

The Lantern Community Phoenix

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 9 January and was announced. The inspection continued on 10 January and was again announced.

Phoenix is a service made up of five homes in a neighbourhood on a large community campus. It is based on the outskirts of Ringwood and provides care and support to people with learning disabilities. It is registered to provide personal care. At the time of the inspection the service was delivering personal care to 16 people.

This service provides care and support to people living in five supported living' settings, so that they can live in their own home 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.

Not everyone using Phoenix receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff did not all receive training in areas specific to people they were supporting. This meant there was a risk that people would not receive support from staff with the skills to meet their needs. Staff supervisions did not take place regularly and annual appraisals were not completed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 4). You can see what action we told the provider to take at the back of the full version of the report.

People were not always supported appropriately to understand and meet their personal relationship needs. This meant that people could be at risk of being put in vulnerable situations.

We have made a recommendation about people training on the subject of personal relationships.

Goals and aspirations discussed with people in their reviews were not always reflected in their care plans which meant that some goals were not always met.

Incident reporting systems were not always effective or investigated appropriately.

Robust governance and quality monitoring systems were not established or embedded within the service. This had resulted in some areas for improvement not being identified or actions put in place to address them.

Medicines were not always stored safely. This meant that people were at potential risk of receiving unsafe medicines. We discussed this with the management who told us they would address this.

Medicines were correctly recorded and only administered by staff that were trained to give medicines. Medicine Administration Records reviewed showed no gaps. This told us that people were receiving their medicines.

There was an infection control policy in place and regular cleaning took place in locations to prevent and control the risk of infection.

People's independence was promoted and staff supported people to develop life skills. People told us that staff were kind and caring.

Personalised care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk management plans were completed, reviewed and mostly up to date.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training. People were provided with information about how to keep safe and were asked their desired outcomes following any alert made.

People were supported with shopping, cooking and preparation of meals in their home. The training record showed that staff had attended food hygiene training.

People told us that staff were caring. During home visits we observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires which had been sent to people and relatives and noted that it contained positive feedback.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there was one outstanding complaint which was being managed in line with the local policy. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staffing was delivered to a group of people in each house instead of being constructed to support individuals and medicines and care records were kept together in one centralised place like a care home setting. We found that this did not have a negative impact on people.

We have made a recommendation about good practice guidance on the subject the principles of Supported

Living.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People, relatives and staff felt that the service was well led. The management team encouraged an open working environment. People and staff alike were valued and worked within an organisation which ensured a positive culture was well established and inclusive. The management had good relationships with people and delivered support hours to them.

The service was aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They also understood their reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

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 mostly safe. Medicines were not always stored safely. The service put an action plan in place which addressed the concerns and made medicines safe.

Incident reporting systems were not always reviewed and analysed effectively which meant that some incidents were not always seen as significant.

There were sufficient staff available to meet people's assessed care and support needs.

People were supported by staff who had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were protected from harm because risk management and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were correctly recorded and only administered by staff that were trained to give medicines.

People were protected by the prevention and management of infection control. Policies, equipment and schedules were in place.

Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Requires Improvement ●

The service was not consistently effective. Staff did not receive regular supervisions and annual appraisals did not take place.

People's capacity was not assessed and best interest decisions were not recorded.

Staff did not receive training specific to the needs of the people they were supporting.

Goals and outcomes set by people in their reviews were not always reflected in their care plans. This meant that some goals were not always met.

The service worked effectively across organisations during transition and admission to assess, meet and whenever possible exceed expectations.

Staff supported people to maintain and understand healthy balanced diets. Dietary needs were assessed where appropriate.

People were supported to access health care services and local learning disability teams.

Is the service caring?

Good ●

The service was caring. People were supported by staff that spent time with them and treated them with kindness and compassion.

People were supported by staff who used person centred approaches to deliver care and support.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Good ●

The service was mostly responsive. People were not always supported to maintain personal relationships.

Care file's, guidelines and risk assessments were mostly up to date and reviewed.

People were supported by staff that recognised, responded to and understood their changing needs.

People were supported to access the community and take part in activities which were linked with their own interests and hobbies.

Information was provided to people in a variety of formats in line with the Accessible Information Standard.

A complaints procedure was in place which included an accessible easy read version. People and relatives were aware of the complaints procedure and felt able to raise concerns with staff.

