

# Linkage Community Trust

# The Phoenix

## Inspection report

St. Helens Avenue  
Lincoln  
LN6 7RA

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

The Phoenix is a care home providing personal care and accommodation for up to six people, some of who may be living with learning disabilities and autism. At the time of the inspection four people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and staff told us they felt the service was safe. There were effective systems and processes designed to protect people from abuse. Accidents and incidents were recorded and monitored so that further risk could be reduced. Risks associated with people's care had been identified and managed. Appropriate checks had been sought prior to employment, so that so far as possible only staff with the right skills and characteristics were employed. There was enough staff to meet people's needs. Risk of infection for people were effectively managed and reduced.

People's needs were assessed prior to admission. Staff received an induction and on-going training. Staff supported people to maintain a balanced diet. Staff worked with other agencies to provide timely care for people. The premises were fit for purpose. People's capacity to make decisions had been assessed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff interacted positively with people. People's privacy and dignity was protected. People were treated with kindness.

People had person-centred care plans in place. People were encouraged to communicate in a variety of ways. Information was accessible to people. People were supported to join in leisure activities. Complaints and concerns were recorded and acted upon. Some people had end of life care plans in place.

The service was open and inclusive. There was systems and processes to effectively monitor quality. The registered provider was committed to improve quality assurance. People and staff were encouraged to share their feedback. The service worked with other agencies to enable good outcomes for people.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

This service was registered with us on 14 November 2018 and this is their first inspection.

Why we inspected

This was a planned inspection as per our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective section below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Phoenix

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

The Phoenix is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included three people's care plans and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Effective systems and processes were in place to protect people from harm and the risk of abuse.
- Accident and incidents were recorded and monitored centrally by senior management. This meant accidents and incidents could be analysed to identify themes and trends, which was shared with the registered manager.
- Staff had received safeguarding training and understood their responsibilities to keep people safe. Information was displayed about protecting people from abuse and how staff could report any concerns.
- Safeguarding concerns had been identified and actions had been taken to reduce the risk of harm. These had been reported to the local authority. Lessons had been learnt to improve the support given to people.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and measures had been put in place to reduce the risk of harm or occurrence.
- The registered provider had introduced risk analysis centred around each individual, which detailed how staff can reduce risk. For example, risks were assessed in relation to health conditions, anxiety and distress, community engagement and social inclusion. This allowed staff to have an overview of priority risks for each person and how best to support them.
- Where people had seizures, there was a detailed care delivery plan in place which informed staff of signs of a seizure, what action needed to be taken, when to seek medical attention and after care advice. This meant staff could support fully support people during and following seizure activity.
- People and staff told us they felt the service was safe. A member of staff told us, "It is 100% safe for people living here." A person said, "Yes, it is safe."

Staffing and recruitment

- The registered provider had completed appropriate pre-employment checks before staff started working in the service. This was to check they were suitable to work with people in the service. These checks included checking to see if staff had any previous criminal convictions.
- There were enough staff to meet people's needs and people's care needs were monitored regularly by the registered manager using a dependency tool which enabled them to calculate safe staffing levels.

Using medicines safely

- People received their prescribed medicines safely by trained and competent staff.
- Where people were prescribed medicine in relation to seizures, this was stored securely with a treatment plan, detailing the exact amount of medicine staff were able to give. The treatment plan also detailed the

side effects of the medicine.

- Some people were prescribed 'as needed' medicines. For example, pain relief. There was a protocol in place which informed staff when the person may require this medicine if they were unable to communicate verbally.
- Staff monitored stock of medicines daily, by counting the medicines. The deputy manager then audited stock twice weekly. This meant errors could be identified in a timely manner.

