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Phoenix House

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 February 2016 and was unannounced. Phoenix House provides accommodation and personal care for up to 11 people who have a learning disability. There were 11 people who were living at the home on the day of our visit.

There was a registered manager in place at the time of our inspection. 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 lived in a safe environment as staff knew how to protect people from harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

There were sufficient staff on duty to meet people's needs. People told us that staff helped them when they needed assistance. Reviews of people's care happened when people's care needs changed. Staffing levels were reviewed and reflected the needs of people who lived there and the flexibility of people's daily routine. People's medicines were administered and managed in a safe way.

People received care and support that was in-line with their needs and preferences. Staff provided people's care in-line with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People's independence in food and drink preparation were promoted. We found that people had access to healthcare professionals, such as the chiropodist and their doctor when they required them and where supported to hospital appointments.

We saw that people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

We found that people knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months and found that no complaints had been received.

The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people's received care and support in-line with their needs and wishes.

We found that the checks the registered manager completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People were provided with food they enjoyed and had enough to keep them healthy. People received care they had consented to and staff understood the importance of this.

Is the service caring?

Good ●

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened too. Clear and visible leadership meant people received good quality care to a good standard.

Phoenix House

Detailed findings

Background to this inspection

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

This inspection took place on 3 February 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with three people who used the service and one relative. We also spoke with four care staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed two people's care records. We also looked at provider audits for environment and maintenance checks, complaints and compliments, staff rota's, incident and accident audit staff meeting minutes and the surveys sent to people and relatives.

Is the service safe?

Our findings

All the people we spoke with who lived in the home told us they felt staff protected them from harm. We asked two people if they felt safe living in the home. They both told us that they felt safe. Another person who we spoke with said, "I feel really safe here. I love it; the staff are lovely to me". We spoke with one relative who told us that the staff knew their family member well and felt that they kept the person safe.

Staff supported people to feel safe, for example one person had frequent seizures. Staff ensured the person wore protective equipment when they were awake and this helped to protect them from injury. Staff told us that their bedroom was on the ground floor to reduce the risk of falls on the stairs. The registered manager told us that the person was supported to their consultant appointments on a regular basis, so that regular reviews of their seizures were monitored closely and care was being provided in a safe way.

All the staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. Staff told us that they had information readily to hand should they need to use it. The registered manager told us that some people who lived at the home had also attended safeguarding training and information was made available to people in formats that met their needs. We found that this information was available to people who lived in the home should they need to use it. One person who we spoke with confirmed they would contact someone if they ever felt unsafe.

People's individual risks had been assessed in a way that protected them and promoted their independence. For example, the registered manager had developed individual evacuation procedures for all people who lived in the home. Staff we spoke with demonstrated sound knowledge of how they would keep people safe in the event of a fire. The registered manager, staff and some people who lived in the home had attended fire training. One person we spoke with confirmed that this had happened. The registered manager told us that it was important for people to understand the evacuation procedure so that in the event of a fire those who were able would be aware of the procedure.

Staff told us how one person was at risk of choking. All staff we spoke with were aware of what they had to do to reduce the risk of the person choking on their food. Staff told us that they would stay with the person while they were eating and encouraged the person to take their time with their food to further reduce the risk of choking.

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that, "There are always staff around". They continued to tell us that they were able to do the activities that they had planned and that staff were able to support them with this when they needed support.

All staff we spoke with told us they felt there were enough staff on duty to support people. One staff member told us that staffing levels varied dependant on what was happening for people on that day. On the day of our inspection one staff member had told us that they had supported a person to an external activity which they had enjoyed and had relaxed them. We found that another person was being supported to a healthcare

appointment, while other people were out at voluntary work placements. We asked about staffing levels over the weekends and evenings. They told us that there were always staff around and that they never felt unsafe at any time.

The registered manager explained they had a stable staff team and where required unplanned absences were covered by their own staff. They told us that staff worked hours that reflected people's needs. For example, where people required staff support with external activities more staff were on duty. When some people were at voluntary work placements, the staffing levels within the home reflected this. People and staff we spoke with told us that the registered manager was visible within the home. One staff member told us that there was a good team of staff and good management in place.