End of life care processes were in place which ensured that people's preferences, beliefs and choices were respected.

Is the service well-led?

The service was not always well led. Governance and quality monitoring systems were not established or embedded within the service. This meant areas of improvement found during the inspection had not been identified by the service.

The management all promoted and encouraged an open working environment by including people and recognising staff achievement.

The management were flexible and delivered support hours as and when necessary.

The registered manager and nominated individual were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour and demonstrated an open, honest approach.

People, staff and relatives felt involved in developing the service.

The service worked in partnership with other agencies in ways which benefitted people using the service.

Requires Improvement 

Phoenix

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 9 January and ended on 10 January 2018. It included visits to three homes and the central office. We visited the central office on the afternoon of 10 January to see the nominated individual and office staff; and to review staff records.

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

The provider was given 48 hours' notice. This was so that we could be sure the manager or senior person in charge was available when we visited and that consent could be sought from people to a home visit from the inspector. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had received a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection we sent people, relatives and staff questionnaires about the service. We received two completed questionnaires from people, seven from staff and one from a relative.

We spoke with four people who used the service and four staff. We received feedback from 3 relatives and

two professionals who had experience of working with the service.

We spoke with the registered manager and nominated individual. We reviewed five people's care files, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2017 satisfaction survey results. We looked at eight staff files, the recruitment process, complaints, training, supervision and appraisal records.

We visited three supported living locations and observed care being delivered to people.

We asked the nominated individual to send us information after the inspection. This included policies and staff training records. The nominated individual agreed to submit this by Friday 12 January 2018 and did so.

Is the service safe?

Our findings

Effective arrangements were not always put in place to respond to all incidents that had occurred. Some incidents were reported using an online system and other incidents were recorded using paper incident reports. Arrangements were in place to review and investigate incidents reported using a paper format however incidents reported electronically were not always reviewed or investigated appropriately. The registered manager and nominated individual acknowledged this and agreed that some incidents reported electronically should have been reported using paper records. In response to this we were told that learning would be shared with staff via staff meetings and other managers via management meetings. The registered manager told us that appropriate measures would be put in place and actions set following the incidents identified as a matter of priority. We found that this had not had a negative impact on people's health or wellbeing.

Medicines were not always stored safely. Temperatures of medicine cabinets were not recorded. In one of the homes medicine was stored in a laundry room which we were told was prone to getting hot. Liquid medicines were used by some people in the home and instructions on bottles stated not to store above 25 degrees. This meant that people were at potential risk of receiving unsafe medicines. The registered manager acknowledged this and told us they would purchase a thermometer and record temperatures.

Keys to medicine storage were held by authorised staff. Phoenix had regular systems in place to ensure safe administration of medicines. Audits and stock checks were completed. Medicines were only administered by trained staff who had been assessed as competent. We reviewed six people's medicine administration records (MAR). People's medicines were signed as given and absent from the medicine packages indicating that they had been administered. We found that records were legible and complete. One person told us, "I administer my own tablets. I feel comfortable and confident doing this, staff are always there to help if I need it". A relative said, "There is a safe system of administering medication – an efficient record is kept".

At the time of the inspection no one was receiving covert medicines. There was a clear comprehensive medicines policy in place which highlighted the requirement for discussion and best interest meeting with family, pharmacy and the importance of clear instructions for administration and review. This was in line with guidance and the Mental Capacity Act 2005.

The service had a safeguarding policy in place which included an easy read version for people who used the service. This detailed definitions, preventative measures, the investigation process, key contacts and record keeping. Safeguarding alerts were recorded and actions from outcomes were completed. Advocate services were available to people and learning was shared in staff meetings. People were protected from discrimination and their equality and human rights were respected. Information was provided to people to support them to understand what keeping safe meant.

Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "Changes in behaviour, physical signs like bruising. People may tell me. Financial

maybe indicated by monies not adding up. I'd report concerns to management, police, local authority or CQC". A professional told us, "I have seen good safeguarding procedures and it is clear management review practices to make appropriate changes when needed." A relative said, "They have a good safeguarding policy and an equally good risk assessment and support system in place".

