

Phoenix Care Centre Limited

Phoenix Care Centre

Inspection report

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Date of inspection visit:
25 July 2017

Date of publication:
07 September 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Phoenix Care Centre is situated in the seaside resort of Chapel St Leonards in Lincolnshire. The home can accommodate up to 39 people with personal care needs, some of whom lived with memory loss associated with conditions such as dementia. When we undertook our inspection there were 28 people living at the home.

The home was run by a company who was the registered provider. 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'The registered persons'.

At the last inspection on 23 July 2015 the home was rated 'Good.'

This inspection was carried out on 25 July 2017 and was unannounced. During the inspection we found some areas in which improvement was needed to ensure people were provided with care and support that was safe and the registered person's regulatory responsibilities were being met in full.

This was because the registered persons had not ensured the arrangements in place for the maintenance of the building were consistently being planned for so that any required maintenance could be responded to and addressed quickly.

In other areas, the registered persons were meeting people's needs effectively.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support at the times they needed it. Medicines were managed safely and people received their medications as prescribed.

Care staff had received the training the registered persons had identified they needed to ensure they could meet people's needs in an effective way.

People were supported to make decisions for themselves. When people needed help with some of their decisions the registered persons had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under MCA and to report on what we find. These safeguards are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to deprive them of their liberty. This is usually to protect

themselves. At the time of this inspection four people living at the home were subject to an authorised DoLS.

People were supported to maintain their nutrition and staff worked closely with community health professionals in monitoring and responding to people's health conditions.

People's emotional needs were recognised and responded to by a staff team who knew and cared about the individuals they were supporting. People had also been supported to maintain their interests and hobbies..

People were involved in giving their views on how the service was run and the registered manager had developed and maintained a range of checks and audit systems to monitor and improve the quality of the services they provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Checks were made to ensure the home was a safe place to live. However, the home environment and its upkeep were not being consistently maintained.

Staff knew how to keep people safe from harm.

The registered persons had taken steps to protect people from staff who may not be fit and safe to support them.

There were enough staff to provide the care and support people needed.

People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and supervision.

The registered persons had acted in accordance with the Mental Capacity Act 2005.

People had access to a range of healthcare and their nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People lived in a service where staff listened to them and cared for them in the way they preferred.

The registered manager and staff were caring and people's emotional needs were recognised and supported.

Staff respected people's rights to privacy and helped maintain their dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives had been consulted about how they wanted their care to be provided and care plans reflected the consistent delivery of care.

Staff encouraged people to retain an active presence in their local community and to maintain personal interests and hobbies.

People were supported to raise issues or concerns they had and the registered persons, manager and staff knew what to do if they received more formal complaints.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in place who had a range of systems and processes in place to check and maintain the quality of care provided.

Staff felt able to raise concerns.

There was an open and inclusive culture within the home.

Phoenix Care Centre

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 registered persons were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

We inspected the home on 25 June 2017. The inspection was unannounced and the inspection team consisted of a single inspector.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed the information we held about the home. This included information that had been sent to us by other organisations and agencies such as the local safeguarding team and local authority who commissioned services from the registered persons. We also reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that happened in the home that the registered persons are required to tell us about.

During our inspection we spoke with eight people who lived at the home and two relatives who visited. In addition we spoke with five care staff, three senior care staff, the cook, the registered person's maintenance staff member, the registered manager and the home's administrator. We also spoke with a visiting community nurse.

In addition, we spent some of our inspection time observing how staff provided care for people. In order to do this we used the Short Observational Framework for Inspection (SOFI). This was to help us better understand people's experience of the care they received and because some people, for example those who lived with dementia were unable to tell us about their experience direct.

We also looked at the care and medicine records related to three people who lived at the home; staff training records the registered person's staff recruitment processes and a range of records relating to how the home was being run. These included audits carried out by the registered manager and registered

persons.

Is the service safe?

Our findings

People we spoke with said that they felt safe living in the home. One person told us they felt, "Safe here. It's the home I have chosen and I am looked after so why wouldn't I." Another person commented that, "Living here means I am safe from things because the staff look after me."