All people we spoke with did not have any concerns about how their medication was managed. One person said, "No it's all fine". We spoke with two staff member and the registered manager who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. For example, the registered manager told us that no homely remedies were used. They told us that all medicines were prescribed to ensure that the medicines people had were safe to use alongside their other prescribed medicines. We found that people's medication was stored and managed in a way that kept people safe.

Is the service effective?

Our findings

People we spoke with felt staff who cared for them knew how to look after them well and in the right way. One person said, "They are all very good, all the staff are lovely". They went on to say that staff looked after them well. One relative who we spoke with agreed the care staff met the needs of their family member and that it was done so in the right way.

Staff told us they had received training that was appropriate to the people they cared for. One staff member told us that they had completed dementia awareness training. They told us that they needed this training as people's care needs within the home were changing. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, recognising early signs of dementia to ensure appropriate referrals and support could be made for people in a timely way.

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 we spoke with told us that staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us, "They do what I want". They went on to say that staff respected their choice to go out or if they wanted to stay in the home. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. One staff member said if a person refused they would ask them later. The registered manager had a good understanding of the MCA process and completed reviews for people where it had been identified that they lacked capacity. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. Where it was required people were supported with the aid of an advocate. We saw that an advocate had been involved in the person's best interest meeting to ensure the person was being supported in the least restrictive way. We found the registered manager ensured people received care and treatment that was in-line with their consent.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. They had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make them. The registered manager had made applications to the local authority where it was assessed that there were

restrictions on people's liberty in order to meet their care needs and keep them safe.

Two people who we spoke with told us they enjoyed the food at the home. People were supported to maintain their independence and would plan what they would like to eat for the forthcoming week. One person told us that they assisted staff to prepare the meals. We saw that people's independence was encouraged with preparing their own lunches, snacks and drinks. People told us that the food was good and to their liking. We saw people were offered and supported with hot and cold drinks throughout the day. Some people were independent in making their own drinks and we saw that people made drinks when they wanted them. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us that no one was at risk of not drinking enough fluids, however they knew people well enough to recognise when people had become unwell and may need further support with drinking fluids.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested these. On the day of our visit one person had been supported to the chiropodist. Another person we spoke with told us that they had been for physiotherapy treatment and staff were supporting and encouraging them to do the recommended exercises at home. Care records demonstrated that people saw their doctor when they needed to. We saw from the records maintained, that staff ensured people kept their appointments and staff worked with external healthcare professionals to ensure the person received the care and treatment in a timely way.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "They are all lovely. I love it here". Another person said, "Yes, I like the staff". A further person put their thumb up to us and smiled indicating they too enjoyed the company of the staff. A relative we spoke with told us that staff were kind and caring.

Throughout the inspection we saw that staff were kind and caring towards the people they cared for. We found that the interaction between people and the staff was relaxed and friendly. Staff interacted with people in a natural way, which encouraged further conversations and people responded positively smiling back at staff when they spoke with them. We saw that people were comfortable with staff. Staff were attentive and responded quickly to people where support was required.

We spoke with one person about how staff supported them to be involved in their care. They told us that they had made the decision to lose some weight, and that staff had supported them with their choice. They told us that they attended a local weight loss group. The person told us that two staff members also wanted to lose weight so they all attended the weight loss group together. The person told us that they would not have gone and "stuck at it" if the staff had not gone. The person showed us their certificate they had achieved for their weight loss. They told us they were doing well because of the support from the staff. They told us that the staff helped them with their healthy meal plans. They told us that the support from staff made them feel determined.

People were supported and encouraged to maintain relationships with their friends and family. People told us visitors were welcome at any time. A relative we spoke with told us they could visit as often as they liked.

People had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people's bedroom or bathrooms doors and waited for a reply before they entered. People told us they chose their clothes and got to dress in their preferred style. We saw staff ensured people clothes were clean and people were supported to change where needed in the privacy of their own rooms. Where staff were required to discuss people's needs or requests of personal care, they did this in a private space, respecting people's personal information.. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. People told us that staff asked them regularly what they would like as part of their social care needs. We found that a system was in place to ensure people's care was reviewed when their needs changed. For example when a person became unwell staff contacted the person's doctor. Staff followed the guidance the doctor and provided care and treatment in-line with their new care plan. This enabled the person to make a quick recovery. A relative we spoke with told us that they were involved with their family members care and had no concerns that the staff were not responsive.

