

# St. Vincent's And St. George's Association

# Phoenix

## Inspection report

84-90 Winchcombe Street  
Cheltenham  
GL52 2NW

Tel: 01242515035

Website: [www.stvsandstgs.co.uk](http://www.stvsandstgs.co.uk)

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11 March 2019

13 March 2019

18 March 2019

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16 April 2019

## 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 is a domiciliary care agency. Phoenix is part of St. Vincent's And St. George's Association, a charity providing a range of care and support services to people with disabilities, complex needs, health conditions and older people living in Gloucestershire.

Phoenix provides personal care to people living in their own houses and flats in the community. Phoenix were providing a service to 18 people at the time of our inspection. The service supports adults living with a learning disability and autism. Some people had complex behaviour needs.

People's experience of using this service:

The service reflected the principles and values of Registering the Right Support. 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 outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

- People's independence was respected and promoted.
- People's support focused on them having opportunities to be part of their community, meet others and maintain existing relationships.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
  
- People received a consistent level of care from a team of regular care workers. There were enough staff employed to meet people's needs.
- Staff understood how to communicate with people effectively to ascertain and respect their wishes.
- Care plans provided staff with information about people's preferences and ways in which staff could support people emotionally and with the activities they enjoyed.
- Safe recruitment practices were followed to protect people from unsuitable staff.
- People were protected from abuse and harassment
- People received appropriate support to take their medicines safely as and when required.
- The provider arranged training for staff that met the needs of people using the service. Staff competency was assessed which helped to ensure they were safe to work with people.
- The provider had ensured there was effective oversight and governance of the service. The registered manager worked alongside the trustees and chief executive of the service to ensure that any issues were managed and priorities in relation to the quality of support were identified and acted upon promptly.

The service met the characteristics of Good in all areas. Further information is in the full report.

Rating at last inspection: We last inspected Phoenix on 6 February 2018. At the last inspection the service was rated Requires Improvement (this report was published on 13 March 2018).

The overall rating for the service has improved from Requires Improvement to Good.

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Requires Improvement rating. We followed up on progress against agreed action plans, to address breaches in regulation found at our previous inspection. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults, including people with learning disabilities.

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 1 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 11 March 2019 and ended on 18 March 2019. We visited the office location on 11 and 18 March 2019 to see the manager and speak with staff; and to review care records and policies and procedures.

What we did: Before the site visit: We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the site visit: We spoke with three people who use the service. We observed staff interacting with

people throughout the day, including preparing meals and other friendly discussions. We reviewed a range of records. This included seven people's care records, three staff recruitment files and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service. We spoke with the registered manager, a care coordinator, the training and compliance officer, a team leader and two support workers.

Following the site visit: We sought feedback from two people's relatives about Phoenix.

# 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 in February 2018, we rated this Key Question as 'Requires Improvement'; we asked the provider to take action to make improvements to ensure proper and safe management of people's medicines. At this inspection we found this action had been completed and this Key Question had improved to Good.

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. People were supported to take positive risks to meet their personal goals and aspirations.

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

- People told us they felt safe. One person said, "I feel safe here, People care about me". Another person told us, "I would talk to the staff and let them know if I wasn't happy."
- Staff knew what action to take if they suspected abuse or poor practice. They were confident to 'whistle blow' and knew which outside agencies to involve if needed.
- The registered manager reported and shared appropriate information with the provider and relevant agencies to safeguard people.

Using medicines safely:

- Staff who administered medicines had received training and their competency was checked. Staff had information to guide them in giving 'when required' medicines, in response to people's varying needs.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.
- Staff checked people's prescribed medicine stocks daily. This enabled them to identify any medicine errors quickly, to maintain people's wellbeing. Staff told us there were rarely any errors.
- The registered manager had implemented systems to ensure people received their medicines. Peoples records we reviewed confirmed people had received their medicines as prescribed.

Staffing and recruitment:

- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed before staff started work at the service.
- All staff had completed a Disclosure and Barring service (DBS) disclosure form. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- A comprehensive induction was completed by all new staff, to ensure they understood the systems and processes to be followed to maintain people's safety.
- All new staff worked a probationary period and their performance was monitored to ensure the provider's

expected standards were met.