We found that staff knew how to recognise and report any situations in which people may be at risk of abuse. Records showed that they had received training about how to report and manage situations of this nature. They were also aware of how to contact external agencies such as the Care Quality Commission (CQC) and the local authority if any concerns remained unresolved. We know from our records and information received from other agencies that the registered persons had responded appropriately when concerns had been raised.

The registered manager told us, and records showed that when accidents and incidents had occurred they had been recorded and checked by the registered manager so that steps could be taken to help prevent them from happening again. People's safety was also protected through the registered person's checks on the equipment used by staff to provide safe care such as hoists, shower chairs and grab rails.

When we looked around the home we saw some of the home's communal bathroom areas were in the process of being updated. The registered manager told us this had been identified and included in the registered person's maintenance and refurbishment plans for the home and was due to be completed in the near future. The latest newsletter included information about plans for the refurbishment of the communal sun lounge area.

However, although people had told us they felt safe, when we looked around the home we found that further steps needed to be taken to ensure people would be safe from issues related to the upkeep and on-going maintenance of the premises. For example, although windows on the upper floor of the home had been fitted with safety chains to prevent them from opening fully thus protecting people from falling from them. However, the catches looked flimsy and we saw they might be broken if pressure was applied on them. We raised this with the registered manager who confirmed they were in the process of ordering and fitting new catches.

The home was set out over two floors and a fully maintained and operating shaft lift was in place for people to access either floor of the home. The registered persons had also installed a stair lift for those who might prefer this method of gaining access to different parts of the home. However, during our inspection we checked and the registered manager confirmed the stair lift had recently stopped working. Although this was reported to us appropriately, we were concerned that people may not be able to gain access to their rooms if the shaft lift were to stop working. The registered manager and registered persons confirmed the stair lift was being scheduled for repair but a date had not been identified for completion. They told us that in advance of a repair the contract in place with the shaft lift repair company included 24 hour call out for repair and that a response would be immediate. They said this would ensure the shaft lift would always be operational. However, we were not assured that any required lift repairs could be carried out immediately

and that if the operating shaft lift were to break down there may be a short period of time needed for any repair to the lift. This would have an impact for some of the people living on the upper floor of the home as they would not be able to get downstairs until a repair had been carried out.

In the grounds of the home we saw the driveway had a number of potholes which needed to be repaired and some of the manhole covers needed to be replaced as they were broken. The main garden areas were not fully secured with fencing and gates, some of the hard standing areas in the grounds of the home were covered in moss and were slippery for anyone walking on these areas in wet conditions and the home's sign was also in need of repair.

Following our discussion with them about our concerns for the upkeep of the environment the registered manager showed us they were already working with the home's maintenance staff to improve some of the issues we had identified but took additional immediate action to contact the registered persons to seek additional support and resources to fully complete the work needed.

We observed staff were careful to ensure people were protected from the risks related to cross infection. For example staff wore protective gloves and aprons when they carried out personal care tasks and told us they had a ready supply of these they could access. We also saw that people's rooms, communal areas and areas used to prepare food such as the kitchen were clean and well maintained. However, we saw one person was being supported through the use of padded mats to protect them if they fell out of bed. The mats were worn and needed to be replaced to reduce the risks related to cross infection. When we discussed this with the registered manager they placed an immediate order for new mats.

Before the inspection we checked and during the inspection visit the registered person confirmed in September 2016 they had received the highest rating possible from the national Food Standards Agency for their kitchen facilities and food hygiene practices. In addition, the registered manager told us one of the senior care staff supported them in their role by taking the lead for ensuring infection control practices were being maintained by staff. They also confirmed the staff member attended regional infection control meetings together with the health authority to keep themselves update with practice in this area.

The registered manager confirmed they had systems in place to make sure people could evacuate the home in an emergency. The registered persons had a fire risk assessment in place and we saw personal evacuation plans were also available so all of the staff team would know the help each needed to have if they needed to leave the home quickly. We knew the local fire officer had undertaken a visit to review the fire safety arrangements in place at the home on the 20 June 2017. Their subsequent letter to the registered persons indicated the systems were operating safely.

