

# Phoenix Care Homes Limited

# Phoenix House

## Inspection report

**The Drove  
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Deal  
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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

**Requires improvement**



Is the service effective?

**Requires improvement**



Is the service caring?

**Good**



Is the service responsive?

**Requires improvement**



Is the service well-led?

**Requires improvement**



## Overall summary

Phoenix House provides accommodation and personal care for up to 24 people who need support with their mental health needs. There were 19 people living at the service at the time of the inspection. The service is situated in its own extensive grounds and gardens in the rural village of Northbourne, which is close to the seafront towns of Deal and Sandwich.

The care and support needs of the people varied greatly. There was a wide age range of people living at the service with diverse needs and abilities. The youngest person was in their 40's and the oldest was 74 years old.

As well as needing support with their mental health, some people required more care and support related to their physical health. Some people were able to make their own decisions about how they lived their lives. They were able to let staff know what they wanted and were able to go out on their own.

# Summary of findings

There was a registered manager working at the service. 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 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). When people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare the registered manager had taken the necessary action. At the time of the inspection no-one at the service was subject to a DoLS authorisation but the registered manager kept this under review. There were records to show who people's representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure they would be able to offer them the care that they needed. The care and support needs of each person were different and each person's care plan was personal to them. People or their relative /representative had been involved in writing their care plans. Most of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way and in the way that suited them best. People were satisfied with the care and support they received. Potential risks to people were identified and guidance on to how to safely manage the risks was available. People were kept as safe as possible. People had regular reviews of their care and support when they were able to discuss any concerns or aspirations and goals they wanted to achieve.

People received their regular medicines safely and when they needed them and they were monitored for any side effects. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Some people needed medicines on a 'when required' basis, like medicines for pain or behaviours. There was no guidance or direction for staff on when to give these medicines

safely and consistently. People were not always empowered to have as much control and independence as possible with their medicines. When people received their medicines from staff throughout the day they were not given the choice of where and how they preferred to have their medicines. People were not supported to be as independent as possible and their dignity was not respected when they were given their medicines.

On the whole people had their needs met by sufficient numbers of staff but there were times when there was not enough staff on duty to do allocated duties like the laundry and cleaning. Staff numbers were based on people's needs, activities and health appointments. People received care and support from a dedicated team of staff that put people first and were able to spend time with people in a meaningful way.

Staff had support from the registered manager to make sure they could care safely and effectively for people. Staff said they could go to the registered manager at any time and they would be listened to. Staff had received regular one to one meetings with a senior member of staff. Staff had received an annual appraisal and had the opportunity to discuss their developmental needs for the following year. Staff had completed induction training when they first started to work at the service and had gone on to complete other basic training provided by the company. However, there were shortfalls in training in areas such as mental health awareness and challenging behaviours, which were areas very specific to people at the service. There were staff meetings so staff could discuss any issues and share new ideas with their colleagues to improve people's care and lives.

Staff were not always recruited safely. The provider had policies and procedures in place for when new staff were recruited, but these were not consistently followed. All the relevant safety checks had not been completed before staff started work. Some files did not contain appropriate references and gaps in employment had not been explored when staff were interviewed. The registered manager took action to address this.

Generic emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. However, personal emergency evacuation plans (PEEPs) were not adequate and did not contain

# Summary of findings

information about people's individual needs during an emergency evacuation. The checks for the fire alarms were done weekly and there were regular fire drills so people knew how to leave the building safely

There were policies and procedures in place to protect people's finances. These procedures were in place to help people manage their money as independently as possible and spend their money to assess activities and going out in the community. The staff were not fully adhering to the company's policies and procedures when they took people out for meals. We found that, on occasions, staff took people out for meals and they were using people's money to pay for staff meals and drinks as well. The registered manager told us this should not be happening and immediately took action to reimburse people. Clear accounts of all money received and spent were available. Money was kept safely and was accessed by senior staff. People could access the money they needed when they wanted to.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed. The registered manager responded appropriately when concerns were raised. They had undertaken investigations and taken action. The registered manager followed clear staff disciplinary procedures when they identified unsafe practice.