Preventing and controlling infection

- People were protected from infection and personal protective equipment was in place for staff to use.
- There was an infection control folder which contained information about how to prevent infection for people.
- Staff received infection control training and the service was clean.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving in to the service. This included the support required to meet their needs, abilities and preferences.
- One person had been assessed as requiring observations to detect changes to their behaviour which could indicate they were becoming unwell. Records we reviewed confirmed staff were carrying out these observations and taking appropriate action.
- Where people required medicines to be administered through a feeding tube, there was professional guidance and regimes in place. This information was accessible to staff and they supported people in line with this.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when starting employment in the service. This included face to face and online training, shadowing experienced staff and getting to know the people who used the service.
- Staff received on- going training in relation to their role and specific health conditions related to the people who they supported. A member of staff told us, "I have done so much training since I started here."
- The registered provider supported staff to undertake the 'care certificate' and other nationally recognised qualifications. Where staff had experience in social care, they undertook a skills scan which meant development areas were identified and enabled the registered provider to provide further training.

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

- People were supported to maintain a well-balanced diet and had meals they enjoyed.
- Staff supported people to actively participate in their meal planning on a weekly basis, food shopping and meal preparation.
- One person did not maintain a balanced diet. Staff supported the person to have fruit and vegetables by using a rainbow chart which enabled them to try different foods which were healthier. This meant the person had a healthier balanced diet.
- Where people were at risk of weight loss, they had been prescribed food supplements which contained additional calories and nutrients. These were prescribed for in between meals and people's weight was monitored.

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

- Staff worked collaboratively with other agencies and services to provide effective timely care for people using the service.

- The registered provider employed speech and language therapists. They had supported a person with different communication methods, provided training for staff and worked with other people in the service so they understood how to communicate with the person.
- People's oral health needs were assessed prior to admission and staff supported people to maintain good oral health. People had access to local dentists and treatment centres.

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

- The premises, decoration and service design met people's needs and there was clear signage throughout which included large text and pictures.
- Staff supported people to decorate their bedroom in a way which was personal to them. This included personal objects and colour schemes. People had also decorated their bedroom doors with photos and stickers.
- The registered provider had adapted areas of the premises by installing ramps which enabled wheelchair access. This included in to the garden and meant that people who had a physical disability had full access around the service.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been assessed where needed and assessments were related to specific decisions. For example, staff administering medicines for a person.
- Some people were being deprived of their liberty, applications had been made and DoLS were in place.
- Staff had received MCA training and were able to talk about why it is important for people's capacity to be considered. One staff member told us, "It promotes equality for people who lack capacity and gives everyone choice with the same opportunities, in different ways. It also makes sure people can communicate choice."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff knew the people they supported well and treated them with kindness.
- People and relatives spoke highly of the staff. One person told us, "Yes, staff are nice. I like them all." A relative commented, "The staff really are wonderful."
- We observed staff interacted positively with people. One person with communication difficulties approached a member of staff using hand gestures, the person indicated they wanted to be tickled on their tummy. The member of staff confirmed this is what the person wanted. The staff member tickled the person's tummy and they smiled and laughed.
- Staff were preparing Christmas for people and one member of staff had made Christmas Eve boxes for people. In the boxes was; pyjamas, sweets, hot chocolate and other treats to have on Christmas Eve. The member of staff had made these in their own time for people using the service.