Everyone we spoke with told us that there were sufficient staff to keep them safe and meet their care and support needs in a timely way. We looked at the systems and rotas the registered manager had in place to plan the work patterns and shifts for the care staff team. These had been set out in advance up to the beginning of September 2017. The registered manager told us they used the rotas to ensure sufficient staff with a mix of skills and experience were available to provide the care needed for the people who currently lived at the home. Staffing levels and staff deployment were kept under review using senior staff handover meetings and care review processes to identify any increases in care needs for people. The registered manager confirmed any staff absences were covered from within the care team and they had not needed to use agency staff.

We looked at a sample of five of the registered person's staff recruitment records and found that they had carried out background checks before they offered anyone employment in the home. Checks included

obtaining references from previous employers, checking the applicant's identity and checking to see if they had any relevant criminal convictions. The recruitment arrangements helped the registered persons to ensure applicants were suitable to work with people who lived in the home.

Suitable arrangements were also in place for the ordering, storage, administration and disposal of medicines. There was a sufficient supply of medicines available and they were securely stored. When we looked at the medicine records for three people we saw staff administered their medicines at the time and in the way they were prescribed. Protocols were also in place to ensure that people received medicines prescribed only when needed (known as prn). We noted a signature was missing from one entry which indicated the person may not have been offered the option to have their pain relief prn medicine. We raised this with the registered manager who undertook immediate actions to investigate and confirm the person had declined the medicine but the record had not been updated to show this. Following our inspection visit the registered manager confirmed the appropriate actions she had taken in response to the error. Medicines that required special storage and recording arrangements (known as controlled medicines) were managed appropriately. We noted that the registered manager carried out regular audits to ensure any shortfalls in the arrangements would be identified quickly and action taken to resolve the issue.

Is the service effective?

Our findings

People we spoke with told us they thought the staff were skilled in providing the care and support they needed. When they described the way staff cared for people one person commented, "I have been here for some time and the senior staff and manager oversee the place well. New staff come in and they are helped to know about us and our care so they can give it in the same way."

People we spoke directly with told us they could make their own decisions and choices about the things they wanted to do and the care they received. One person told us, "I make all my own choices and decisions I don't have a problem and a number of my friends who live here are the same. Other people who live here need help. Some more than others."

The Mental Capacity Act 2005 (MCA) requires that as far as possible people make their own decisions and are helped to do so when needed. It also provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Any decisions made on a person's behalf must be in their best interest and as least restrictive as possible. Care records showed that people's capacity to make decisions for themselves had been assessed. Where people were no longer able to make particular decisions or consent to care being provided, staff followed best interest decision making processes to provide their care. Care plans reflected where best interest decisions had been made.

Staff demonstrated their awareness and understanding of the principles of the MCA. Throughout the inspection we saw staff obtaining consent from people before they provided them with support such as personal care. We noted that staff helped people to make decisions by using clear and informative communication.

People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection four people were subject to DoLS authorisations. We saw that the conditions on authorisations were being met.

The registered manager confirmed they had aligned the induction for new care staff to the national Care Certificate which sets out common induction standards for social care staff. One staff member who had recently started to work at the home told us, "I have felt well supported through induction. The staff have given me guidance and I am part of the team." The registered manager showed us information which confirmed all of the new staff team, including established staff were in the process of being supported to complete this.

The registered manager told us they provided informal and more formal support for staff through group discussions and quarterly supervision meetings. Staff we spoke with told us they regularly received feedback from the management team on how well they were performing and to discuss their development needs. The registered manager confirmed that appraisals were in the process of being planned for all of the care staff team.

We noted that care staff knew how provide people with the care they needed. Examples of this included helping people with their mobility, their personal care and with helping them to remember to do things when they were confused and needed help, for example to take their medicines.

