

## Phoenix (Bespoke Support) Limited

# Phoenix Bespoke Support

### Inspection report

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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?

**Outstanding** 

Is the service well-led?

**Good** 

### Overall summary

We inspected Phoenix Bespoke Support on the 25 September 2015 and it was an announced inspection.

Phoenix Bespoke Support is a domiciliary care agency providing personal care for a range of people living in their own homes and supported living environments in the Croydon area. People using the service may have a learning disability, mental health issues, emitted challenging behaviour and may have autistic spectrum disorder. At the time of our inspection, the service was supporting eight people and employed approximately nineteen members of staff.

A registered manager was 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.

People and staff spoke highly of the service. One relative told us, "We are very happy with the care my [relative] is receiving". Another relative said, "I am really very happy with the care provided". A further relative told us, "[My relative's] dream was always to live independently. My [relative] is really happy living independently and Phoenix Bespoke Support have been instrumental to that".

# Summary of findings

People told us they received their care calls consistently and always received the care they needed. Risks to people were assessed and monitored to ensure action was taken to avoid accidents and the deterioration of people's health. The service had recruited a sufficient number of suitably qualified staff to meet people's needs. Recruitment practice was robust and protected people from the risk of receiving support from staff who were unsuitable. People received the support they required with their medicines.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Staff commented they felt valued and enjoyed working for Phoenix Bespoke Support.

The service was very flexible and responsive to people's individual needs and preferences, and found innovative and creative ways to enable people to live as full a life as possible. People told us that staff had an excellent understanding of their social and cultural diversity, values and beliefs. A relative told us, "[My relative's] care workers share the same beliefs as our family. The choice of care workers was particularly important. They support [my relative] to go to the library, and go swimming and shopping". People were supported to access the community and follow diverse hobbies and interests. They said that staff assisted them to achieve their goals and ambitions, such as attending college, living independently and organising a boat trip. The support people received promoted positive care experiences and enhanced people's health and wellbeing.

Staff were able to accommodate changes to care calls or requests for urgent care. Staff regularly fed-back concerns to the registered manager. Where people's health had deteriorated, the service responded in a timely manner and people were supported to access healthcare services.

Staff knew how to support people and help maintain their safety. They understood their responsibility to protect people from harm and abuse and they felt able to report any concerns appropriately.

People confirmed staff respected their privacy and dignity. Staff had an excellent understanding of respecting people within their own home and providing them with choice and control. The service had identified people's needs and preferences in order to plan and deliver their care. The provider was innovative and creative in how they enabled people to be as independent as possible, achieve their goals and meet their needs.

People were asked for their views of the service and said they knew how to make a complaint about the service if they needed to.

The ethos, values and visions of Phoenix Bespoke Support was embedded into everyday care practice. The organisation had a strong vision on providing care calls which promoted people's wellbeing and ensuring they and their families were supported appropriately.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Phoenix Bespoke Support was safe.

People told us they felt safe receiving care in their own home. Detailed risk assessments were in place to ensure people were safe when they received care and support.

There were sufficient numbers of staff to provide safe care. Robust recruitment processes made sure only suitable staff with the right skills and knowledge were employed.

The provider had policies and procedures in place to make sure people were protected from abuse and harm. Staff demonstrated they could apply the training they received in how to recognise and report abuse.

Good



### Is the service effective?

Phoenix Bespoke Support was effective.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their care plan.

Staff understood people's health needs and acted quickly when those needs changed.

Good



### Is the service caring?

Phoenix Bespoke Support was caring.

Staff demonstrated an excellent awareness of how they should promote people's independence and ensure their privacy and dignity was maintained.

Staff had an excellent understanding of providing people with choice and control over their care. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People were pleased with the care and support they received. They felt their individual needs were met and understood by staff.

Good



### Is the service responsive?

Phoenix Bespoke Support was very responsive.

The service was flexible and responsive to people's individual needs and preferences, and found innovative and creative ways to enable people to live as full a life as possible. They were supported to access the community and follow diverse hobbies and interests. The support received promoted positive care experiences and enhanced people's health and wellbeing.

Outstanding



# Summary of findings

People and their relatives were consulted about their care and involved in developing their care plans. Detailed care plans outlined people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

People told us that they knew how to make a complaint if they were unhappy with the service. Where complaints or concerns had arisen, a detailed investigation had taken place and action had been taken.

## Is the service well-led?

Phoenix Bespoke Support was well-led.