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

- Staff supported people to be involved with decisions relating to their care.
- One person, who was unable to communicate verbally had been supported to develop their own routine for their mornings. This meant staff supported the person, in a way they preferred.
- People were supported by key workers. Key workers were allocated in line with compatibility between staff and people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People had chosen their own routine and had chosen their own personal time for leisure activities. One person stated they did not want to be disturbed whilst they played on their games console. Staff respected this.
- There was an open culture in the home where people were able to speak openly about their feelings. People were encouraged to express their sexuality and have their privacy and dignity protected.
- People were encouraged to maintain independence and staff understood what people were able to do for themselves.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care delivery plans in place, which were personalised to them and supported good outcomes for people.
- Care delivery plans contained individual routines which had been developed by the person. This meant people could be supported by staff in a way they preferred.
- Each care delivery plan detailed, what the person could do themselves, what support was required from staff and what their goal was for the future. It also gave staff advice on how to support the person to achieve their goals. When goals were achieved, this was celebrated, and these were put in a scrap book to reflect on.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was accessible to people and was available in large print which included pictures.
- People were encouraged to communicate using various methods. One person used a talking computerised machine which they were able to manually operate to express themselves. Some people used Makaton which is a combination of speech and signing to enable people to be understood.
- Some people used picture cards to enable them to communicate with others.
- To inform people using the service, including other people and staff, there was a board near the front door with people's photographs on. There was an in and out section where people placed their photograph as they were going out or coming in.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain hobbies and interests and people took part in regular leisure activities. People received one to one support hours to enable people to access community-based events and to do things, they enjoyed.
- Staff supported people to create a weekly planner for activities. This was done in a meeting, where they talked about what the person wanted to do and places they wanted to go.
- People were encouraged to seek work opportunities. For example, one person has a work placement in a department store. The person told us, "I love working there [department store]. The goal is to do well and then get an actual job there, you know, paid employment."
- People attended 'Adult Skills' on a weekly basis where educational and practical opportunities were

available to them.

Improving care quality in response to complaints or concerns

- Complaints and concerns had been recorded and actions had been taken to resolve these. For example, where concerns were raised, this was discussed in staff meetings to reflect on practices.
- Staff told us they could make a complaint and had confidence it would be dealt with. One staff member said, "I could approach [Name of deputy manager] or [Name of registered manager]. It would be dealt with, without a doubt."
- There was an easy read compliant policy available to people.

End of life care and support

- There was no one receiving end of life care at the time of inspection. However, one person using the service had an end of life care plan in place, along with funeral plans.
- We discussed end of life care with the registered manager and operations manager and they told us they recognise it is important to obtain this information from people or their relatives. This is an on-going development, in the service.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive, open and person-centred culture in the service. The registered manager had a clear vision for the service and people living there.
- The registered manager had developed a mental health forum for staff. They told us, "It is important that we support people through any mental health issues. I have been in their roles, so I know how hard it can be. I want to make sure we are really there for them."
- There was a daily board in the quiet lounge, which showed the staff on shift, who they would be supporting and a designated first aider and fire warden. It also stated it was 'international mountain day' This board included a daily quote, which people and staff decided on the quote together. The quote that people had decided on was 'positivity can move mountains'.
- Staff and people told us that the management team were approachable. One person said, "Yes, they are nice." A staff member told us, "You can go to them [management team] with anything, they are lovely, they are very approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered provider understood their duty to be open and honest with people.
- Records showed in a team meeting that the registered manager was promoting continuous learning about people and had said, "Continue to get to know clients, find out more about them because then we can support them even better."
- Relatives commented that communication was good from the management team. One relative said, "[Name of registered manager] and [Name of deputy manager] are great. They resolve problems and always keep me up to date."

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

- Managers and staff were clear of their roles and understood their responsibilities.
- Quality assurance audits and checks were in place, so the management were able to monitor quality of the service. Where shortfalls were identified, action plans were in place and signed off when completed.
- The registered provider was committed to improving and developing their quality assurance processes and had recently implemented a new audit for registered managers to complete. Alongside this was an information return they would send to the senior management team related to the CQC domains.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People using the service were encouraged to support the management team to conduct interviews for potential new staff. The registered manager told us they had started to conduct group interviews, which enabled them to monitor compatibility between staff and people .
- The service had links in the community and health care professionals which had positive outcomes for people.
- People from the service visited clubs and events in the community. For example, people told us they enjoyed going to the 'Butterfly Club' and 'Club 87' which also, held regular discos.
- Staff worked with medical professionals to provide on-going support for people. These included; GP's, Community Nurses, Occupational Therapists, Social Workers and the community psychiatric team.