Staff we spoke with told us they felt the training they received was appropriate to support the people who used the service. Training records showed care staff had received a range of training which included some staff achieving nationally recognised vocational care qualifications.

Care staff said they were aware of the importance of completing positional charts when further support was required for skincare. Care records we looked at included information about how often people needed help with their positioning and included other important information such as food and fluid charts. These had been completed to include the amount of food and drink taken at each meal and any snacks taken in between, with dates, times and any special requirements.

The registered manager showed us how they had ensured people had the support of local health and social care services whenever this was necessary. From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a range of professionals including local doctors, community nurses and physiotherapists. A visiting healthcare professional told us, "We respect each other's roles. I am always greeted with a smile when I visit and I think people get everything they needed here. If the staff can't do things there and then I have seen them say and then come back. They don't rush and compromise patient safety. They are a good team."

People's nutritional needs were assessed and records related to the care plans we looked at showed their weight was checked regularly. When we spoke with the cook they showed us they had a planned menu which was changed seasonally and in line with any individual preferences or needs people had.

People were supported to eat and drink enough to keep them healthy. We observed people had access to drinks and food at meal times and in between meals when they wanted to eat or drink. We spoke with people about the food and they told us they enjoyed the meal choices available and that they always had enough to eat. At lunch time, in addition to our observations we spoke with one person and a group of three people who were having their lunch. They told us about the meal choices with one person saying "I can't fault the food it's pretty much everything I want" Another person added, "The food is excellent. I'm not saying that just because you are here. Ask anyone and they will tell you. You can see there are no down faces around and we are all enjoying lunch."

Is the service caring?

Our findings

People and relatives we spoke with told us that they felt staff were caring toward them. One person said, "The staff are very caring. The seniors have a very caring way about them and that rubs off on all the staff." Another person told us, "My husband and I lived here together and have been so happy. My husband died here so this is my home. I don't ever want to leave it because I feel we are still together and the staff remember him too."

When we spoke with two relatives about how the staff provided care one of them commented, "They get the important things right and that's what counts." A person also added "Staff are kind and polite. My daughter came in yesterday and the staff are just the same with them. The kindness is very consistent here."

People told us they felt part of the local community and that a number of people had moved into the home from the local area. During our inspection we saw a number of visitors coming and going and people spending time with staff and with each other in the home. When undertaking support and care tasks it was clear that care staff knew people well. They called each other by their first names and people were relaxed and comfortable with staff when they received the help they needed from them. We saw an example of how care staff responded sensitively to people when they became distressed. This happened when one person who was confused and attempted to leave the home and couldn't open the door. A senior staff member calmly approached the person, said hello and called them by their first name and gently talked with them about their day. We saw this helped the person to be relaxed and they laughed together, moving away from the door and talking together as they went.

We observed people's choices were respected. On the day of our visit we saw that meal options were discussed and were chosen in advance by people, with records showing that people could speak up if they wanted any short notice changes to be made to the food they had chosen earlier.

At lunch time we saw that for people who had chosen to eat in the communal dining it was very much a social occasion. Tables were set out neatly and condiments were available for people to use for themselves. We saw people made their own choices about how much salt and pepper they wanted and how large or small they wanted their lunch portion to be. During lunch people chose different drinks and were supported in changing any of their meal or drink preferences.

People told us they had opportunities to follow their religious beliefs and information available in the home confirmed Christian services were arranged for those who wished to attend them. One person commented that, "We have religious meetings here for anyone who wants to go every other Wednesday. I think it's good to have the choice to go."

The registered manager had ensured contact information was displayed and made available for people regarding local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

People had bedrooms which were personalised in line with their individual tastes and when people were receiving personal care staff maintained people's privacy and dignity by ensuring doors and if appropriate curtains were closed. We noted that the bedding, pillows and beds in some of the rooms were worn and some of the curtains provided by the home in people's rooms would benefit from being replaced. Communal lounge and dining room chairs, bedroom chairs and lockable bedside cabinets and drawers were also showing signs of wear and needed replacing. When we raised this with the registered manager they undertook immediate action and raised an order with the registered person's for the items they had identified needed to be replaced and confirmed they would undertake a further environmental audit to identify any other areas which could be further improved.