Accidents and incidents had been recorded and action had been taken to reduce any risks to people, however, these were not analysed to identify any patterns or concerns to reduce the risk of them happening again.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People had key workers that they got on well with. The service was planned around people's individual preferences and care needs. The care and support they received was personal to them. Staff understood people's specific needs. Staff had built up relationships with people and were familiar with

their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

People were involved in activities which they enjoyed. Some people were able to go out daily and do what they wanted to in the local area. People went on trips to places that interested them and went to social clubs to meet up with friends. People did art and crafts, as well as other leisure activities within the service. People talked animatedly about social events they had taken part in or were planning. Contact with people's family and friends who were important to them was well supported by staff. Staff were familiar with people's likes and dislikes, such as if they liked to be in company or on their own and what food they preferred. Staff knew how people preferred to be cared for and supported and respected their wishes.

People said that they enjoyed their meals. People were offered and received a balanced and healthy diet. They had a choice about what food and drinks they wanted. If people were not eating enough or needed specialist diets they were seen by dietitians or their doctor and a specialist diet was provided.

The complaints procedure was on display in a format that was accessible to people. Feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible. Staff and people told us that the service was well led and that the management team were supportive and approachable. They said there was a culture of openness within Phoenix House which allowed them to suggest new ideas which were often acted on.

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out by the registered manager and the quality assurance manager from the company's head office. The registered manager's audits had not identified some shortfalls that were identified during the inspection.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Recruitment procedures were in place but were not fully adhered to before new staff started to work with people.

The management of medicines was not consistently safe.

Risks to people were assessed and staff knew what action to take to keep people as safe as possible.

There was enough staff on duty to make sure people received the care and support they needed but at times there was not enough staff available to do other duties.

**Requires improvement**



### Is the service effective?

The service was not consistently effective

Staff had not received all the training they needed to meet the needs of people. Staff felt well supported by the registered manager and the staff team.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Applications had been made when people's liberties were restricted

When a person had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People and their representatives were involved in making decisions about their care and support.

People were provided with a suitable range of nutritious food and drink.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff communicated with people in a caring and compassionate way.

People and their relatives were able to discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy was supported and respected.

People, when able, were involved in reviews of the care being given. If people were unable to do this the staff sought the support of advocates to speak on behalf of people.

**Good**



### Is the service responsive?

The service was not consistently responsive.

**Requires improvement**



# Summary of findings

People were not always given choices and treated with dignity and respect that promoted their independence.

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

## Is the service well-led?

The service was not consistently well led.

There were systems in place to monitor the service's progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively, but some shortfalls had not been identified.

The staff were aware of the service's ethos for caring for people as individuals and putting people first. The registered manager led and supported the staff in providing compassionate and sensitive care for people, and in providing a culture of openness and transparency.

People said that they felt listened to and that they had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service.

**Requires improvement**



# 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 November 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We

looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We met all of the people living at the service and had conversations with five of them. We spoke with four members of staff and the registered manager. Before the inspection we spoke with a visiting professional who had regular contact with the service.

During our inspection we observed how the staff spoke to and engaged with people. We looked at how people were supported throughout the day with their daily routines and activities. We reviewed four care plans of the people living at the service, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service on 25 September 2013. There were no concerns identified at this inspection.

# Is the service safe?

## Our findings

People said they felt 'safe' being cared for by the staff of the service. Comments from people were, "I am very well looked after." "I have been in a lot of places, but this is the best home I have been in." "I am happy here and I have been living here a long time." "I like the staff. I can go to the manager if I am worried; she knows how to sort things out."

