

Phoenix Care Centre Limited

# Phoenix Care Centre

## 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

### About the service

Phoenix Care Centre is a residential care home providing personal care to 39 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

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

People were protected from abuse. Staff were trained and were knowledgeable about how to recognise and report abuse.

Systems were in place to ensure people's safety. Risks were assessed and managed. Medicines were managed appropriately.

Staffing levels met the needs of people living in the home. Staff were recruited safely and in line with current regulations.

People's needs were assessed prior to living at the home.

People confirmed food was of good quality, the cook had systems in place to ensure people ate and drank what they wanted and liked. People were supported to eat, and the mealtime experience was positive.

Staff received the training they needed to do their job and were supported in their roles.

The service was working within the principles of the Mental Capacity Act (MCA). 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.

Staff were caring, thoughtful and attentive. People and relatives consistently told us staff were kind and caring and they were treated well.

People were given the opportunity to express their views regularly and were involved in their care.

Staff were knowledgeable about how to maintain privacy and dignity.

People were receiving care that was responsive to their needs. Care plans captured people's wishes, and care was delivered by staff who understood the needs of the people they were supporting.

People knew how to complain and raise concerns and were listened to. Complaints were responded to appropriately and in line with policy.

People were given the opportunity to take part in regular activities of their choosing.

There was a new registered manager since our last inspection. They had developed a clear plan about how the service would continue to develop.

Staff were complimentary about the support they received from their managers.

Processes were in place to ensure the delivery of care was monitored and checked regularly. Governance systems identified areas for improvement and plans were developed and actioned.

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

The last rating for this service was good (published 25 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Phoenix Care Centre

## 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 carried out by one inspector

#### Service and service type

Phoenix Care Centre 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

We reviewed information we had received about the service since the last 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. 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 five people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, office manager, a

senior care worker, care workers and the cook. We also spoke with one visiting healthcare professional. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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 policies.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure. The provider had a safeguarding policy which had been reviewed recently and staff were aware of it.
- Records showed staff were provided with training to recognise and report abuse. One staff member told us about their role as a safeguarding ambassador in the home. "I've been trained to be a safeguarding ambassador. It [safeguarding] is everybody's responsibility. The training has made me confident and want to share my knowledge with my team."

Assessing risk, safety monitoring and management

- People were protected from known risks associated with their care. For example, where people were at risk of skin breakdown assessments were carried out which looked at all aspects of the persons health to determine whether they were at risk of their skin breaking down. Where people were at risk, there were clear instructions for staff to follow to reduce the risk.
- Where people were at risk of choking assessments had been carried out by speech and language therapists, this information was included in the providers own choking risk assessments.
- Environmental risks associated with fire, water and gas were managed. The home employed a maintenance officer whose role it was to ensure equipment was in working order and was serviced regularly.

Staffing and recruitment

- There were enough staff to meet the needs of people living in the home. The registered manager and staff confirmed agency staff were not used.
- Staff were recruited safely. Recruitment records included pre-employment checks which showed only fit and proper applicants were offered roles. Disclosure and Barring Service (DBS) checks were carried out. The Disclosure and Barring Service undertake checks of criminal records on individuals who intend to work with children and vulnerable adults.

Using medicines safely

- Systems for managing medicines and ensuring safe administration practices were operated effectively. Medicine administration records (MAR) showed people received their medicine as prescribed.
- People who received medicines on an 'as needed' basis had clear protocols in place which described why the medicines were prescribed and under what circumstances and when they should be administered.
- The provider had a clear system for ensuring MAR were checked regularly. Processes for the storage and administration of medicines were audited on a regular basis.

#### Preventing and controlling infection

- The home appeared clean and was free of malodours. Scheduling systems were in place to ensure cleaning was carried out regularly.
- There was a designated area in the home to ensure clothing and bedding were washed hygienically. Clean laundry and soiled items were kept separate. Staff were provided with supplies of single use gloves and aprons.
- Records showed staff were provided with training in relation to infections control.

#### Learning lessons when things go wrong

- The provider had a process for reporting and recording accidents and incidents which staff were aware of. One staff member told us, "We have accident and incident forms which we complete for any trip, slip, fall or any accident."
- Systems were in place to ensure records of accidents such as falls were checked regularly. This enabled the registered manager to spot trends and patterns and then take action to reduce risks and hazards in the future.



# 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 remained the same. 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 them living in the home. Assessments carried out included diagnosis of health conditions and important information regarding allergies. Information about people's preferences and cultural needs were included.
- Care plans and risk assessments were developed following the initial assessment and included information obtained during the initial assessment.

Staff support: induction, training, skills and experience

- Staff told us they were provided with an induction when they first began working at the service. Staff also told us they completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Records showed and staff confirmed they were provided with ongoing training from an electronic training system, to ensure they could increase their knowledge and skills. One staff member said, "[Electronic training system] has a massive range of courses, everything from stoma care to diabetes. You name it, it is all on there."

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

- People told us they enjoyed the food and drink on offer in the home. One person said, "The food is fantastic."
- People's nutritional needs were well managed. People were observed eating their lunch and were overheard making complimentary remarks about the food and drink on offer. People were encouraged to be as independent as possible when eating their food and those who required support to eat were attended to. Staff were attentive and ensured people were offered drinks regularly.
- The cook had good systems in place to ensure people were included in planning the menu. A balanced diet with healthy options were available for people. Fresh drinks and snacks were available for people if they wanted them.
- The cook was aware of people's allergies and dietary requirements. Clear information was kept in a file to show who required textured and blended diets.