People, relatives and staff told us that they felt the service was safe. A person told us, "I feel safe here. I like it". Another person said, "I am happy and feel safe here. Staff help me". A relative said, "(Name) is happy and well settled there and feels safe and secure. Over the years we have seen them thrive, grow in confidence and become more self-assured". Another relative fed back saying, "We are very aware that their (Phoenix's) fundamental and overriding priority is the health and safety, welfare, and happiness of the companions (people)". A staff member told us, "This is a safe place for people. Everyone is kind and caring. Risks are assessed".

People's care files were up to date, identified people's individual risks and detailed steps staff needed to follow to ensure risks were managed and people were kept safe. For example one person was at risk of choking. Measures in place included; sitting position, reminding the person to chew their food and not talk whilst eating. Actions for staff to take included; back slaps and calling emergency services. Risk management plans also covered areas such as; traffic, accessing the community, strangers and internet safety. Staff were able to tell us what risks were associated to which people and where to find people's individual risk assessments. A person told us, "Staff help me understand risks like crossing the road; use zebra crossing. I did safety training this helped me. Gave me confidence". Another person told us, "I understand risks and emergencies. Like strangers and fire alarms. I know how to leave the house and where to go and how to call emergency services". Another person said, "Staff help me understand risks by talking about them with me". A health professional told us, "Individuals I have assessed have all had well detailed risk assessments that are relevant". This demonstrated that the service ensured safety systems were in place to minimise and manage risks to people.

Some people presented behaviour which challenged staff and the service. We found that emotional wellbeing objectives reflected this in people's care plans. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which could challenge the service. Behaviour (ABC) charts were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored and analysed by management. Phoenix had good working relations with the local learning disability teams and came together with them, the person and family in response to new trends occurring and/or set a review. The support people had received had a positive impact on their lives and meant that they could access the community more with support from staff who had a clear understanding of active and proactive strategies to support them safely.

We were told that all support hours were covered and that vacant shifts were covered by staff taking on additional hours. The service told us that they did not use agency staff. A staff member told us, "I think there are enough staff. Staff seem happy and there is low turnover. This is good for people and means there is consistency for them". Another staff member said, "There are enough staff to deliver the hours required". A person told us, "There are enough staff to support me. Staff are available". Another person said, "Enough staff here to help me. It's a lovely house". A relative told us, "There are sufficient staff to help and support (name) and the other companions (people) who are treated with compassion and respect in a nurturing environment". The nominated individual told us that staffing levels and 1:1 hours were assessed and agreed during the initial pre admission assessment stage. The nominated individual told us that they would refer to the commissioning team for additional hours should people's needs change.

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working

with people. Checks included references, identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where gaps in employment history were apparent on the member of staff's application form, these gaps were explored and documented as part of the recruitment process.

People were protected by the prevention and control of infection by staff who had received training and used personal protective equipment (PPE). Staff had a good understanding of food hygiene and correct procedures were followed where food was prepared and stored. For example, open foods were covered and labelled appropriately. Locations which we visited were clean, odour free and appeared to be in a reasonable state of repair. We noted that location's had pictorial hygiene information displayed on people's notice boards which told people and staff about the importance of hand washing and infection control.

Is the service effective?

Our findings

We reviewed eight staff files which evidenced that regular supervisions did not take place. The organisational policy stated that staff supervisions should take place six to eight weekly. We found that five long term staff had not received supervision between April 2017 and November 2017. One new staff member had received one supervision since starting in September 2017 and another had received two since starting in July 2017. This meant that the registered manager could not always be sure that all staff were supported to keep their professional practice and knowledge up to date. The registered manager told us, "I usually diarise supervisions to make sure they happen. I wasn't using the quality system in place. I didn't realise there was a gap of 22-26 weeks between some staff members supervisions". A staff member told us, "I receive fairly regular supervisions. I had one before Christmas but can't remember the one before that. It is always useful to get together with the manager and catch up".

The nominated individual and registered manager told us that staff appraisals did not take place. We were told that there had been discussion in management meetings about these and how best to complete them. The registered manager said they would prioritise appraisals and ensure regular six to eight weekly supervisions took place. Supervisions could then reflect and track the annual objectives, learning and development needs set in appraisals.