The provider had policies and procedures in place for when new staff were recruited, but these were not been consistently followed. This potentially left people at risk of receiving care and support from unsuitable staff. All the relevant safety checks had not been completed before staff started work. Recruitment records did not consistently demonstrate that all employment checks were carried out satisfactorily before staff began working at the service. Six existing staff members files were looked at and one new member of staff's file was reviewed. All files contained recent photographs of staff. Of the seven files reviewed, each one had some required information missing, however, it was not the same information for all staff members. Two files did not have appropriate references which demonstrated evidence of conduct in previous employment in health and social care; one only contained a reference from a landlord confirming address details. One file did not contain a satisfactory explanation of gaps in employment, another did not have any educational or qualification history or proof of qualifications achieved.

In each of the recruitment files, there was a record of the interviews held however; the comments mainly covered what was discussed about the role being offered. Some of the comments were vague about discussing previous experience. On one person's form in the previous experience section it stated "Discussed, moved to the UK in April and is willing to have a career in care and train towards care."

Other safety checks had been completed including Disclosure and Barring System (DBS) checks. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Successful applicants were required to complete an induction programme and probationary period.

The registered person had not ensured that all the information was available as required by Schedule 3 of the

Regulations before new members of staff started work. This was a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were policies and procedures in place to make sure people were protected from any financial abuse. These had not been consistently adhered to by the staff. Overall, people's money was managed safely and in their best interest. This included maintaining a clear account of all money received and spent. Money was kept safely and was accessed by senior staff only. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to. However, on some of the receipts of people's spending, there were occasions when people ate out, and their personal money had been used to pay for a staff meal as well. The registered manager and provider took immediate action to rectify this. The spent money was going to be immediately refunded to people.

People's money was not fully protected and people were at risk of having their money spent inappropriately. This was a breach of Regulation 13 (6) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe. Visiting professionals said that any safeguarding issues that occurred were addressed immediately by the registered manager. They said they were discussed and acted on. Changes to risk assessments and care plans were made to reduce the risk of reoccurrence. People looked comfortable with other people and staff. People said and indicated that if they were not happy with something they would report it to the registered manager, who would listen to them and take action to protect them. Staff knew people well and were able to recognise signs through behaviours and body language, if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service, if they felt they were not being dealt with properly. When concerns had been raised, the registered manager had taken prompt and appropriate action. They had informed the local safeguarding team and other agencies. Further investigations had been carried out in



## Is the service safe?

line with safe guarding policies and procedures. The registered manager continued to monitor for any situations which may present a risk to people and had provided extra support for people and the staff.

There were policies and procedures in place to make sure that people received their medicines safely and on time. People's medicines were managed by staff. All medicines were stored securely for the protection of people. People told us that they received their medicines when they should and felt staff handled their medicines safely. Staff had received training in medicine administration, which was refreshed every year. Direct observation checks were also carried out on staff when they were giving people their medicines to make sure they were doing it safely and were competent.

There was a medicines administration staff signature sheet which held details of all the staff at the service who were able to give out medicines and sign the medicines administration record (MAR) sheets. There were photographs of each person at the front of their section within the MAR sheet folder. Medicines were in blister packs and colour coded depending on the time they needed to be given. There was appropriate medicine storage in place and medicines which required being stored in cooler temperatures were stored in a fridge. Temperatures were recorded for the room and the medicines fridge daily and over the last three months the temperatures had been within the required range. Staff explained how they would escalate concerns if the temperatures fell outside of the recommended range. People, who were prescribed medicines which required regular and close monitoring by having regular blood tests, were supported to attend planned appointments.

Some people needed medicines on a 'when required' basis (PRN), like medicines for pain or behaviours. People were at risk of receiving their PRN medicines inconsistently and unsafely as there was no guidance or direction for staff on when to give these medicines and the side effects that may occur. Some drugs were stored in a locked cabinet separate from other storage facilities in the medicines room. There were other items such as injections which were given to people by district nurses stored in the same locked cupboard. There was unnecessary access to the cupboard and if any medicines went missing it would have been difficult to trail who had access to the cupboard and when. Spot checks were carried out on the medicines and these

were accurate. There were bottles of liquid medicines which had not been dated when they had been opened therefore it was not possible to tell whether they had been open longer than advised.

People were at risk of not receiving all their medicines safely and consistently. This was in breach of Regulation 12(2) (g).

