

Premier Care (Midlands) Limited

# Phoenix House

## Inspection report

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Solihull  
West Midlands  
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Tel: 07974264321

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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 House is an Extra Care housing scheme comprising of 49 self-contained flats which can be rented by older people. The service can support people with personal care which is provided by a team of care staff through pre-arranged calls. At the time of our inspection nine people were receiving personal care. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider had systems in place to safeguard people from the risk of abuse. Staff received training in safeguarding and knew what action to take if they suspected abuse. Staff were recruited safely, and pre-employment checks were carried out. Staff had access to appropriate PPE and the provider was mindful about infection control. Accidents and incidents were recorded, action taken to mitigate future incidents, and risks associated with people's care were identified and managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider ensured staff received appropriate training. Staff worked alongside other professionals to ensure people received timely and appropriate care and support.

People and their relatives told us staff were kind and caring and supported them or their family member in a person-centred way. Care plans offered staff guidance about how to support people. Staff knew people well and assisted people to maintain their independence. People felt able to raise concerns if they needed to and were confident the provider would take appropriate actions to address them.

The registered manager completed regular checks to monitor the quality of the service. This process helped identify issues and action plans were used to ensure issues were addressed in a timely way. People we spoke with felt involved in the service and relatives felt they were communicated with well.

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

### Rating at last inspection

This service was registered with us on 22 June 2022 and this is the first inspection.

The last rating for the service under the previous provider was Good (published on 06 May 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective 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 well-led.  
Details are in our well-led findings below.

Good ●

# 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector visited the service and the Expert by Experience gathered feedback by telephone of people who used the service or their relatives.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 September and ended on 21 September. We visited the service on 15 September.

#### What we did before the inspection

We reviewed the information we had received about the service since registering with us in June 2022. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager and care staff. We reviewed a range of records, including three people's care records. We looked at three staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe with their care staff. People told us they were supported by regular staff who they knew well. A relative told us "[Name] has a regular group of carers who rotate as to when they come for their calls."
- The provider had systems in place to safeguard people from the risk of abuse.
- Staff received training in safeguarding and knew what to do if they suspected abuse.
- The registered manager kept a record of safeguarding concerns and took appropriate actions to keep people safe.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and were managed safely.
- People's care documents included environmental risks. This ensured the safety of staff and people.
- Staff were aware of risks and knew what actions to take to minimise them.

Staffing and recruitment

- The provider had a system in place to ensure staff were recruited safely.
- Staff confirmed they had a Disclosure and Barring (DBS) check and references prior to commencing employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider had a system in place to ensure people received their medicines safely, which included a medicine policy and procedure. People's care and support plans contained clear information about their medicine needs and what staff needed to do to meet these needs.
- When people were prescribed 'when required' medicines (PRN), there were clear plans for staff to follow on how to recognise that an individual may need their PRN medicines and the maximum they are able to have in one day. For example, when a person was prescribed pain-relief, this was clearly recorded in the PRN plan including the location of the pain.
- Staff received training in the safe handling of medicines and received competency checks to ensure they were competent.

Preventing and controlling infection

- Staff had received training in how to prevent spreading infection, this included how to effectively don and doff Personal Protective Equipment (PPE).

- The registered manager completed spot checks to see if staff were using PPE appropriately.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager explained that complains, accidents and incidents, and safeguarding concerns were all used to identify trends and patterns and to develop the service and mitigate future risks to people.



# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed, and care was delivered in line with standards, guidance and the law.
- People's care plans were person-centred and included their preferences. Care plans included information about the person's allergies, communication methods, general preferences, goals, religious needs and medical conditions.
- People and their relatives told us they were happy with the care and support they or their family member received. One person said, "I had an assessment before I moved here so I knew they would be able to meet my needs and we wrote my care plan together."

Staff support: induction, training, skills and experience

- Staff received appropriate training to carry out their role effectively.
- A relative told us "From what I have seen all the staff really know what they are doing so the training must be comprehensive."
- The provider kept a record of training and when this needed refreshing.
- Staff told us they felt competent and confident providing support to people.

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

- People told us they were able to make their own health and social care appointments however they knew staff would support them with this if it was required.
- When people were supported by other health and social care professionals, the advice given by the professionals was incorporated into the person's care plan. Staff were made aware of any advice given,

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff team were knowledgeable about the MCA and DoLS. At the time of our inspection, no one lacked capacity to make their own decisions.

# Is the service caring?

## Our findings

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

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

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

- People and their relatives felt the care and support provided was good. One person said, "I am really happy with the staff nothing is a trouble to any of them, they are a grand caring bunch who really know what they are doing."
- Staff had completed training for 'Equity, Diversity and Inclusion' which included discussing everyday behaviours and language that could have a positive impact on people. The training provided staff with the knowledge around relevant legislation such as the Equality Act 2010.
- Where people had specific cultural or individual needs, they were supported with these by staff. For example, care plans included information on people's religious needs, to what extent they would like to follow their religion and how they wished to be supported by staff.

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

- People told us staff included them in decisions about their care and respected their individual needs and preferences.
- Staff told us they respected people's decisions and choices about their lives.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Staff told us they took time to ensure they maintained people's privacy when supporting them with personal care. One staff member explained it was important to them to support each person as if they were their own relative and to treat them with dignity and respect.
- Care plans were written in a way which promoted people's independence. They indicated which tasks people could do and what level of support care workers should offer whilst ensuring people's independence was maximised.

# Is the service responsive?

## Our findings

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

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

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

- People received care and support which was personalised and met their individual needs and preferences.
- People and their family members, where appropriate, were involved in the development of their care plans.
- A relative told us "The team seem to give a very personal service to each person and treat them all as individuals and not just as a number in a file."
- Care plans were reviewed every three months; however, they were reviewed sooner if people's needs changed. The registered manager told us staff were trained to recognise any changes in people and would identify any changes without delay.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included information about how to communicate effectively with people. This included information about any hearing difficulties or whether the person required glasses.
- Information was supplied to people in different formats such as large print or other languages.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people were encouraged to raise concerns if they needed to.
- The registered manager used complaints to drive improvement of the service.
- People told us they felt at ease to raise concerns if they needed to. They were confident the registered manager would address them appropriately.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive, person-centred and empowering culture that supported people to achieve good outcomes.
- Feedback from people and relatives showed they found the service was consistently well-led. One person told us, "I think it is a high-quality company."
- Staff told us they felt well supported by the registered manager and the deputy manager however some staff members told us they had not felt the new provider had communicated with them well since taking over the service in July 2022.

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

- There were appropriate audits and checks on the quality of service delivered. The registered manager used a range of checks to monitor the safety and quality of the service. These included audits and reviews of people's care plans and files, reviewing daily care notes, checking care workers' infection control practices and use of PPE.
- They also conducted unannounced observations of staff. These observations assessed staff personal presentation, if they provided care as planned and always treated people with compassion and respect.
- Staff understood their roles and responsibilities. The provider used effective communication methods to keep staff informed about people's needs and changing conditions. These were communicated via supervisions, appraisals and a daily handover meeting.
- The registered manager understood their regulatory responsibilities. They notified us in a timely manner when certain events occurred as required by regulation.
- The registered manager understood their legal responsibilities and acted on their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to ensure people were involved in the service. People were asked for their feedback via questionnaires and telephone calls.
- People and their relatives were confident the management team would listen and act on feedback.

#### Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as pharmacists and GPs. This helped people to receive joined-up care to meet their needs.