and appraisals were planned and all the staff we spoke with said they felt they had the skills and support to carry out their roles.

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

- Staff supported people with their menu planning, shopping and meal preparation. This was carried out in a way which ensured the person developed or used their skills to become or maintain independence and confidence. We saw one person was really pleased with their lunch making of scrambled eggs on toast.
- Where required, people were referred to health professionals such as speech and language therapists.

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

- Support plans noted any support people needed with their health care needs and relevant professionals' advice for staff to follow.
- Staff supported people to attend health care appointments when appropriate.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One relative we spoke with said, "They ensure 100% that [Name] receives the best help possible, they stayed with them in hospital recently so they weren't distressed."

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. 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.



- No one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- Staff had completed training and demonstrated a very good understanding of the MCA. They ensured that people were involved in decisions about their care; they knew what they needed to do to make sure decisions were taken in people's best interests.

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

- The service had been specifically designed to meet people's needs. It was spacious and offered people the choice of having their own personal space, as well as communal areas to spend time with other people.
- People's rooms had been decorated and furnished to their likes and interests.
- The communal lounge in the Lodge and one person's en-suite were in need of repair and redecoration. The deputy manager showed us this had already been reported and was awaiting decorators visiting.

# 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.

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

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

- People spoke positively about the support they received from staff; they described staff as kind and caring. Comments included, "I like living here, I get to go and out and do lots of things."
- Staff understood the importance of treating people as individuals and referred to people in a respectful way. We observed lots of fun and laughter; when needed people were given appropriate reassurance and support.
- Staff were proud of where they worked. They told us it was a caring service and said they were proud of the teamwork and values they promoted.

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

- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, pictorial meeting minutes, individual activity timetables and menu plans. These were used to good effect when we visited the service. One person had a communication book explaining using photographs how they communicated using gestures.
- The service supported people to maintain relationships with friends and family. Staff helped people to celebrate special occasions. Each year a festival event was held where people, staff, family and friends came to together to celebrate and enjoyed live music and a BBQ, we saw plans were underway for another event this year.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- People were supported to express their choices and make decisions. For example, the service had supported one person to acquire a car. The relatives of this person told us, "We were amazed that this happened, they fought for two years to get it but now they can go out when they like when there is a driver here."
- Information about advocacy services was available; staff supported people to access these services when needed.

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

- People were treated with dignity and respect. Staff spoke with people in a friendly but polite manner, and knocked and waited for permission before entering their rooms.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

# Is the service responsive?

## Our findings

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

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

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

- People told us staff knew their needs well. Staff knew people's likes, dislikes and preferences. They used this detail to support people in the way they wanted. Staff had a good understanding of people's needs and could make suggestions to people around how they could develop their skills and independence.
- Staff were responsive when people's needs changed. They were proactively working with healthcare professionals to ensure one person had the right equipment and support for their future needs.
- Support plans were person centred, up to date and reviewed regularly. They covered areas such as health, activities, finance, friendships and social inclusion. Plans guided staff to focus on the person's wellbeing and what outcomes and goals they wanted to achieve.
- People were supported to access a range of activities. We saw the service actively supported people to attend further education, day services and employment opportunities locally. One person told us about their job in a local charity shop and how they enjoyed sorting out the DVDs on display.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to.
- The management team acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service. One person said, "I will talk to the staff if I am upset about anything."
- Information about the complaints procedure was available in various formats, such as easy read and pictorial.

End of life care and support.

- People had the opportunity, if they wanted, to discuss their future care wishes. These were recorded in people's support plans to raise awareness of preferences.

# 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.

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

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

- The management team demonstrated a commitment to providing quality services and respecting people and staff members. There had been recent management changes with the registered manager moving to a regional role and a new manager and deputy being appointed. The deputy had worked at the service for many years and the manager was new to the provider, but was experienced. The manager had just applied to be registered with CQC.
- There was a friendly and welcoming atmosphere with staff describing morale and teamwork as good. Staff told us, "We are a good team here and we care for each other and everyone at the service."

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

- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- All the feedback received was used to continuously improve the service.
- The registered manager made sure people received good care and support. For instance, they carried out regular visits to the service and met with people and staff to seek their views and to check on records and safety.

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

- Team leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care. One relative told us, "They involve us with everything and I know they would contact us about anything."
- Engaging and involving people and staff enabled them to speak up freely, raise concerns and discuss ideas. Staff members regularly approached management to ask questions. People who used the service also popped to the office to chat or speak with the leadership team.
- People had completed a survey of their views and they met with their keyworkers regularly to talk about their views of the service and to be involved in plans for the future.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.

Continuous learning and improving care.

- There was an effective system in place to check on the quality and safety of the service.
- Actions arising from audits carried out by the provider and management team were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

Working in partnership with others.

- Managers and staff worked well with external health and social care professionals.
- The service had good links with the local community. People attended lots of local events, had voluntary jobs and were supported by staff.