Regular maintenance checks were made on systems like the boiler, the fridge and the electrics and gas supply. Equipment had been serviced and regularly checked to make sure it was in good working order. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. There were emergency evacuation plans in place in case a fire did occur. Staff and people were regularly involved in fire drills to make sure people were aware of how to leave the building safely in case of a fire.

The fire risk assessment was carried out in September 2015. There were some recommendations made including "Many fire doors need attention, adjustments, repairs or upgrading. The fire doors are not checked on a regular basis". The action stated "It is recommended that any outstanding repair work/upgrading of fire doors should be carried out without delay". The registered manager said that all but one of the fire doors had been improved and the last one was going to be completed imminently. Fire warning system records showed that tests had been carried out monthly. The last fire drill was carried out in July 2015 and there was a register of all people who had been evacuated.

Personal emergency evacuation plans (PEEPs) were not adequate and did not contain information about people's individual needs during an emergency evacuation. There was a sheet in place which listed four people who needed assistance from one member of staff to evacuate and two people who required the assistance from two members of staff to evacuate. The PEEPs did not cover the rest of the people in the service and did not give enough details about their needs and how they should be supported including what equipment they needed.

There was a risk that people's safety in the event of a fire may be compromised as staff did not have the individual guidance in place to support them in an emergency. This was in breach of Regulation 12(2) (e).



## Is the service safe?

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. More analysis could have been undertaken to identify patterns and trends. Incidents and accidents were discussed with staff so that lessons could be learned to prevent further occurrences.

On the whole risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the home or in the local community and using transport. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People could access the community safely on a regular basis. When some people were going out, they received individual support from staff. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

People said that there was enough staff working at the service to support them. One person commented, "There is always enough staff around. They always have time to

speak to us". Shifts were made up of one team leader or senior, with three care staff in the morning and a team leader and two care staff in the afternoon. Overnight there was one member of staff on duty with another asleep who would help out if needed. At times there were not enough staff on duty to undertake allocated tasks like laundry and cleaning. A cleaner had recently been employed to work four days a week and staff said that this was a help. There was also a dedicated manager or senior on call overnight in case of emergencies. Staffing levels were consistent during the week and over weekends. There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. When there were shortfalls in staffing, staff from another home covered shifts or the registered manager provided support and worked with the staff to make sure people received the care and support they needed. The service occasionally used agency staff as a last resort. They tried to avoid use of agency staff as it was not in the best interests of people. The duty rota indicated that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. On the day of the inspection the staffing levels reflected the number of staff on the duty rota and were enough to meet peoples' needs.

# Is the service effective?

## Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. They said that staff were good at what they did. People told us they were “happy” and “liked” living at Phoenix House. One person said, “I like living here, we all get on most of the time”. Visiting professionals told us that staff contacted them promptly if there were any concerns and acted on the advice or changes to people’s care and support.

People had a wide range of needs. Some people’s conditions were more complex than others. There were shortfalls in staff training. Some staff had not completed all the training they needed to make sure they had the skills, knowledge and competencies to meet all people’s needs. For example, some staff had not completed mental health awareness and challenging behaviour training. Others had not completed first aid training and Mental Capacity Act training. Staff had not received training in diabetes and there were several people who had this illness. There was a risk that people may not receive the care and support that they needed as staff had not completed the necessary training. These were very important and relevant areas of training needed to support people safely and effectively. The registered manager informed us that they were in the process of changing their training programme so that it was linked to standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The manager was introducing the new Care Certificate for all staff as recommended by Skills for Care.

Staff told us they felt supported and that the training they had completed was ‘good’. Staff were knowledgeable about the training they had received and they were able to tell us what training courses they had completed. Some staff were able to explain about the training they had done and how they put this into practice when caring and supporting people. The registered manager kept a training record which showed when training had been undertaken and when ‘refresher training’ was due. Regular training updates were provided in subjects, such as, moving and handling, first aid and infection control. The registered manager had identified the shortfalls in staff training and there were

plans in place to make sure all staff received the training that they needed. Staff had some opportunity to complete other training relevant to their roles including person centred care.