We saw that people's personal information was stored in the registered manager's main office and medication room. The rooms were both kept locked when not in use. They and the administrator also confirmed computer records were password protected to ensure they were secure.

Staff demonstrated their understanding of the need to maintain people's personal information in a confidential manner when we spoke with them. They told us how they knew that this information should only be shared on a 'need to know' basis with those whom people had agreed to share their information with. We also saw staff were mindful not to have discussions about people in front of other people so that any confidential information would remain so and be fully respected.

Care staff we spoke with were also aware of the importance of ensuring they did not disclose any information about the people they cared for when they were off work, including through the use of social media.

During the lunchtime period we spoke with the cook who described the help some people needed in relation to how meals were prepared. For example, some people needed a soft diet so they could swallow their food effectively. The cook also showed us they had information to confirm two people needed help to manage their diet due to their diabetes. The information was clear but some of it was maintained in a way which meant it could be viewed by visitors who went into the kitchen area. We spoke with the registered manager about maintaining confidential information and they took immediate action to work with the cook in ensuring this was stored in a way which meant confidentiality would always be maintained.

Is the service responsive?

Our findings

Some of the people we spoke with told us they were involved in discussions about the plans for activities at the home through direct discussions with staff and in 'resident meetings.' The registered manager confirmed they had ensured all of the people who lived in the home had been consulted with as part of the meetings, including those who needed to be cared for in their rooms. Following the meetings a monthly newsletter had been produced to keep people and families updated about the home, activities and staff developments. The July 2017 newsletter also contained information about the celebration of fathers' day, people's individual birthdays, a sponsored walk some staff had completed to raise money for the home and details about new staff joining the staff team and those who had completed their the Care Certificate training. The newsletter also included confirmation that a dedicated activity co-ordinator was due to start working at the home soon.

In advance of the activity staff member starting in post care staff and most of the people we spoke with told us the whole staff team supported people to undertake individual and group activities. One person commented that, "I do my own knitting. You can do what you want which is good and there is the newsletter telling us about the things that go on." Another person said, "I know they have activity things happening like singers and other one-off type activities but regular activities are not happening all the time at the moment."

We saw there were some activities available for people to take part in if they chose to. Information about day to day activities was on a pictorial activity board in the communal area of the home and staff said they had carried out activities together with people using time allocated to them. These included; pampering sessions, music and sing a long afternoons and games. Other activities were planned, including visiting entertainers and during our inspection we could see in one part of the home a clothing sale was in progress and people were going out with support into the local community, talking with staff or receiving visitors and talking together in small groups in other areas of the home. However, we were concerned that for some people, particularly those who experienced memory loss there were not enough specific activities in place to support them and the lack of focus on stimulation for people who lived with dementia. One person commented on this saying, "The staff are great and they give their best but some people miss out because they can't join in due to their memory difficulties. I think it's going to get better soon so I am told."

We also noted and people we spoke with told us that the television in the main communal area was not working properly as the ariel was not picking up a clear signal. One person said, "It would be good to watch TV down here but it just doesn't work. Its fuzzy." When we raised this with the registered manager they told us this was already in the process of being responded to and a repair was being arranged.

When we spoke with the registered manager about the range of activities available for people and how these were delivered they told us they had already recognised this was an area which needed to be further developed as they had been without a dedicated activity staff member at the home for some. However, they confirmed they had now recruited a member of staff to this role and that they would be starting work in August 2017. The registered manager described how they planned to work together with the new activity staff member to further develop and improve the range of activities available. The registered manager also

said they were keen to further develop research into more therapeutic one to one activities within the home and would be progressing with this immediately.

We saw people's care needs were assessed prior to admission to check that they could be met. Care plans were then written to give care staff the information they needed to meet the needs of each individual. People we spoke with said that staff had consulted with them about the care they wanted to receive and had recorded the results in an individual care plan. Information also showed care records were checked and reviewed with people to make sure they were kept updated. Commenting on how they were consulted with one person told us they had the option to decide if they wanted a key to their private bedroom saying, "I have a key because I like to secure my room when I am out."