People spoke highly of management. Systems were in place to obtain the views of people and continually improve the quality of care, which empowered people to feel part of the organisation and involved in the running of the service.

The ethos, values and vision of the organisation were embedded into practice. Staff were happy in their roles and felt well supported.

The provider had systems in place to monitor the quality of the service, drive improvement and ensure that they are aware of and up to date with legislation and developments within the sector.

**Good**



# Phoenix Bespoke Support

## 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 was 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. The service was last inspected in October 2013 and no concerns were identified.

The inspection began with a visit to the services office which took place on 25 September 2015 and was announced. 72 hours' notice of the inspection was given to ensure that the people we needed to speak to were available. We then contacted relatives and staff by telephone in order to obtain their views and feedback.

The inspection team comprised of two inspectors. The majority of people using the service were unable to speak

with us, therefore we spoke with three relatives by telephone. We also spoke with the registered manager, a director and three care staff. We spent time reviewing the records of the service. We looked at four staff files, complaints recording, accident/incident and safeguarding recording, staff rotas and records of audit, quality control and feedback from people and staff. We also reviewed five care plans and other relevant documentation to support our findings.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. This enabled us to ensure we were addressing any possible areas of concern and look at the strengths of the service. We reviewed the information we held about the service, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

# Is the service safe?

## Our findings

People told us they felt safe with the staff coming into their home and providing care. One relative told us, “I have no concerns about safety and [my relative] has never expressed any”. Another relative said, “I have no concerns about the care provided”.

Systems were in place to identify risks and protect people from harm. Each person’s care plan had a number of risk assessments completed which were specific to their needs and also to the environment of their home. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. They told us they encouraged people to be involved in their risk assessments. They told us they only carried out assessments where there was a clear risk and always started from the principle of positive risk taking and that people could make choices. For example, the registered manager told us about a person who required constant care, but was desperate for their independence. They had made an arrangement whereby staff would go upstairs at 7:00pm, in order to provide them with space and have time alone. We were given another example of how a person was supported to take a positive risk and now with support from staff to build their confidence and skills, they now use public transport.

Systems were also in place to assess wider risk and respond to emergencies. We were told by the registered manager that the service operated an out of hours on-call facility within the organisation, which people and staff could ring for any support and guidance needed. There was a business continuity plan, which instructed staff on what to do in the event of the service not being able to function normally. The manager told us, “We have an online system to allocate the rotas and details of people’s care is backed up online and can be accessed remotely”.

There were sufficient numbers of staff available to keep people safe. Relatives and staff told us there were enough staff available to cover the agreed care calls. Staffing levels were determined on a monthly basis and considered the number of care calls per week, number of hours per staff member and number of staff members. This helped calculate how many staff were required to safely meet the needs of people. The registered manager told us, “We have a full complement of staff at the moment, until anyone leaves or we take new people on. We recruit staff in relation to the needs of people. We have never had a situation where shifts aren’t covered. There are always back-up staff to cover sleep-overs”.

Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There were a number of policies to ensure staff had guidance about how to respect people’s rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly.

Safe recruitment practices were followed when they employed new staff. All records we checked held the required documentation. Checks had been carried out by the provider to ensure that potential new staff had no record of offences that could affect their suitability to work within the care sector.

We looked at the management of medicines. Care workers were trained in the administration of medicines. The registered manager described how staff completed the medication administration records (MAR) and we saw these were accurate. We saw that one person required PRN (as required) medication. Clear protocols were in place for staff to follow and they were instructed to call the registered manager if it was required.

# Is the service effective?

## Our findings

People told us they felt confident in the skills of the staff and that they received effective care that met their needs. One relative told us, “I have full confidence in [the registered manager] and his staff”. Another relative told us that they anticipated there would be many more challenging incidents taking place with their relative, but through the training and approach of the staff, any situations had been managed effectively.

Staff had received training that was specific to the needs of people, for example in food hygiene, medication, health and safety and equality and diversity. Staff completed an induction when they started working at the service and ‘shadowed’ experience members of staff until they were deemed competent to work unsupervised. They also received training which enabled them to provide effective care, for example around the care of people with epilepsy and behaviour that may challenge others. People felt staff were well trained. One relative told us, “I think the staff are very well trained and know how to respond to [my relative]”. Another said, “They are all adequately trained”. Staff received ongoing support and professional development to assist them to develop in their role. Staff we spoke with confirmed they received supervision and appreciated the opportunity to discuss their role and any concerns. We saw copies of supervision records, and any concerns identified were recorded and actioned by management.