The registered person had not taken all the necessary steps to make sure all staff were suitably qualified, competent skilled and experienced to work with people. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received inductions when they started working at the service. The induction consisted of time spent going over policies and procedures, getting to know the service and the people living there. As part of the induction period, new staff shadowed existing staff to get to know how things were done. There was one new member of staff going through their induction at the time of the inspection. The staff member’s personnel records showed that they were going through the induction which was being signed off by the registered manager at each stage. There were goals set with different timescales such as within the first week, first month and first three months of employment. Staff explained that over the first three months they spent time getting to know people and their needs. Staff said they were supported through their induction and were comfortable asking for guidance when needed.

Staff told us that they did feel supported by the registered manager. They said that they were listened to and were given the support and help that they needed on a daily basis. Staff received supervision regularly. Staff said that they found the supervision sessions supportive and helpful. Records showed that they included observations of staff such as assessing punctuality, communication and documentation, attitudes to colleagues, quality of care and knowledge of policies. It also gave staff the opportunity to raise concerns. When staff had raised concerns this had been acknowledged by the registered manager and plans had been put in place to address this. Training needs were also identified as part of supervision. Staff said they were able to ask for additional training if they wanted to do something and it would be considered by the registered manager. Annual development plans were put in place for each staff member. These identified the training needs for staff, reviewed performance and allowed staff to comment

## Is the service effective?

on their progress. They were linked to performance and development reviews. Staff said they updated these yearly and that it was a fair and open process for them to receive feedback.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated.

Staff knew what they had to do. There were daily co-ordination sheets in place for staff to complete which detailed any specific observations of people, if anyone was out or in hospital, any maintenance issues and emergency/incidents that occurred. On the back of the sheet was a delegation sheet which set out staff duties for each shift, like which staff were going to support people on trips out or with their laundry or other activities. Staff were clear about what they had to give people the care and support they needed.

People were in control of their care and treatment. Staff asked for people's consent before they gave them care and support. If people refused something this was recorded and respected. People had recently been offered a flu injection, some had consented to this, others had refused. Before people did activities or went out staff checked with people whether they had changed their mind and respected their wishes. A person had changed their mind about attending an activity and the staff had re-arranged their plans.

The registered manager of the service had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. They had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. There were mental capacity assessments in place to determine whether people had capacity or not to make decisions. When people's behaviour changed and there were changes made to their medicines, these decisions were made by the right clinical specialists with input from relatives and the staff. When people lacked capacity to give consent to these changes there was a mental capacity assessment available and best interest decision making was recorded. People had received advocacy support when they needed to make

more complex decisions. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests. The registered manager had applied for deprivation of liberty safeguards (DoLS) authorisations for people in the past. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible and the registered manager constantly kept this under review when people's needs changed and new situations arose.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People had an annual health check with their doctor. The staff actively sought support when people needed it and did not work in isolation. People were supported to make and attend medical appointments. People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

We received feedback from a health care professional who was involved with the service. They told us that their experience of working with the people and staff at Phoenix House was a positive one. They had witnessed people being treated with respect and dignity. One professional told us, "They have good understanding of people's needs and know how to support them. They are very good".

Visiting professionals said that there was clear and effective communication with the staff. Regular reviews were held when people's care was discussed in full and the staff were able to provide documentation if there had been any issues. They told us that the staff asked for advice and support if they are unsure how to manage certain situations and in regard to more complex mental health issues.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. People told us, that they liked the food and they could choose what they wanted to eat. In a recent 'residents meeting' people had requested different meals like egg and chips

## Is the service effective?

and different types of pasta bakes. This had been incorporated into the menu. People said “The food is brilliant here” and “We can have what we like”. One person said “I have a special diet. The staff here are really good and know what I can and can’t eat and what I like. Whatever you want, they get you. Staff ask every day what I want to eat and there is always a choice”.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people’s choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could have drinks and snacks when they wanted to. Some people had coffee/tea making facilities in their rooms so they could be more autonomous and

independent. Staff included and involved people in all their meals. People often went out to eat in restaurants and local cafés. When people were not eating their meals because their mental health was deteriorating or they were unwell the staff made sure they had lots of small snacks throughout the day to make sure they had enough calories to maintain their weight to remain as healthy as possible. The amount of food and drinks they had was closely monitored to make sure they were having adequate amounts to keep healthy and hydrated. Some people had specific health needs like diabetes and staff positively supported them to manage their diets to make sure they were as healthy as possible.