- There were enough staff with the right skills and experience to support people. People benefitted from a stable staff team.

Assessing risk, safety monitoring and management:

- The provider took appropriate steps to identify and manage risks to people using the service.
- Care records included a section where risks to people were assessed, these included environmental risks, any risk in relation to personal hygiene, mobilisation, medicines and skin care.
- Steps to manage or minimise risks to people were included. For example, staff had received training in safe moving and handling techniques and had repositioning guidelines to keep people's skin safe from injury.
- People had individual risk assessments that recorded risks in relation to behaviours that could challenge and epilepsy management. Measures to limit risk had been followed by staff.

Preventing and controlling infection:

- Care workers received regular training in infection prevention and control.
- People were involved, alongside staff, in maintaining the cleanliness of the home.
- Staff understood how to manage potential infection control risks and followed the policies in place when managing soiled laundry.
- Staff completed food hygiene training and there had been no recent infection outbreaks at the service.

Learning lessons when things go wrong:

- Incidents and accidents were documented and action taken to find out why things had gone wrong. These were used as learning to try and prevent similar incidents occurring in future.



# 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.

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. People received care and support which was tailored to promote their wellbeing and positive behaviour support.

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

- People's needs were fully assessed which included ongoing involvement of their close relatives and reviews by a range of health and social care professionals.
- People's support, for example in relation to their healthcare needs, relationship needs and behaviours, was planned and delivered in line with professional standards and guidance.
- People's independence was promoted through the use of technology. For example, staff had received training in the use of a person's communication device. This meant the person could go into the community with support from staff, and practise using their device to communicate with others.

Staff support: induction, training, skills and experience:

- Care workers said they were happy with the training and support on offer. Comments included, "I have completed the Care Certificate and the core training and additional training".
- Newly employed care workers received an induction to the service and training which helped them to carry out their roles effectively. A staff member told us "I also had two weeks of shadowing, which was enough".
- Care workers received training relevant to people's needs this included infection control, managing people's medicines and food hygiene.
- The registered manager and training coordinator kept training records up to date and ensured staff received refresher training as needed to remain up to date with current practice.
- Care workers were assessed as being competent in practical aspects of their role, such as medicines administration, before they could support people with these needs independently.
- Care workers were supported with regular meetings, during which they could discuss their work performance, training needs and any other issues.

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

- People had access to a weekly menu, which they helped choose and they were involved in meal preparation and shopping. One person told us, "I go shopping on a Saturday where I can buy my things."
- People enjoyed going into town for lunch or coffee. People also purchased their own snacks which they enjoyed.
- Relatives told us that people received adequate nutrition and hydration support.
- People's dietary requirements and preferences were included in care plans and known by care workers.

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

- Correspondence with community teams demonstrated the provider worked with health and social care professionals, to provide effective care to people.
- Care records included details of GP's and other health professionals involved in people's care. One person told us, "I go to the GP and my physio is coming tomorrow at 10.30."
- Care records included details of people's medical history and how care workers could support people to manage their health.

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.

We checked whether the service was working within the principles of the MCA.

- Staff had a good understanding of the principles of the MCA and explained how people were supported to make informed decisions and how they respected their individual choices.
- Staff obtained consent from people before providing care and support. One person told us, "I choose to have a shower every morning and staff help me with this; they wash my hair." Support plans were sufficiently detailed to assist staff to support people in the least restrictive way.
- People's capacity to make decisions regarding their care had been assessed when needed and where people did not have the capacity to make significant decisions these were made in their best interest.

# 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.

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. People were supported equally and with kindness and compassion.

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

- Staff showed kindness and compassion towards people. People enjoyed friendly conversations and were comfortable in the company of staff. One person told us, "Staff are kind and patient."
- People were treated as individuals and equals. While staff supported people, they put them at the forefront of everything they did. A staff member said, "Our ethos is to provide people in their own homes a person-centred approach to enable them to live the best possible life".
- Staff received training in dignity and respect, equality, diversity and inclusion. During our conversations with them, they demonstrated how they promoted and supported people's right to live their life how they wanted. People's religious and cultural needs were included in their care records and they were supported to establish links with others who shared the same views and values as them.