Training schedules confirmed staff had received training on the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make specific decisions. Policies and procedures were also available to staff on the MCA and Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the person’s rights and freedoms. Although DoLS does not apply in a domiciliary care or supported living setting, the principles apply, but any authorisations for restrictions would go through the Court of Protection. Staff confirmed they had received training on MCA and understood the importance of gaining consent from people before providing care, whilst also respecting people’s right to refuse consent.

Staff had also received training about, and were aware of how to act when people presented behaviour that challenged others. We were given an example whereby a member of staff dealt with a difficult situation where a person was behaving in a challenging way, and they had needed to explain what was going on and reassure members of the public.

People told us that they were matched with care workers they were compatible with. If they felt a care worker was not suited to them they were able to change them. A relative told us they did not want a specific worker as they did not interact particularly well with their relative. They told us that the registered manager acted very swiftly to ensure that a replacement worker was found. Records showed where a person had requested a change in staff this was agreed. The registered manager told us, “We match staff to people and their families. It’s all about their happiness”.

Where required, staff supported people to eat and drink and maintain a healthy diet. A relative told us that they were particularly pleased with how staff assisted their relative with meal preparation. Care plans provided information about people’s food and nutrition. The registered manager told us “Staff are constantly cooking. People choose what they want to eat and we create a shopping list together. Staff are supporting people to eat a really well balanced diet”. The registered manager told us that any specialist diets were respected, and where required people’s weight was monitored, and food and fluid monitoring took place. We were given an example whereby a person wished to monitor what they ate throughout the day, whilst they attended college and were at home. An agreement was reached with the person, a representative of their college and Phoenix Bespoke Support to monitor what this person was eating in order to assist with supporting a healthy diet. We saw another example whereby a person required a specific diet in accordance with their religion and this was being adhered to.

People received support which effectively managed their healthcare needs. Care plans included detailed information on the person’s healthcare needs and how best to provide support. A relative told us, “I am very confident that the staff would know how to respond if [my relative] became unwell”. Information was readily available on the healthcare professionals involved with the person, along

## Is the service effective?

with their relevant contact details. The registered manager told us, “Staff monitor health very well. We regularly liaise with speech and language therapists, GP’s, Psychiatrists and district nurses”. We were given an example of how staff recognised that a person was unwell by the behaviour they were emitting. They contacted a GP and the person required a blood test. Staff fully explained the process, showed examples of what would happen, the equipment involved and supported this person throughout the procedure.

People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. They also had health action plans in place which supported them to stay healthy and described help they could get. We saw that when required staff supported people to attend hospital or healthcare appointments.



# Is the service caring?

## Our findings

Staff were highly motivated and overcame obstacles to deliver kind and compassionate care. People told us caring relationships had developed with staff who supported them. The service understood people's needs and supported people in creative and innovative ways to maximise their independence, offer choice and allow them to express their views. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One relative told us, "[My relative] is very well cared for and the staff are always respectful to her and us". Another said, "I know [my relative] is really happy with the care they receive, because I come into their home sometimes and they are singing. This is more than just a job to these staff".

Staff spoke with kindness and compassion for the people they supported and it was clear that they knew them well. One member of staff told us, "I know the person I support really well, we get on well and understand each other." Another member of staff told us, "I was recruited to work specifically with two people. It can be difficult to engage sometimes, but through offering choices in daily life as much as possible and supporting them to live independently, we promote their dignity" The registered manager told us, "We are an especially caring group and very passionate and emotional. We really care about the people we support and we know them well".

People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. A relative told us, "[My relative's] dream was always to live independently. My [relative] is really happy living independently and Phoenix Bespoke Support have been instrumental to that". Another relative said, "I am very impressed with the way staff speak with [my relative] and encourage them to make choices about their lives. This interaction has led to improvements in communication with [my relative] who had limited speech before they started receiving the service from Phoenix Bespoke Support. [My relative] now uses more words and their speech is a lot clearer". This relative added that staff encouraged their relative to carry out household tasks such as meal preparation and laundry which had increased their life skills. We also saw that other people were encouraged

by staff to sort their recycling and take their rubbish out on the appropriate days. We saw that one person originally required assistance to shower. Through support and encouragement from staff, this person was now able to shower unassisted and dress themselves independently. We saw another example, whereby a person wished to learn how to box, however their condition made them feel uncomfortable in crowded areas. Staff at Phoenix Bespoke Support supported this person to have one to one boxing training in a local park in order to minimise the potential for crowds. As time passed this person had grown in confidence and began taking boxing lessons at a local rugby club, and now with support from staff attends a local gym and goes running independently. The registered manager told us, "We absolutely adore the people we support. We want to do the best for them and their families, give them choice and control over their care. We think about their life going forward, what skills they are going to need to promote their independence. They may be at college at the moment, but they'll finish college one day and want to get a job, so we'll be looking to the future and what support we'll provide to get them to the next step in their lives".