# Is the service caring?

## Our findings

Some people had lived at the service for many years. They said they were very happy living at Phoenix House and would not want to be anywhere else. One person told us, "I have lived in many places over the years but this is the best place I have been. This is my home now". Visiting professionals reported, 'The atmosphere is calm and warm. There was a positive relationship between staff and residents. Staff are clearly motivated and respect towards residents was clearly evident'.

There was a relaxed and friendly atmosphere at the service. People looked very comfortable with the staff that supported them. People chatted and socialised with each other and with staff and looked at ease. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Throughout the inspection exchanges between people and staff were caring and professional. Staff explained things to people and took time to answer people's questions. One person told us: "The registered manager's really kind and good. You can talk with any of the staff. They always help".

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people liked to go out in the local area and others preferred to stay in their bedrooms, others liked to join in the activities and some enjoyed sitting and watching what was going on. This was respected by the staff. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests. Staff responded quickly to people when they asked for something. One person called for a staff member to help them find something. The member of staff immediately gave a kind response and went to help them.

The registered manager and staff, demonstrated in depth knowledge of people. All staff spoke about respecting people's rights and supporting people to maintain their independence and make choices.

Staff spoke with people in a friendly and pleasant manner. Staff respected people's privacy and knocked on people's doors and waited to be invited in. When staff wished to discuss a confidential matter with a person they did not do so in front of other people but asked the person if they could speak to them in private. Everyone said their privacy was always respected. One member of staff told us: "We all get on well, staff and residents". Staff made sure that they included people in all aspects of the day; they said that they treated everyone equally and fairly.

People told us there were lots of opportunities to express their views about their own support and about the running of the service. There were regular house and individual meetings. People told us their opinions were acted upon. They said that they enjoyed their lives at Phoenix House. Staff considered people's views and took action in line with people's wishes. One person said, "I have made my bedroom how I wanted it".

Staff involved people in making decisions about their care. People said that they were involved in planning their care. They told us that staff sat with them to discuss what care and support they wanted and what they did not want. They said they were involved in everything that happened at the service. One staff member told us, "We really try and support people to make decisions. We encourage people to make decisions for themselves". Staff understood about person-centred care.

Staff had knowledge of people's needs, likes and dislikes. People were called by their preferred names and the staff and people chatted together and with each other. A person said "I get up early and go to bed when I like"; and another said, "I am really happy here." People were supported to continue with their religious beliefs. People found comfort in this.

The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and received the care and support that they wanted in the way they preferred. Those who could not express their needs received the right level of support, for example, in managing their food and drink. When people did become distressed or agitated, staff intervened and used appropriate de-escalation techniques, including listening and distraction skills.



# Is the service responsive?

## Our findings

When people received their medicines they were not always treated as individuals and with dignity and respect. All medicines were stored in a central location. People's care plans did not show any assessments that considered if people wished, were able, or could, with support, take control of their own medicines. Staff gave out medicines four times a day. When staff were giving out medicines at 12:00 p.m. people were called to the medicines room and asked to queue up outside the door. The door was a stable type door that opened at the top so that the staff member could pass the medicine across keeping the bottom of the door closed. Another member of staff stood at the back of the queue and asked people to open their mouths to confirm that they had swallowed the medicines. Staff confirmed that this was how medicine was given out each time. Staff said, "This is the way it has always been done". The registered manager agreed that they were not treating people individually and respectfully and would review how people received their medicines from now on.