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

- Staff knew about people's medical conditions and support requirements. Appropriate support was sought from healthcare professionals as required such as speech and language therapists, GP's and district nurses.
- We spoke with a visiting health professional who had been visiting the home for approximately 18 months.

They described how the home had improved during this time. We were told by the health professional they were confident in the ability of the staff to identify deterioration in people's health and communicate this clearly.

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

- Environmental risks we identified at our previous inspection had been rectified. At the time of inspection, the lift was not in use. People were able to access the first floor using a stair lift. The registered manager provided us with written evidence that the part required to repair the lift had been purchased and work had been scheduled to repair the lift and install the part.
- The decoration of the home met people's needs. People with dementia were able to recognise their own rooms with the aid of pictures and symbols. Corridors had been decorated with old record covers from the 1950's and 60's.
- The registered manager shared with us a plan for the ongoing refurbishment and improvement of the home. They told us the provider had been supportive and had agreed to allocate funds to achieve the improvements.

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.

- Staff ensured people were involved in decisions about their care and knew what to do to make sure decisions were made in people's best interests. They fully understood about consent and people's mental capacity was always assessed.
- Where restrictions had been put in place these were done in the least restrictive way. Care plans were in place to support these decisions. The registered manager worked with the local authority to ensure restrictions were authorised and lawful.

# 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 told us staff were kind to them and they were well cared for. One person told us, "Some of the staff are just lovely." Another person said, "They [staff] helped me when I needed them." A relative told us, "[Relative] has made friends here, they praise the staff."
- Staff and managers interacted with people in a warm and friendly manner. Staff told us they tried to make people feel comfortable and at home as much as possible.
- Staff told us they would be happy for their relatives to live at the home. One staff member said, "Absolutely. The building isn't the Ritz, but the care is second to none. This is their home, I work in their home."

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

- People and their relatives were consulted about their care and were supported to express their opinions and build independence wherever possible. One relative told us, "When [relative] first came to live here we were asked to complete a life history and life story."
- A system was in place to ensure staff took a lead role in a particular person's care, making sure they were happy with their care and keeping their care plan up to date and relevant.
- Staff were seen asking people what they would like and asking if they needed help or support. Staff were overheard using open questions to avoid simple 'yes' and 'no' answers.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. Staff knocked on people's doors before entering their rooms. One staff member said, "I knock on the door before going in and greeting them. If they are living with dementia, I remind them who I am. I talk them through everything I do. Dignity isn't just about covering people up, it is about making them feel like they are in control."
- Staff interacted with people in a respectful manner. Information about people was protected and kept securely and complied with data protection regulations.

# 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 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

- Staff and managers fully understood people's individual needs. Care plans were personalised to ensure care was delivered in the way people wanted.
- Reviews of care plans took place regularly. We saw evidence of regular updates to care plans when people's needs changed, for example, if someone had recently been discharged from hospital.
- Staff were proud of the work they had achieved with people. One staff member said, "The staff will go out of their way to meet the needs of the people living here."

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 provider was able to provide information to people in various formats such as large print or audio for people who had a visual impairment.
- One person living in the home had both sight and hearing impairments. The registered manager told us they arranged for a specialist organisation to provide training for staff to understand and carry out basic sign language to ensure staff could communicate with them.

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 provided with many opportunities to take part in activities with other people living in the home or on their own.
- The provider employed an activities coordinator, whose role it was to provide a range of activities for people to engage in. The home had a large activity room which was used to facilitate events and activities. The registered manager told us about plans to encourage more people to use the room and take part in activities they had chosen.
- During the inspection people were taking part in a karaoke session. People seemed happy and were singing and dancing. The atmosphere was lively and inclusive.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place, which people were aware of. People and relatives, we spoke with during the inspection told us they had not had a reason to make a formal complaint.
- The registered manager kept records of complaints. All complaints made were fully responded to within

the timescales stipulated in the providers policy.

#### End of life care and support

- Several people were receiving end of life care. Staff were provided with training and were respectful when speaking about the subject. One staff member said, "Advance care planning is important. They are difficult conversations, but it is important to know what people want."

# 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 remained the same. 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

- Staff understood the principals of person-centred care and treated people as individuals. This was evident from conversations we had with staff and from observations throughout the inspection.
- People and relatives told us they maintained good relationships with the registered manager and the management team. One relative said, "We have regular contact with [registered manager] and [deputy manager]. There is always someone to speak to."
- Staff told us they were provided with opportunities to contribute ideas and suggestions to improve the service, team meeting records confirmed this. One staff member said, "I have an idea that I want to put forward. I am going to talk to [registered manager] about that."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor regulatory compliance and to drive improvements. Regular checks were carried out to ensure the safe delivery of care. Where shortfalls were identified, improvement plans were developed to ensure continual improvement.
- There was a system to analyse accidents and incidents. This assisted with making changes to improve the quality and safety of care.
- Staff were provided with opportunities to increase their expertise and act as ambassadors for their team of colleagues. Additional training was provided to key staff in areas such as safeguarding. This ensured staff could seek advice and support from an ambassador and improve the care they provided to people.

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

- People and relatives were provided with opportunities to be involved in the running of the home. Regular meetings took place and records showed suggestions and ideas were welcomed and acted upon.
- Regular opportunities were given to people, their relatives and community stakeholders to take part in reviewing their satisfaction of the service provided. We noted satisfaction was consistently high.
- The registered manager had developed partnership working with several health and social care partner agencies which benefited people living in the home. For example, where people were at the end of their lives advice and guidance was sought from national charities which provided expertise in this area.

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

- Records showed the registered manager told us about significant events that had occurred, such as accidents, incidents and injuries.
- The previous inspection ratings were displayed prominently in the home.