The principles of privacy and dignity were understood by staff. One staff member told us, "I can tell when the person I support wants their privacy. If they don't want to get changed, or want some time alone, that's fine". The registered manager said, "We have policies on privacy and we always respect people's dignity and privacy. Staff always knock on doors and we respect when people want private time in their home". People confirmed their privacy and dignity was always upheld by staff. One relative told us, "The staff are very respectful to [my relative], they knock on doors, check what they want to do and act on it. They speak to them with affection". We could see privacy and dignity was discussed during spot checks and reviews with people.

People's confidentiality was respected. Staff understood not to talk about people outside of their own home. Staff rotas were delivered electronically to staff. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff.



# Is the service responsive?

## Our findings

We found examples of outstanding practice in person centred care provided by Phoenix Bespoke Support. People received care that promoted their health and wellbeing, and told us that staff had an excellent understanding of their social and cultural diversity, values and beliefs that influenced their decisions on how they received their care. The service was flexible and responsive to people's individual needs and preferences, and found innovative and creative ways to enable people to live as full a life as possible.

The delivery of care was personal to each person and responsive to their changing needs. This was set out in people's care plans. Care plans contained information about all aspects of people's daily care needs as well as any risks to their health or wellbeing. Care plans were very detailed and people's views and thoughts were clearly taken into consideration when devising the care plans. Information was readily available on people's religious, cultural and spiritual needs. People and staff felt care plans were personal and contained the level of detail required to provide safe, effective and responsive care. They were written from the person's point of view and contained extremely comprehensive details around people's likes, dislikes, preferences and what was important to them. We saw that people's care plans contained information such as which football team they supported, what their favourite meal was at their local fast food restaurant, what they liked to wear, and how they preferred staff to address and speak with them. Daily recording logs and feedback from people, staff and the registered manager showed that these plans of care were being followed. For example, we saw that one person was assessed as needing assistance from staff in order to manage their money, as they were finding this a challenge. Their relative told us, "I have recently met with [the registered manager] to plan how to manage [my relative's] money, as this has been a challenge. I am confident now that with this support [my relative] will be able to manage their budget more effectively".

It was clear by the level of detail and personal information that people and their families were involved in developing their care plans and subsequently reviewing them. One relative told us, "Before the service began I was involved in planning the care for [my relative]. This included a very detailed person centred plan". Another relative told us, "I

was not involved at the beginning with care planning, but this is something I have discussed with [the registered manager] and I am now involved with care planning going forward". Positive behavioural support plans were also completed. This is a tool for understanding and managing behaviour, such as what occurs before the behaviour and may have triggered it, what happens during the behaviour and what does it look like and the consequences, what are the immediate and delayed reactions from everyone involved. These plans identified patterns of emerging behaviour. For example, due to their condition, one person found empathy difficult. Staff were given clear plans on how to speak with this person, and what kind of statements they should and should not say. The plan also identified behaviours for staff to be mindful of, which could signify that this person was becoming distressed. Further details of what staff should do to de-escalate and calm situations were included in the care plan.

People's hopes and aspirations were recorded in their care records and they were supported in innovative and creative ways by staff to achieve these. One person was very interested in going on a cruise. However, their condition meant that this may not be possible. We saw that the staff had explored "cruise-like options" and had taken this person on a ferry to the Isle of Wight. They had enjoyed this so much, that the staff had supported them to organise a short break on a longboat. We saw another example whereby a person was supported for a specific number of hours per week. This person wished to take a college course. The staff assisted them to organise this and adjusted their set hours of care delivery to support them around their college visits.

There was regular involvement in community activities. Activities and outings were organised in line with people's personal preferences and staff supported them in the community. The registered manager told us, "All activities are based around people's choice. We support people to go swimming and cycling. We've taken people down to Brighton, as they wanted to swim in the sea. We let them choose what music to play in the car and make it a day for them". We saw in people's care plans that they were regularly supported to attend social clubs, go swimming and cycling and visit the cinema and shops.