People were not always treated with dignity and respect that promoted their independence and autonomy. This was a breach of Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had assessments before they came to stay at the service that were then reviewed and updated once people had arrived. The registered manager said that they took time to do this so they got to know people well first. People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Phoenix House. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person.

When the assessment period was completed an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way

that suited them best. Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. This was confirmed by visiting professionals who said, "Staff pick up on small changes in peoples' health very quickly and they let us know. We can then take action to hopefully prevent peoples' health deteriorating". Some people needed help with their mobility and mobilised using walking aids or wheel chairs. Care plans on how to move and transfer people safely were very detailed and precise to make sure people were safe and comfortable.

People decided what they wanted to do and when they wanted to do it. Information was included in people's care plans about their preferences about how they wanted to be supported. Staff were familiar with people's likes and dislikes in regards to their personal care, hobbies and interests, outings, holidays and activities in and outside the service. Throughout the day of the inspection people were offered choices about how they spent their time, the food they wanted and social activities. People had the choice about when they got up and went to bed.

People's independence was supported and most people went out and about as they wished. People told us they were able to make choices about their day to day lives and staff respected those choices. Everyone worked together to respond to people's individual needs to make sure people got the help and support they needed. Staff supported people to be as independent as possible.

People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. Relatives came to visit and people were supported to visit their families. Some people went to stay with their families overnight.

Each person had a key worker. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. The registered manager organised the team and matched people with compatible personalities and skills. Some people had chosen their key worker. People had meetings with their key worker at least



## Is the service responsive?

once a month to review their care and support and say what they wanted. People talked mainly about activities that they would like to try and events they would like to go to.

People confirmed that there were activities that they were supported and encouraged to take part in. Some people could go out on their own and came and went as they pleased. Other people needed support when they went out. People said that they were encouraged to go outside the service and shopping trips, visits to local places of interest were arranged. There were links within the local community, and people were supported to attend churches if they wished to do so. People told us about going to a social club in Canterbury called 'Umbrella' which they enjoyed as they met up with friends from other services and had a good time. One person told us "Staff always ask what I want to do. They do their best and put themselves out for us". Another person told us that staff took them to different places. They said, "Staff ask me often, I decide where and we sort it out". People had recently had a Halloween party and Barbeque and at the time of the inspection were planning for bonfire night. The service had outside agency called 'Active Lives' who visited every Wednesday afternoon to provide activities. There was a large colourful and pictorial display of activities displayed so people could see what was on offer. The activities include arts and crafts, quizzes and different games. People said they looked forward to Wednesday and that it was fun.

People said that they felt listened to and their views were taken seriously. If any issues were raised they said these were dealt with quickly. People's key workers spent time with them finding out if everything was alright with the person and if they wanted anything. There were regular meetings for people and staff. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. Sometimes people decided to remain in their rooms for periods of time. Staff encouraged them to come to the communal areas to socialise and eat their meals but respected their wishes if they chose not to do this. If people chose to stay in their rooms staff spent time with them doing activities if that was what they wanted.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. If a complaint was received this was recorded and responded to. Records showed the action that was taken to address the issue. The registered manager took all complaints very seriously, responded to them and tried to resolve the issue. People said that the registered manager and staff were approachable and said they would listen to them if they had any concerns. They told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did.

# Is the service well-led?

## Our findings

People, relatives and staff told us the service was well led. They said that the registered manager was approachable and supportive and they could speak to her whenever they wanted to. People and their relatives told us the registered manager listened to what they had to say and ‘sorted things out’ if there were any problems. The staff said the registered manager always dealt with issues in a calm and fair way. On the day of the inspection people and staff came in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. Despite the constant demands, the registered manager remained calm and engaged with people and the staff.