We saw a further example of this when one of the senior staff described how a person had been keen on having a new pair of slippers but did not want to go shopping to find them. The staff member went out, spoke with one of the local shops about the options for supporting the person with their wishes and returned with several pairs for the person to try on saying, "Try before you buy." The person was fully involved in choosing the slippers they wanted and the others were returned to the shop.

We saw information was available to tell people about what they should do if they wanted to raise a more formal complaint. However, when we looked at the information we saw it did not include the contact details for the health service ombudsman. We raised this with the registered manager who undertook immediate action to update the information. This meant that people would know who to escalate their concerns to if it was needed.

The people and relatives we spoke with told us they felt confident to speak to the registered manager if they had an immediate concern. One person told us, "I will always speak up if I am unhappy about things. The staff are here and they listen. Yes I can raise complaints and know which way to take them." A relative commented, "I would have no hesitation in speaking with the manager or any of the staff. They are all very approachable." The registered manager showed us they maintained a record of any concerns they had received. They showed us how they were responding to one concern they had outstanding and the processes they were using to address these, which were in line with the registered person's complaints policy.

Is the service well-led?

Our findings

Following our last inspection we knew there had been a change in manager at the home. The registered manager showed us they had maintained the systems in place for running the home and that these were well structured and organised. We observed the registered manager had an open approach to running the home. People and their relatives knew who the registered manager and senior staff were and freely engaged with them.

We also saw the registered manager had an open door to their office and that people and any visitors were welcome to go into the office to speak with them at any time. Staff said they also had regular access to the registered manager and that she could be contacted out of hours if needed. During our inspection we observed staff receiving guidance and support from the registered manager and senior staff and approaching them when there was something they needed to check. Staff also told us they knew about the registered person's whistleblowing policy and said they would not hesitate to use it to escalate any concerns they had if they witnessed any poor care practice.

We saw the registered manager had made our last inspection report available for people who lived in the home and visitors to see and read and we also found the registered persons had ensured their website contained the current rating for the home.

Staff told us and records confirmed in addition to the support they received through supervision, team meetings were held and records were kept of each meeting so staff who could not attend them had access to the records. We noted the last team meeting included discussions about managing staff rotas, the frequency of care reviews and care practice. The information confirmed all supervision sessions for staff were being kept up to date with assistance from senior staff and that care staff were preparing for their scheduled annual appraisals during August 2017 and that this presented staff with, the, "Chance to reflect on your practices and plan for the future."

We saw that the registered manager carried out regular checks and audits regarding the care record information and how care was delivered to people. This also included audits of accidents and incidents to assess if any changes were needed to the arrangements in place for care. We saw an example of this when one incident which had led to a person experiencing some falls resulted in the registered manager arranging a medication review for the person. The falls risk assessment in place for the person was updated to reflect the actions taken. This helped to stop the falls from occurring thus preventing any serious injury.

The registered manager said and records we looked at confirmed that they carried out surveys to ensure people and their circle of support had the opportunity to share their views about the home along with any suggested improvements which could be made. The registered manager told us and records confirmed the latest survey carried out with people and their relatives was in June 2017. We looked at the information from those forms already returned and overall the feedback was positive. However there was some information to indicate people felt the décor and furnishing in the home needed to be updated. This feedback was aligned to the areas we had found and the registered manager was responding to in the 'safe' and 'caring'

sections of this report.

The registered manager told us the registered persons had regular contact with the home and undertook visits to discuss the running of the services with the registered manager but that actual visits had been less frequent during the last year. However, the registered person's confirmed that they had taken action to employ an area manager to visit all of the homes they owned including Phoenix Care Centre. The new area manager had informed us they had started in their role and had regular communications with the registered manager. They also confirmed they would soon be commencing with their visits to each of the homes and that this would help further strengthen the range of registered person's audit processes currently in place.