

Voyage 1 Limited

Phoenix House

Inspection report

318 Station Road
Trowbridge
Wiltshire
BA14 6RD

Tel: 01225783127
Website: www.voyagecare.com

Date of inspection visit:
05 November 2019
12 November 2019

Date of publication:
27 December 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Phoenix House is a residential care home providing personal care to nine younger adults with a physical and learning disability. At the time of the inspection, nine people were living at the home.

People had a single room with en-suite facilities and there were a range of communal rooms. This included a lounge, television room and sensory room. All the rooms were located on the ground floor and each person had a small garden.

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.

The service was bigger than most domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

There were enough staff during the day, but not always enough at night to ensure people's safety. This meant in the event of two staff supporting a person, whilst having a seizure, other people were not supervised. The registered manager had introduced a new 7pm to 2am shift but this was not consistent. The provider had not acted to ensure people's safety at night.

Risks, which balanced safety and independence had been considered. However, there had been one recent incident which impacted on a person's safety. Lessons were learnt when things had gone wrong. Staff were aware of their responsibilities to identify and report a suspicion or allegation of abuse. The home was clean and there were measures in place to prevent and control infection.

People were supported to have enough to eat and drink. A range of health care professionals assisted people to meet their health care needs. 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. People were supported by staff who were valued, well supported and trained.

People were treated well and with compassion. Their privacy, dignity and rights to independence were promoted. People were supported, often by their relatives, to direct their support. This included developing their support plan and its review.

People received personalised support based on their individual needs and preferences. Staff knew people well and had a clear understanding of each person's individual way of communicating. People had a detailed, support plan, which was regularly reviewed. A range of social opportunities were available to people. This included regularly going out within the local community. There was a positive approach to complaints.

The registered manager had a strong presence within the home and gave strong leadership. There was a caring culture which promoted good outcomes for people. Regular audits were in place to monitor and assess the safety and quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Phoenix House on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Phoenix House

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

This inspection was undertaken by one inspector.

Service and service type

Phoenix House 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 unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Due to people's complex needs, we were not able to gain detailed verbal feedback about the service. We observed interactions and spoke with six members of staff including the registered manager, deputy manager and operations manager. We viewed a range of records. This included three people's care records

and medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We spoke to five relatives on the telephone and received feedback from two health and social care professionals about their experience of the care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At night, there were not always enough staff to safely meet people's needs. There were two waking night staff and the registered manager had introduced some 7pm-2am shifts. However, this was not consistent for each night. The registered manager told us four people had epilepsy, and one person in particular had regular seizures. This meant at times, if two members of staff were supporting a person during their seizure, others were not being supervised. This did not enable any risks to people's safety to be identified and addressed in a timely manner. The registered manager had requested additional funding to deploy an additional member of staff, but this had been refused.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the day, there were six members of staff on duty. The registered manager, staff and people's relatives told us this was enough to support people safely.
- Staff covered each other at times of annual leave or sickness and agency staff were not used. This promoted safety, as people received consistency with their support.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There had been one recent incident at night, which did not ensure a person's safety. This involved a person going into the room where medicines were stored, as staff had left the door unlocked. Whilst the person did not swallow any medicines, there was a risk of them doing so. This impacted on the person's safety. Following this incident, lessons had been learnt and a full review of the storage of people's medicines had taken undertaken.
- Records showed other risks were appropriately managed. Consideration had been given to balancing safety and the person's rights to independence. Information included guidance for staff to manage a person's anxiety and associated behaviour.
- Any accident was reviewed, and action taken to minimise a reoccurrence. Electronic records of all accidents and incidents were maintained. This enabled senior managers to monitor any lessons learnt, and to view potential trends.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and were aware of their responsibilities to identify and report a suspicion of abuse or poor care.
- Safeguarding was discussed within one-to-one meetings staff had with their line manager.

- Contact details of external agencies to report concerns and information about whistleblowing was displayed in the office for staff reference.
- Relatives had no concerns about their family member's safety. One relative told us, "I can sleep easy knowing [family member] is safe." Another relative said, "It relieves the pressure for me, as I know [family member] is in safe hands."