Quality assurance systems were in place but were not consistently applied. The registered manager and staff audited aspects of care both weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. The business manager, who was the providers’ representative, visited weekly to check that all audits had been carried out and supported the registered manager and the staff team. They completed an improvement plan which set out any shortfalls that they had identified on their visit. This was reviewed at each visit to ensure that appropriate action had been taken. People were at risk of receiving unsafe care and support because the audits had not identified the shortfalls that were found at the CQC inspection. Audits had not identified that staff files did not contain all the relevant checks to make sure the staff were safe to work with people. The audits had not identified that shortfalls regarding people’s medicines or that people’s money was being used inappropriately. Audits were not adequately identifying all the shortfalls in the quality of the service.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. This was a breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. Staff talked about supporting people to reach their full potential and be part of the local community. The registered manager

knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the service could only operate for the benefit of the people who lived in it with good team and management support.

Staff said that the registered manager was available and accessible and gave practical support, assistance and advice. Staff handovers between shifts highlighted any changes in people’s health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the registered manager. The registered manager clearly stated in the minutes of meetings the expectations in regard to staff members fulfilling their roles and responsibilities. Staff had delegated responsibility for auditing and monitoring key areas within the service like fire arrangements and medicines. The registered manager had recognised the challenges of the service and was taking action to manage these.

Quality assurance questionnaires were given to people to assess their feedback about the service. There was an overview sheet which recorded how many people had responded and any additional points that they had raised. Where people had made comments, the action and outcome had been recorded such as “Meal chart”, “Key working sessions” and “Plan for CPA”. Questions included “Do you know who to go to with any concerns”, “Do you agree with your plan of care” and “Do you feel supported by the manager of the home”. One person had replied that they felt the registered manager “Has a good team of staff”.

Quality assurance questionnaires were also sent to family, friends and care professionals who visited the service. For the most recent survey where the results were published in 2015, the service received 10 responses. Feedback was positive and additional comments included “Staff work well with service users who are challenging and build up positive relationships with them” and “I feel Phoenix House is managed very well”.

Staff were sent quality surveys to assess staff opinion of the service. Questions included “Do you feel Phoenix Care Homes offers enough training?” “Do you read care plans

## Is the service well-led?

prior to delivering care?” and “Could communication be improved?” If yes, how? Staff had responded with their suggestions such as “More staff meetings to improve communication”. The comments had been acknowledged by the registered manager and meetings were held regularly.

‘Service user’ meetings were held regularly at the service. The most recent one was held in September 2015 and people were given the opportunity to discuss the menu. People said that they would like chicken stew and dumplings added to the winter menu. Also people were asked what they would like to do for Halloween. They chose to have a barbeque and people told us this had happened.

Spot checks were undertaken by the business manager during night shifts. The outcome of the spot checks was communicated to the registered manager and where shortfalls were identified, the manager was asked to put actions in place to rectify the issues. On one spot check, the business manager found that there were no staff available for over 40 minutes when they arrived. This was addressed through the company disciplinary policy and an investigation was undertaken.

Staff meetings were held regularly. Meeting minutes showed that meetings were used to communicate any changes and updates to staff and allow staff the opportunity to discuss and raise any concerns or suggestions that they had. Staff said “I find them useful to find out what is going on” and “We are encouraged to have our say”. Minutes showed staff were also informed of training opportunities such as “Staff now have access to the care certificate courses online and these need to be completed within 12 weeks”.

Homes that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the home in the last 12 months. This was because important events that affected people had occurred at the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider had not obtained all the information as stated in Schedule 3 for each member of staff.

Regulation 19 (3)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People's money was not fully protected and people were at risk of having their money spent inappropriately.

Regulation 13 (6) (c).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were at risk of not receiving all their medicines safely and consistently.

There was a risk that people's safety in the event of a fire may be compromised as staff did not have the individual guidance in place to support them in an emergency.

Regulation 12 (2) (g) (e).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were at risk as there were times when there were staff on duty that were not suitably qualified, skilled and experienced to meet the needs of service users.

This section is primarily information for the provider

## Action we have told the provider to take

Regulation 18 (1)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

People were not always treated with dignity and respect that promoted their independence and autonomy.

Regulation 10 (1) (b).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not identify and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity.

Regulation 17 (1) (2) (b).

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.