The service worked with external healthcare professionals to ensure people received the care and treatment they needed and this was planned for, recorded, delivered and kept under review. There was a small staff team who worked at the home. People had lived at the home for many years which meant that staff were aware of people's health and social care needs. Staff told us that they worked together and had good communication with all the staff who worked in the home. All staff we spoke with told us that they knew people well and were aware of any updates promptly as they were a small home. One staff member said, "They are like family to me, I know everything about them and anything that has changed". Staff told us that they had the time to spend with people and spoke regularly to people's relatives. One staff member we spoke with told us they were a key worker for a person, and they had built up a good relationship with the person's family member.

People we spoke with told us that staff always respected their decisions about their care. We spoke with staff about some people's care needs. Staff told us that they would speak with the person to ensure they were providing care to them the way in which they preferred. Staff told us that people's most recent information was in people care records and this was easy to follow.

The people who were in the home when we visited were carrying out hobbies that they enjoyed. We spoke further to one person, they told us that they were having a rest day and that it was their choice to stay in.

We asked people if they were supported to maintain their hobbies and interests. One person we spoke with told us that they did what they wanted and staff supported them with their decision. They told us that they had wanted to work in a florist shop and explained how staff had encouraged and supported them to do this. This person got a lot of benefit from this as they particularly enjoyed spending time tending to the flowers. We saw one person enjoyed collecting items that interested them and we found that the person was given time to carry out their hobby. They showed us what they had collected and built and equally staff showed the person support and encouragement when they sought re-assurance.

Staff who we spoke with told us they provided meaningful activities to people and did things people enjoyed. Staff told us that some people enjoyed pamper days and they supported people to have this. The registered manager told us how people enjoyed going to the local public house and playing a game of pool with the staff and that this happened when people wanted to go.

The registered manager told us that following a meeting, people had asked for staff to support them to plan their next holiday. We saw that arrangements were being put in place to book the holiday that people had chosen at their meeting.

The provider shared information with people about how to raise a complaint about the service provision; this was also available in other formats. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. One person we spoke with told us, "There is nothing to complain about, I am happy here". The person felt confident that their concern would be resolved if they raised any. We looked at the provider's complaints over the last twelve months and saw no complaints had been received.

Is the service well-led?

Our findings

People were happy with the way the service was managed. People did not express any opinion to change the way things were. When we asked a person if they had the opportunity to give ideas, they confirmed that they could if they wanted to, but had not felt they had needed too. They told us that they felt listened to by management and felt happy to raise any ideas should they think of any.

Both people who we spoke with told us they found the registered manager approachable. One person told us, "I like [registered manager's name]". Another person told us, "This home is the best home in the county; I love it here so much".

All staff we spoke with told us they felt supported by the registered manager and their colleagues. One staff member said, "[The registered manager] is brilliant. I always speak to her and she gets it sorted". They told us that any concerns or questions they felt confident to approach the registered manager. All staff members we spoke with told us they enjoyed their work and working with people in the home. One staff member said, "I am proud of the work we do here and the way we look after people". All staff we spoke with had confidence in the registered manager to be able to make positive changes should they have any concerns.

People and staff told us that the registered manager was always visible within the home and felt able to talk to them in passing, or felt able to visit them in their office. Staff told us that visibly seeing the registered manager made them feel more confident to approach them and they were part of the everyday running of the home.

People who we spoke with told us that they knew who the registered manager was. One person said, "I know [the registered manager] I see her everyday". Relatives confirmed they knew who the registered manager was.

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as environment, care records, staffing, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met. For example, it was recognised that improvements to the homes environment were needed. The registered manager told us that the provider was addressing this and new pieces of furniture were to be ordered.

The provider had sent surveys to people and relatives to gain their views about the service provision in November 2015. Overall, these were positive comments about the care and service that was provided and no actions were required as a result.

We found that the provider did not completed checks of the service provision that could be evidenced. The registered manager told us that the provider was supportive and knew people who lived in the home well and visited often, staff and people confirmed this was the case.