

Linkage Community Trust

The Phoenix

Inspection report

St. Helens Avenue
Lincoln
LN6 7RA

Date of inspection visit:
14 September 2023

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16 November 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Phoenix is a residential care home providing personal care to up to a maximum of 6 people. The service provides support to people living with learning disabilities and/or autism in one adapted building. At the time of our inspection there were 5 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

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 received their medicines safely and had access to appropriate health and social care support.

Support plans were person-centred and reflected people's views and wishes.

People were supported to maintain meaningful relationships with people who mattered to them.

Right Care

Support was personalised and promoted people's individuality and human rights.

Staff were trained and understood how to support people to stay safe from harm or abuse.

There were enough appropriately skilled staff to meet people's needs.

Right Culture

The values and attitudes of managers and staff supported people to live inclusive and empowered lifestyles. Staff promoted equality and diversity when supporting people.

There were systems in place to monitor the quality of the services provided and a culture of improvement had become embedded in the service.

People and staff had opportunities to give feedback about the service and contribute their thoughts and

ideas for improvement. They felt listened to and were confident that any issues would be resolved.

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 inadequate (published 31 October 2022) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 31 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 16 August 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, need for consent, safeguarding service users from abuse and improper treatment and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for The Phoenix on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Phoenix

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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector.

Service and service type

The Phoenix is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Phoenix is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 the inspection

We spoke with 2 people who lived at The Phoenix. Not all of the people living at The Phoenix were fully able to communicate their views and experience, so we observed the care and support they received. We spoke with 2 relatives, 5 support workers, the deputy manager and the registered manager. We also spoke with an operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 3 people's care and medicine records, staff recruitment and training records and management records to assess safety and governance within the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to identify and mitigate risks in order to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks associated with people's needs had been identified, assessed and mitigated. Management plans were in place to mitigate risks such as choking, road safety and financial abuse.
- People told us or used signs and gestures to indicate they felt safe living at The Phoenix. One person said, "Yes thank you. I like living here and I feel very safe." Another person gave a 'thumbs up' and hugged a member of staff when we asked about their experience of living at The Phoenix.
- Relatives told us they felt their loved ones were safe. One relative said there had been a 'massive improvement' in relation to people's safety since the last inspection.
- Staff had received training about how to keep people safe. They knew how to identify and report any situations in which people may be at risk of abuse.

Learning lessons when things go wrong

- Lessons were learned when things went wrong, and learning was shared across the organisation.
- Accidents and incidents were reviewed, and actions were taken to reduce the risk they may happen again.

Using medicines safely

- Medicines were managed safely and in line with current guidance. This included those medicines which required special storage and recording arrangements (known as controlled medicines).
- Protocols for medicines given as and when needed (PRN) contained clear information about how and when the medicine should be used.
- The principles of STOMP (stop over medicating people with learning difficulties) were followed. This meant people would get the right medicines only when they needed them.
- People's preferred method of communication, for example using signs or gestures to indicate pain, was described in protocols. This meant people would receive their medicines in a consistent and person-centred way.

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 supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

At our last inspection the provider had failed to ensure there were always enough staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- Since the last inspection the provider had increased the number of staff working at night. Staff told us night shifts were now 'much better' because they could ensure people remained safe and provide person-centred support.
- There were enough staff deployed during the daytime to meet people's needs. People were able to use their commissioned support hours flexibly. This meant support could be timed to meet people's chosen lifestyles.
- The provider had clear recruitment procedures in place. This included obtaining previous work references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Visiting in care homes

- People and their families were encouraged and supported to visit their loved ones within the service.
- Relatives told us there were no restrictions in place which would impact on visiting their loved ones.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection people were not always supported within the principles of the mental capacity act. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 11.

In addition, the provider had not always identified and assessed people in order to apply for a DoLS authorisation. This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 13 (5).

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

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. Where people lacked the capacity to make decisions about their care and were deprived of their liberty, capacity had been assessed and appropriate authorisations had been sought from the local authority.
- Where people did not have the capacity to make particular decisions, records showed people who were important in the person's life had been consulted. This ensured decisions made were in the person's best interests.