The registered manager told us that staff were provided training as part of the care certificate which included learning disability and autism. However, staff commented, "There is room for improvement in training. I have only had induction day training. I haven't supported people with learning disabilities or autism before and not received any training. It would be helpful for me".. People had behavioural support needs which required skilled staff to support them during these times. The registered manager told us this was rare. However, four of the 13 staff had received training in positive behaviour support. This meant there was a risk that people would not receive support from staff with the skills to meet their needs.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's goals and outcomes were not always reflected in their care and support plans. We read that one person had set goals in 2016 which included going to London and going to Brazil. Another person had set a goal to get married. The registered manager said, "These have not been met. Goals were not transferred to their care plan". We were told that new support plans were being introduced which had more of a focus on goals and outcomes and allowed people and staff to track milestones in achieving these. The registered manager showed us one person's. These new plans incorporated pictures to make them more accessible and meaningful to people. A relative fed back saying, "My loved one is extremely happy and feels valued and respected. Because of the excellent support they receive they have been able to accomplish far more than either my loved one or myself thought possible. (Name) has a real sense of pride and self-worth and positively glows with their new found confidence. I cannot fault the care and support they receive".

All staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate

framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Following the induction staff shadowed more experienced staff and did not work alone until the management were confident they had the right skills to carry out their role. A staff member told us, "New staff shadow me and other experienced colleagues. I introduce them to people, share care plans with them and find out more about them". A professional said, "The staff I have come across have been very knowledgeable of the individuals they work with".

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.

On arrival the nominated individual told us that they had not assessed people's capacity in relation to their care and treatment or medicines where it was thought that they lacked capacity. The nominated individual told us that they had had some discussions with the local GP and wasn't clear who's responsibility it was to complete these. Some people were living with a learning disability, autism or had needs relating to their mental health, which affected their ability to make some decisions about their care and support.

During the inspection, we observed staff putting their understanding into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. A staff member told us, "I seek consent by asking people. Big decisions would fall under the MCA and best interest decisions would be made if appropriate". A professional said, "Consent is sought from companions (people) if they are able to understand".

People can only be deprived of their liberty to receive care and treatment, which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. The nominated individual told us that they would identify people who may require a court of protection application and notify the local authority whose responsibility it will be to complete the appropriate assessments and application.

People were involved in the recruitment of new staff. Applicants would meet with people and complete a shadow shift with specific tasks to complete so that staff could observe applicants working with people.

People were supported to maintain good health and have access to healthcare services. A person said, "Staff support me to appointments. I went to the dentist today". The registered manager told us that they had a good relationship with the local learning disability team. We found that health visits were recorded and detailed people's preferences, medicines, communication needs and allergies. These records were taken to appointments and information was recorded about what was wrong with the person, what support they needed, who they were going to receive the support from and when their next appointment was. A relative said, "I feel the staff are quick to pick up on any potential health issues and I am made fully aware of these and kept well informed throughout".

People receiving personal care were supported with shopping, cooking and preparation of meals in their homes. One person told us, "I like cooking. I have cooked sausages, vegetables and potatoes this morning for lunch. I chose this menu". We reviewed two locations menu plan and saw that it was balanced with a

variety of nutritious options. We also noted that there were options to eat out on some of the days.

People's dietary needs were assessed and where appropriate, plans put in place. For example some people were diabetic and others were on gluten free diets. The plans reflected safe foods including treats. Healthy eating guidance was available to people and staff to develop their understanding. We found that meals times were a special occasion to people and that they all came together and ate with each other. One person told us that they preferred soya milk to cow's milk and that staff respected this and that it was always available. A professional said, "The diet and exercise of all the companions (people) is monitored and they are encouraged to live a healthy lifestyle, and any concerns are raised with the companions (people) and if needed, their family".

At the time of our inspection no one had any cultural, religious or ethical needs around food choices. The registered manager told us that if people did then their preferences would be respected and that their individual plans would clearly identify these.

People were involved in the decoration of their homes and bedrooms. One location had recently been decorated and a person told us that they were involved in choosing the colour of the kitchen, living and dining room along with their housemates. The person was very proud to show us this. Another person said, "My bedroom is decorated my way with my things. I have also got a new bed, it's so comfy!". A professional told us, "The homes are individual and well equipped". Locations had communal living areas, gardens and dining rooms. The community also had workshops, a communal hall, bakery, café and shop. People who used the service had access to all areas within the community.

Management and staff worked effectively across organisations to deliver effective care and support to people. People were involved in the planning and coordinating of both admission and move on. Information was obtained, shared and meetings with people, families and professionals took place. One person had moved into one of the homes the day before our inspection. The person told us, "I stayed here for a two week trial period before moving in. It was really good. Staff spent time getting to know me". They went onto say, "I'm still settling in, I don't really like change but staff have supported me. I love it here".