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

- People could communicate their needs and were at the centre of decision-making in relation to their care and support.
- People's goals and wishes were identified and respected. For example, staff wrote one person's chosen activities on a white board so they knew who was supporting them and what the plans were daily.
- People's wishes about their staff were respected. One person only wanted to be supported by staff they knew well and had a good relationship with. The staff rota was planned to accommodate this. One staff member told us, "I enjoy working with [name of person]; he is very time conscious and wants to know who is supporting him and what activities he is doing. It has given me confidence. He uses a communicator which I enjoy supporting him with. He enjoys working with me."

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

- People's independence was promoted and respected. People could access the local community and were supported to attend activities, day centres, visits to their family homes and jobs.
- People's personal care needs and their daily activities timetable, along with their level of independence, were included in care records. This helped staff to support them in a way that promoted their independence. A staff member told us "There is enough time to support [name of person] with cooking and to go to the pub. I support [name of person] for two hours with a cookery session. He is always very happy

with what he has achieved."

- People had keys to their bedrooms and their individual spaces were clearly respected. Some people chose to lock their rooms, while others were happy to leave their rooms open and accessible.
- People's information was managed confidentially and care records were stored securely in line with the Data Protection Act.
- Relatives could visit at any time. Where one person's relative could not visit them at home, the staff had arranged to take the person to visit their relative every week on a set day.

## 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.

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.

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

- People had individual care records in place which reflected their current needs preferences.
- Care plans included areas that people needed support with, the action that care workers needed to take to support people and the intended outcomes/goals for people. A member of staff told us "I can add something to a care plan that would benefit the person."
- People were supported to safely access the community when required; including receiving one to one support when needed. Staff understood the risks to people within the home and the community.
- People were supported to go on trips and visit their relatives using the home's transport and public transport.
- People's social interests, activities they enjoyed doing both at home and in the community, were documented.
- Some people using the service were not able to communicate verbally. Care workers were observed communicating with people using appropriate techniques; as described in their care plans.
- Incidents and accidents were documented and action taken to find out why things had gone

Improving care quality in response to complaints or concerns:

- Complaint guidance was available in an easy read format and people were supported to raise any concerns through regular meetings with staff.
- The service had received three complaints in the last 12 months.
- One concern had been raised by a member of staff. We saw this had been fully investigated and discussed with staff involved. The matter was satisfactorily resolved.
- Everyone we spoke with told us they felt clear on how to raise any concerns they may have and were confident that they would be listened to and action would be effectively taken.

End of life care and support:

- The service was not supporting people who were on palliative or end of life care at this time.
- The home had good links with other relevant health professionals to ensure support would be available to manage people's symptoms and ensure their advanced wishes would be respected.

# 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.

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 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.

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:

- Managers promoted a positive culture that supported and valued people and staff, creating a sense of common purpose based on shared values. For example, a member of staff told us the culture of the service was to support people to live independently and enjoy quality of life whilst having all the person-centred support and care they could needed.
- The registered manager understood their responsibilities under the duty of candour and when things went wrong, staff apologised and gave people honest information and suitable support. For example, where staff shortages had impacted on people's care, information was shared with people about the services plan to recruit additional staff.
- Agendas raised at team meetings contained positive messages to staff and constructive comments about how to improve the service for people. Comments from the registered manager during these meetings included, "There were many positive changes so let's continue to strive for excellence and make this year outstanding for all our services users and staffing team".

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

- The registered manager demonstrated understanding of their role and legal responsibilities such as ensuring CQC were kept informed of relevant incidents within the service.
- Staff were informed of changes to systems and processes in order to ensure their knowledge was up to date.
- The service had created a new role in relation to compliance checks and auditing. These quality checks were completed by the training and compliance officer, registered manager and staff on a regular basis. This included audits of staff documentation, and information contained within people's care plans.
- The registered manager had ensured any actions identified through auditing had been completed. For example, staff recording was identified as an area of improvement and additional support and guidance for staff on what to record and when was introduced.

- Systems were in place to review and monitor complaints, accidents and incidents should they occur.