Using medicines safely

- Medicines were safely administered. Staff had appropriately signed the medicine administration record (MAR) to show they had given people their medicines, as prescribed.
- Records showed how people liked to take their medicines, and there was guidance for staff regarding medicines to be taken as required.
- Staff had received training and their competency was assessed before they administered people's medicines.

Preventing and controlling infection

- The home was clean with no unpleasant odours.
- Records showed staff had completed infection control training.
- People were supported to wash their hands before assisting with meal preparation.
- Regular infection control audits were undertaken. This included checking the environment and ensuring staff were appropriately using disposable protective clothing.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Mental capacity assessments had been undertaken, when there was doubt about a person's capacity. The assessments showed others, such as relatives, had been involved in decision making and consideration had been given to the least restricted options.
- The registered manager told us one person had a formal advocate to support their wellbeing and help with decision making.
- Staff asked for consent before undertaking an intervention. This included a staff member asking a person if they could assist them with their socks. Staff asked another person if their empty cup could be removed so it could be washed. One member of staff however, moved a person to another area of the room without asking or informing them of what was happening.

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

- The environment met people's needs. All rooms were on the ground floor and fully accessible to those who used a wheelchair for their mobility. Equipment people needed, such as overhead hoists, was in place.
- The home was situated in a village and was not identifiable as a care home. This was conducive to the Registering the Right Support guidance.
- There was a communal lounge, television room and sensory room. This enabled people to have a choice of space, depending on their preference.
- People's bedrooms were spacious and included an en-suite shower room. Staff had supported people to personalise their room.

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

- People received a range of support to meet their health care needs. This included support from professionals such as the speech and language team, behavioural specialist, psychiatrist and community nurses. During the inspection, people were supported to have a flu injection.
- People had hospital passports and health action plans in place. This information showed the person's health care needs and any support they needed.
- Staff accompanied people to attend medical appointments and any hospital treatment.

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

- People's support was regularly assessed to ensure it remained relevant and met their needs.
- Health and social care professionals were involved in assessments and assisted in devising people's support plans.
- The registered manager told us guidance such as STOMP, was regularly considered. STOMP is an initiative which aims to stop the over-medicating of people with a learning disability, autism or both.

Staff support: induction, training, skills and experience

- Staff completed a range of training to keep their knowledge and skills up to date. This included positive behaviour management and moving people safely. Other training was bespoke and related to people's needs.
- The registered manager and senior manager told us training was arranged to meet staff's different learning styles. Staff told us their training was good although they preferred face to face training sessions, as these were more engaging.
- Staff were valued and well supported. Staff told us they supported each other and gained good support from management.
- Records showed staff had regular one-to-one meetings with their line manager. This enabled them to talk about their training needs, performance and any additional support they needed. Staff told us these meetings were helpful and productive.

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

- People were supported to have enough to eat and drink. There was a weekly menu although staff told us this was only a guide, and people could have what they wanted.
- There was a focus on healthy eating, and fresh fruit and vegetables were readily available.
- Staff assisted people to eat and drink where required. All assistance was given in a sensitive manner, in response to individual need.
- People's weight was monitored, and any concerns were appropriately addressed. The registered manager told us some people had been supported to have additional calories when needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were treated well and with compassion. Systems such as role modelling, training and monitoring of staff's practice ensured this.
- The registered manager told us they had a very loyal, committed staff team. Staff told us they were very protective of people and wanted to make a real difference to their lives. A health and social care professional confirmed this. They said, "[The staff] are very hardworking and seem to me to provide a wonderful and kind service making my job much easier."
- There were many positive comments about the staff. These included, "They're miraculous. I can't praise them enough, and, "They're marvellous, just marvellous." A health and social care professional told us, "I must say, I really enjoy working with the staff at Phoenix as they seem to genuinely care about all their residents and have their best interests at heart, at all times."
- Staff knew people well and were aware of their preferences.

Respecting and promoting people's privacy, dignity and independence

- People's rights were promoted. During the inspection, one member of staff carefully removed a soiled clothes protector from a person and offered them a clean one. They sensitively took time to ensure it was properly positioned.
- Staff were passionate about offering people choices and promoting their independence. One member of staff told us, "We have absolute responsibility to enhance people's lives and to meet goals as well as enable opportunities. It's a real privilege to work with these guys."
- Records showed staff had undertaken training in dignity and respect. Staff were able to give varying examples of how they promoted privacy and dignity in their day to day work.