The staff proactively looked for ways to ensure that people received care that was personalised to reflect their needs and preferences. One relative told us, "I was worried that



## Is the service responsive?

the staff wouldn't be able to manage the sometimes extremely challenging behaviour of [my relative]. However, through ensuring that their routine is not disrupted [my relatives] stress levels have been minimised. Staff approach change very slowly and this is key in dealing with behaviour that can be constantly challenging. [The registered manager] has managed my anxiety, as well as that of [my relative]. We also saw that one person required care to be delivered in a culturally appropriate way, by care staff of a specific gender, ethnicity and faith. Phoenix Bespoke Support had specifically recruited appropriate staff in order to facilitate this person's care package. This person's relative told us, "[My relative's] care workers share the same beliefs as our family. The choice of care workers was particularly important. They support [my relative] to go to the library, and go swimming and shopping". We saw that this person's care workers supported them to attend their place of worship.

We looked at how people's concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. One relative told us, "If I ever have any concerns I will speak to the [registered manager]". Another relative said, "I would speak to [the registered manager] or [director] in the first instance. They are always very quick to respond to any complaint or concern that is raised with them". Staff told us they would encourage people to raise any issues they may have. One said, "I'd always pass any complaints on to the manager to ensure they were resolved". Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. The registered manager told us, "There is a complaints policy in place and all people have a pictorial complaints guide in their information file. They all have the information they need to make a complaint".

# Is the service well-led?

## Our findings

People and staff spoke highly of the registered manager. One member of staff told us, “[The registered manager] is very easy-going. I can approach him with anything”. Another said, “The manager is very approachable and he regularly works alongside staff, so any day to day concerns or issues are dealt with very quickly”. A relative told us, “[The registered manager] is excellent and the way helps [my relative] it gives us both peace of mind”.

The service had a clear set of values in place. We discussed the culture and ethos of the service with the registered manager. They told us, “We are experienced in what we do. We work with a client group we are passionate about. We are enabling people to live happier lives. I really care about people who are challenging and giving them support. We teach skills and change negative behaviours to positives”.

We asked the manager about how people were given the opportunity to give feedback about the service. They told us that both formal and informal reviews were carried out regularly. They said, “We see most people every week, so we are always discussing the care. We have Sunday lunch regularly with one person and his family, we discuss any issues and get feedback and the social occasion is inclusive for all the family and staff”. A relative added, “Communication with the staff is very good. I also have a communication diary to share any information”. We also saw that regular ‘house meetings’ took place in people’s homes, which were recorded and involved, people, their families and staff. Topics discussed included, food and menu planning, contingency planning for hot weather and temperatures for clothes to be washed at.

The provider had systems and mechanisms in place to drive continual improvement. The registered manager conducted internal audits, including the environmental risk assessments of people’s homes. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people. We also saw that the registered manager carried out unannounced visits to ensure that people’s care was being provided appropriately. A relative told us, “I regularly drop in unannounced to visit [my relative] and I know that [the registered manager] does too”. A member of staff

added, “We don’t always know when [the registered manager] is going to show up. This is effectively like a spot check, but nobody has a problem with this, as he is good to work with”.

There was a positive culture in the service, the management team provided strong leadership and led by example. The registered manager and director regularly went out and provided hands on care. The registered manager told us, “I don’t expect any staff to do anything that I wouldn’t do myself. We’re all hands on and part of the staff team”. Staff said they felt well supported and were happy in their roles. One staff member told us, “I’ve worked for Phoenix Bespoke Support for many years and I am very happy here”. Another said, “I am very happy working for Phoenix Bespoke Support, and would be happy for any of my relatives to be cared for by the staff here”. There were good systems of communication within the service, and staff knew and understood what was expected of them. Staff meetings took place and the service regularly updated staff with any issues, changes or relevant information they may require. Topics discussed at a recent team meeting included, time keeping on shifts, communication, medication, ensuring that people’s homes were cleaned appropriately.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager’s would support them to do this in line with the provider’s policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The service remained up to date with relevant developments in the sector. We saw that they received regular updates from organisations such as Skills for Care and SCIE (Social Care Institute for Excellence). The registered manager told us that he also attended lectures and made presentations at the Tizard Centre in the University of Kent. The Tizard Centre is the leading UK academic group working in learning disability and community care, its purpose is to advance knowledge

## Is the service well-led?

about the relationship between the organisation of community care services and their outcomes, and to help services develop to provide and sustain high quality, comprehensive community care services.