We were told about a person who had lived in the community and had known the people for many years had been moved into a care home. The registered manager showed us a social story which had been put together for people to explain why they had moved. This broke down the information into images and words which helped the people understand the reasons why the person was moving better. A staff member told us, "This had a really positive impact. It really helped settle the people, reduce any anxiety and improve their understanding".

Is the service caring?

Our findings

There was a strong, visible, person centred culture established across Phoenix. Staff and management spoke about people in an affectionate way with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in the presence of staff and it was apparent that staff knew people well. During home visits we observed a lot of smiles, laughter, and affection between people and the staff supporting them. One person said, "Staff are nice, kind and care for me. I'm happy with them". Another person told us, "I like staff, their company is good". Another person said, "I'm happy here. Staff and people are kind and caring. I like having people close. This is perfect". A professional told us, "The support provided is very personalised to the individuals I have seen". Another professional said, "I find the community to be a very caring place, with dedicated staff who try to make the lives of the companions (people) as happy and fulfilling as possible".

A staff member said, "I'm kind and caring. I have a lot of empathy; I'm a good listener and communicate well. I also think I'm approachable and supportive. There is good team work here and effective communication which I promote". The nominated individual told us that they were confident that all staff employed genuinely cared for people and each other.

Staff promoted and supported people to make choices and decisions about their care and support. We observed people being asked choices. A person told us, "They (staff) help me make choices and decisions like where I want to go, what I want to do, eat etc." Another person said, "Staff respect my wishes and help me make choices and decisions. We talk about things. I like conversations". Staff told us that they provided information to enable people to make informed decisions. A staff member said, "Being able to support people to make choices and decisions is all about knowing the person and what is in their support plan". Another staff member told us, "For people with capacity I sit down with them and discuss areas and record their views. For people with limited capacity I involve relatives and staff". A professional said, "Individuals are clearly involved in decision making and respect the rights of each person". Information, procedures and advice was made available to people in different formats to meet their individual needs. This included easy read pictorial information. Advocacy information was made available to people however at the time of our inspection we were informed that no one used these services.

Each location had a visual rota for people to see which staff were working at what time of the day. A person showed us one in their location and was able to tell us who each staff member was. The person told us, "I find this really useful. It is important to me to know who is working. It reassures me".

Staff we observed during home visits were polite and treated people in a dignified manner throughout the course of our visits. We asked staff how they respected people's privacy and dignity. One staff member said, "I close doors and close curtains. I keep (name) informed of what I am doing. I never divulge information and keep things confidential". A professional said, "People are treated with dignity and respect". Another professional told us, "The companions are treated with respect and dignity, I know their privacy and personal space is most important to all". People were supported to build and maintain their independence.

A person told us, "I can leave the home as and when I wish I just let staff know. Independence is important to me and this is respected by staff". Another person said, "Staff help me stay independent. I cook and do housework. I love a clean and tidy house". A relative said, "We feel that the whole team at Phoenix is working extremely hard to deliver an individual package of care and support and that they achieve this with compassion, respect, dignity and kindness and to an extremely high level".

Families and friends were able to visit and call at whatever times they wished. People were supported to spend time with family outside of the homes. Staff had a good knowledge of family and friends that were important to people. A relative said "I call (name) every day at 9 o'clock and can always hear them all laughing and joking". It is a Home from home. I would hate it if (name) ever had to leave there". A person told us, "I see my family. They can come here or I go there. They are always welcomed. I can meet my family where I choose; garden, bedroom, café, and lounge". Another relative said, "Mum can visit as well as other relatives. They are made to feel welcome by staff". Another person told us, "I see my family and they visit me. I was there at Christmas. I have a good one thank you".

Is the service responsive?

Our findings

People were not always supported effectively to maintain personal relationships with others. This meant that people could be at risk of being put in vulnerable situations. We found that care plans reflected family relationships and listed actions for staff on how to meet this need. However other meaningful relationships were not reflected clearly in people's care files. This meant that there was no clear actions or guidance for staff on how best to support people to maintain meaningful relationships with other people that mattered to them. The nominated individual told us that the service had an easy read personal relationship guide but wasn't sure if this had been shared with people. The registered manager said that it hadn't. Two staff told us that they were not aware of this booklet but felt that it would benefit people. The nominated individual told us they would look at providing people with more awareness in this area.