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

- People were assisted, as far as they were able, to make decisions about their support. The registered manager told us, due to people's complex care needs, relatives were very much involved as advocates.
- People and their relatives were involved in the development of support plans and their review.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 received personalised support based on their individual needs and preferences.
- The registered manager told us staff were skilled at adapting their manner and the way they worked with each person.
- Staff knew people well and were responsive to their needs. One health and social care professional confirmed this. They told us, "They are a very responsive team and always keen to help. The staff are all friendly and know [people] well. The [people] are well cared for and their needs are met on an individual basis."
- Each person had a detailed, well written support plan, which showed their needs, any support required and individual preferences.
- Management plans were in place, which helped staff provide the most appropriate support in specific areas. This included the management of seizures, anxiety and behaviour.

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.

- The AIS was met within the service. The registered manager told us staff were able to communicate with people, as they knew them well. They said small cards or pictures were sometimes used, to aid people's understanding.
- Staff told us communication was very individual to each person. They said they had learnt the person's individual style of communication through experience.
- Staff used various ways of communicating with people. One person was encouraged to answer yes or no, by touching the corresponding hand of the staff member.
- People's communication needs were detailed within their support plan.

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

- People were supported to go out on a regular basis. This included shopping, to the village coffee shop or places of interest.
- Regular social activities were arranged, such as arts and crafts and cooking. During the first morning of the inspection, those who wanted to participate, made their own pizza for their lunch.

- People were supported to meet others within the organisation and attend day centres.
- One health and social care professional was complimentary about the social activities arranged. They said, "I have always found [people] to be actively encouraged to join in with activities especially during the festivities."

Improving care quality in response to complaints or concerns

- There was a positive approach to complaints. The registered manager told us they had an open approach and did not want anyone to worry about raising a concern. They said any concerns would be quickly resolved and learnt from.
- There had not been any formal complaints.
- Relatives told us they would readily tell staff or the registered manager if they were not happy about anything. They were confident any concern would be quickly addressed, without reprisal.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. The registered manager told us this had been provided in the past and would be in the future if needed.
- The registered manager told us they would work alongside healthcare professionals such as GPs and community nurses, when providing this type of care.
- Discussions were being held with relatives about any significant deterioration of their family member's health.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was complimentary of the organisation and the support it gave them. However, requests from the registered manager, were not always addressed in a timely manner. This included the request for a new tumble drier, as on the first day of the inspection, laundry was being dried in the sensory room. The home had been without a tumble drier for over two weeks yet a delivery date for a new drier had still not been given.
- There were regular audits to assess the safety and quality of the service. As part of their auditing, the registered manager had identified staffing levels were insufficient at night. However, the provider had not addressed this to ensure people's safety.
- The registered manager had a strong presence within the home. They spent time with people and worked alongside staff on a day to day basis. They said this enabled them to build relationships but also monitor practice.
- The registered manager and staff were clear about their roles. They said they had a good team, who worked well together to achieve the aims of the service. A senior manager told us the home was, "Established, well managed and sound".

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

- The registered manager was passionate about providing people with a good service. They had clear values and promoted these within their leadership.
- There were many positive comments about the registered manager. Such included, "[Name of registered manager] is a fantastic manager" and, "Her door is always open, she'll always give us time." A health and social care professional told us, "I have nothing but praise for Phoenix House and the team. Communication between the team is good and the senior management is excellent being proactive and caring."
- The registered manager and staff gave various example of good outcomes for people. This included improvements to a person's health and holidays others had taken.

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

- The registered manager was aware of the duty of candour and their responsibility within this. They told us they were open and transparent and would readily address and report anything that had gone wrong.

- Relatives told us they were confident they would be informed of anything they needed to know, including any negativity, which affected their family member.

Working in partnership with others

- The service worked with a range of health and social care professionals. There had recently been a multi-disciplinary meeting to discuss a person's needs and their future support.
- Records showed health professionals such as community nurses, had facilitated some staff training. This had included epilepsy and its management. One health and social care professional told us, "They tell me if any training needs are required."
- The registered manager worked with various training providers and others within the organisation. Monthly manager's meetings enabled effective networking.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were not enough staff at night to safely meet people's needs. Regulation 12(1)(2)(b)