- Staff supported people in the least restrictive way possible. For example, exit doors were not locked so people who were able could come and go as they wished. However, alarms had been fitted to the doors to ensure staff were alerted when people who would be at risk if they left the building unsupervised were supported safely.
- Information was available about local advocacy services and staff knew how to support people to access those services if required.
- Care records showed how people expressed their choices and decisions and guided staff on how to support them to do so.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role and the needs of people they supported. A staff member described the bespoke training they received in relation to a person's specific health need, and commented about how this increased their confidence. Another staff member said, "There's always loads of training to help us in the job."
- Staff received regular supervision from the registered manager or deputy manager. They told us supervision sessions were useful as they could discuss their work performance and training needs.

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

- People were supported to choose and be involved in preparation of their food. One person told us how they enjoyed making their own breakfast. Another person indicated their preferences using signs and a picture menu.
- Staff spoke knowledgeably about people's nutritional needs and preferences which reflected the information in people's support plans.

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

- People were supported to access a range of healthcare services such as GPs and specialists in managing distress. Care records reflected the guidance from outside agencies which meant people received consistent care and support.
- Staff described how working closely with outside agencies had a positive impact for people. For example, reduction in medicines that help people manage distress. Records reflected the improvements in people's lives.
- Staff supported people to make healthier life choices whilst respecting their preferences and opinions. We saw people were encouraged to eat healthily, take exercise and develop their social lives. Easy read information was also available for people to help them make their choices.

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

- An action plan was in place to improve the environment to ensure people were comfortable and safe. We saw redecoration of communal areas had taken place or was in progress and records demonstrated general maintenance was completed in a timely manner.
- People's needs and opinions had been taken into account as part of the action planning, for example, with the refurbishment of their outside space.
- People showed us how they had personalised their bedrooms. Staff spoke about how important it was for people to have their own private and comfortable space when living in a communal setting.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the provider had failed to effectively monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection a new manager had been employed and had registered with the commission. They had worked closely with partner agencies, such as local commissioners, to develop and improve the quality of support provided for people.
- The provider's senior leadership team had maintained effective oversight and supported the registered manager to implement improvements within the home.
- Governance systems had been effective in identifying and addressing shortfalls within the service. Regular audits of topics such as care plan quality, medicines management and personal finances had been carried out.
- Governance systems included visits by people who had experience of using care and support services in order to help develop the service. We saw recommendations made following a recent visit of this type had been implemented.
- Systems in place to report and record incidents had been used effectively. Records showed how incidents had been managed and what actions had been taken to minimise future risks. There was regular monitoring of incident reports to enable any themes and trends to be identified and lessons learned for the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received their support in a person-centred and inclusive way. We saw this approach was actively promoted by the registered manager and wider leadership team.
- The atmosphere within the home promoted people's wellbeing. We saw people actively engaging with preparations for a forthcoming celebration, laughing and having fun with staff and choosing how they wanted their day to progress.
- Staff and relatives told us there had been improvements in the culture and leadership within the home. A staff member said, "It's really nice and friendly now, new management has turned it around." A relative commented that their loved one was, "Looked after much better now."

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

- People were involved in planning all aspects of their daily lives and support. Records showed they were regularly involved in house meetings where, for example, they could share any concerns or make suggestions for service improvement.
- People were supported to be involved in local community activity. An example of this was involvement in a collaboration project with students from a local university which a relative was instrumental in developing.
- Staff told us they felt respected and listened to by the leadership team. One staff member said, "[Registered manager] and [Operations manager] are fantastic, really supportive." Another staff member said, "[Registered manager]'s door is always open. She gets things done and is approachable if there's any concerns."

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; Working in partnership with others

- The registered manager had a clear understanding of their responsibilities under the duty of candour and demonstrated an open and honest approach throughout the inspection.
- Feedback from external agencies indicated the registered manager and staff were responsive and open to service improvement suggestions.