We recommend that the service finds out more about training and national guidance for people, based on current best practice, in relation to personal relationships.

Phoenix was responsive to people's changing needs. Throughout the inspection we observed a very positive and inclusive culture at the service. Promoting independence, involving people and using creative approaches was embedded and normal practice for staff. We saw that people received reviews which put people at the centre of their care. For people with capacity each outcome had a section which captured the person's views. For example, we read a person's emotional wellbeing outcome which said, 'When I get upset or angry I stay in my room and need space. When I am overwhelmed I go quiet'. Under communication it read, 'I need support with official communication like benefits. I can take phone calls and can communicate my views well. I am able to use the internet and love writing and receiving letters'. A person told us, "When I am not feeling well staff help me. They respond positively and help make me feel better".

Personal care delivery plans were in place which gave more detailed guidance to staff about how people wanted to be supported with their personal care needs for example; hair care, shaving, nail care, bathing and medicines. These had been put together by people and staff to ensure that the person's preferences and wishes were reflected. A professional told us, "Individuals are put at the centre of the service and the needs and choices are definitely in support plans". They went on to say, "The support provided is very personalised to the individuals I have seen".

People, relatives and professionals (where appropriate) were involved in reviews. People with capacity were supported to prepare pictorial pre-review papers which enabled them to reflect on achievements made since their last review. We read that one person was happy with their new bedroom, had been on a cruise and visited family. Their review was set for the end of January 2018. Another person had been involved in their review along with their social worker and family in November 2017. Staff led reviews for people with limited capacity and shared achievements and changes with those who attended. The registered manager told us that each person had an annual review and regularly met with the staff. A person said, "Staff sit down with me and do care plan". A relative told us, "As parents we are kept informed and are included in the planning and reviewing of our loved one's care and suggestions made by us are respected and

implemented".

People were supported to participate in activities that interested them and had flexible timetables which reflected chosen activities, hobbies and interests. One person told us, "I have my own timetable which I was took part in creating. I am often at workshops; weaver, shop and the house. Keeps me busy. I can go to town on my own. I walk there. Staff have helped me do this independently". Another person said, "I am meeting my friends this weekend. Staff arrange transport. I travel on my own and have a mobile". Another person said, "I enjoy days out. I have been to lots of local areas and on holidays". A professional told us, "I have witnessed individuals being supported to do a range of activities of their choice at the service and outside". We noted that there were photos of people enjoying various activities displayed in each location. The registered manager said that people also took part in a number of festivals arranged by the provider. The most recent one was at Christmas. We were told by people and staff that this was a success and enjoyed by all.

People were involved in weekly house meetings which were an opportunity for people to feedback to staff, plan their weekends and discuss menus, upcoming events and house job schedules. A person said, "We have house meetings. There is one this afternoon. We talk about what we want to do. These are really good and informative". Another person told us, "We have house meetings every week. We can raise concerns. We also talk about the diary and food". A relative fed back saying, "During weekly house meetings, companions' (people's) input is encouraged and they all have a say in planning activities for the week/weekend, planning menus and deciding on where to go for the annual house holiday etc. – this helps their confidence and self-esteem and makes them feel valued and included in affairs that concern them – that is to the credit of the staff".

People's equality, diversity and human rights (EDHR) were respected and reflected in their support plans. A person told us, "Staff support me getting to church on time". Spirituality and beliefs were clearly identified in people's care plans.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We found that information was available in easy read formats which included photos with supporting text. People's communication needs were clearly assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. The registered manager told us that they were in the process of creating communication passports with people. These could then be more effective and shared with health professionals during hospital admissions and appointments and other services during transition with consent from people and or relatives.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There was a comprehensive complaints policy in place for staff and a visual easy read version for people. Both versions had contact details of both internal and external agencies including the local authority, CQC and the ombudsman. People we spoke to told us that they would feel able to raise complaints with staff or the management. A person told us, "I have no concerns or complaints. I would speak to staff if I did". There was one open complaint at the time of our inspection which was being handled in line with the local policy and procedure. We were told about some positive improvements which had been made in response to past complaints. For example, a new additional kitchen and dining area had been built in one of the locations and an easy read booklet for people when they are feeling ill had been created. The registered manager told us they welcomed complaints and believed they helped drive improvement. Relatives told us that they felt able to raise concerns and that these were dealt with promptly.

We reviewed the 2017 satisfaction survey and found that it reflected a majority of positive responses and feedback. Results were collated and feedback analysed to identify trends, learning and development. Some comments read; "The care (name) receives is amazing. They are so happy at the service and I consider I am one of the luckiest parents. I can't imagine them as happy and well cared for anywhere else. A very big Thank you for all that you do". Another read; "Our loved one seems very happy at the service and in fact really looks forward to their return when they have been at home for a while. In short 'Well done'! We've had issues for years back but they have been dealt with".

The service had supported some people with end of life care and made sure that preferences and choices were reflected in plans and that family and friends were involved in planning and decisions. The registered manager told us that people's culture and beliefs were always respected and formed part of plans. A professional said, "I have also seen some excellent support planning and work with an individual who was at end of life". The service was not supporting anyone with end of life care at the time of our inspection.

Is the service well-led?

Our findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The nominated individual was also present during the inspection. A Nominated Individual has the responsibility for supervising the way that regulated activities are managed within an organisation.

Robust governance frameworks were not in place within locations. The nominated individual told us that currently service audits were completed by them and not the registered manager. They explained that it was the intention that registered manager would create a monthly audit tool to complete and that the nominated individual would then complete quarterly audits across the locations. Current quality checks had not identified that goals and outcomes from reviews were not reflected or tracked in care plans, the shortfalls in supervisions and training or that the two incident reporting systems were not being reviewed or analysed consistently. We were told that this area would be looked at as a matter of priority. We saw that the service carried out some quality checks across all of the locations regularly. These checks covered areas such as environment and health and safety.

Although staffing was delivered to a group of people in each house instead of being constructed to support individuals and medicines and care records were kept together in one centralised place like a care home setting this did not have a negative impact on people.

We recommend that the service refers to the REACH principles of Supported Living.

Phoenix were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The registered manager was able to show us a copy of an easy read letter they had written to a person following an incident identified during the inspection. The letter explained to the person why they were writing and apologised for not doing enough to support them. This was being investigated, lessons were being learnt and improvements were being made.

The registered manager understood their responsibilities and felt supported by the provider. The staff told us that they felt supported and had a clear understanding of their roles and responsibilities.

There were clear fundamental values embedded which included; diversity, experience, openness, leadership and social environment. Staff were aware of these and demonstrated them in observations we made. For example, people's abilities, qualities and backgrounds were respected by staff. People and staff were open and honest with each other. The nominated individual told us that they were in the process of leading a review of the organisational vision, values and mission statement. We were shown how consultation processes had concluded and involved; management, staff, people, families and stakeholders. A staff member told us, "I feel involved in changes. There was a festival in December. We were all invited to put

ideas in a box including people. Changes then take place as a result of these". A family member said, "(Name) is a valued member of Phoenix which has given them a sense of belonging and (name) has thrived within its inclusive and supportive framework. We, as a family, know that our precious loved one is safe and happily settled there and we couldn't ask for more". This demonstrated an inclusive approach and told us that people, staff and others were involved in the development of the service.

The nominated individual line managed the registered manager who received regular supervisions. The management promoted an open and inclusive culture. They were visible on the floor and delivered support hours as and required. People, relatives and staff spoke highly of the registered manager and house coordinators. One person said, "(Name) is a good manager. Organised and comes here to see me". They went onto say, "The coordinator helps staff and answers my questions too". Another person told us, "The registered manager is lovely. Good manager who helps people". Another person said, "The managers are busy. They say hello to me and are nice, friendly and kind". A staff member told us, "The registered manager is so good. Very supportive and a good sense of humour. They deal with concerns well. There have been issues before which were addressed and resolved quickly". Another staff member said, "The management are lovely. Very approachable. I could go to them with a problem and it would be resolved". A relative fed back saying, "There is a good management structure and I feel that the staff do provide high quality support and care".

The service worked effectively in partnership with key organisations including, local authority, safeguarding and commissioners. The nominated individual told us that they were currently working with the local commissioner. The service shared appropriate information with relevant parties for the benefit of people in a timely way. Families and professionals told us that they shared information in an honest and transparent way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive regular supervision, appraisals or training specific to the needs of people they were supporting.