

Precious Homes Support Limited

Phoenix House

Inspection report

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30 September 2022
26 October 2022

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29 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Phoenix House is a care home providing personal care and support for people with a learning disability and autistic people. The care home is registered for 9 people. At the time of this inspection there were 6 people using the service. Each person lived in their own flat arranged around a courtyard garden with communal spaces.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: The service was set up to enable people to be independent and have choice over how they lived their lives.

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, however, one person's needs meant people did not get a full choice over how they used communal spaces. The provider was taken appropriate action to address this and safeguard people's freedoms.

Right Care: The provider was working with health and social care professionals to ensure care was tailored to each person to improve their health, wellbeing and experiences. Staff respected people's dignity and privacy.

Right Culture: The manager had begun to create a learning culture at the staff and create an environment where people were fully included in their care and live meaningful lives.

The provider was managing risks to people's safety and ensured people received their medicines as prescribed. There were enough staff at the service to meet people's needs.

Staff understood how to support people when they were distressed and steps were in place to reduce the use of physical restraint.

The manager had been in post for two months and had begun embedding improvements at the service to ensure people were supported to live meaningful lives of their choosing. The manager was undertaking a review of the culture at the service to ensure staff morale was high.

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

Rating at last inspection

The last rating for this service was good (published 17 May 2019)

Why we inspected

We received concerns in relation to poor quality care delivery. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an 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.

Service and service type

Phoenix House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Phoenix House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post. The new manager had applied to become the registered manager of the service. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. The inspection activity started on 30 September 2022 and ended on 26 October 2022. We visited the service on 30 September 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We greeted everyone who lived at the service and 3 people showed us round their flats. We made observations of the service. We spoke with 4 members of staff including the manager, deputy manager and 2 support workers. We met with a member of the provider's behavioural support and 3 visiting health and social care professionals. We reviewed a range of records about the running of the service including 3 people's care plans and medicine administration records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

We carried out the inspection to check on the safeguarding processes in place. We found no evidence during this inspection that people were at risk of harm from this concern.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system to safeguard people from abuse. A relative told us, "Every time I go to see [person they] are happy." Staff understood how to spot signs of abuse and how to follow the provider's procedure to report concerns.
- Records showed the provider had complied with procedures and worked with the local authority to investigate allegations of abuse.
- The new manager was qualified to monitor the use of restrictive practices. Staff used physical restraint as a last resort, and we saw the provider had booked staff for further accredited training where required to ensure they kept up to date with skills to keep people safe.

Assessing risk, safety monitoring and management

- The provider had identified the risks people faced and had put plans in place to mitigate them. For example, where a person had a nut allergy, staff were aware, there was a system to inform agency staff members and appropriate signage and records were in place to alert people to the risk.
- The manager was working with a multi-disciplinary team to put risk assessments in place to meet people's complex clinical needs. The provider had booked training for staff to understand how to meet these needs.
- Where a person had come to harm because a risk assessment had not been followed the manager had put a plan in place to prevent the situation happening again.
- Staff understood how to support people if they became distressed. The manager had put a plan in place to increase staff confidence in supporting people when they were in the community to ensure people could live a full life.
- The provider's latest fire risk assessment showed there was a moderate risk. The provider had recorded that they had made improvements to the service to reduce the risk.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Mental capacity assessments were in place. These were clear but did not cover each decision the person needed to make. The provider had a plan about how to improve these
- Staff understood the principles behind the MCA and helped people to have independence.
- We saw people were given choices about what they wanted to do and relatives told us staff spoke to their family members about their choices.

Staffing and recruitment

- There were enough staff to meet people's needs. We observed that people were receiving care from the correct number of staff and the management team also supported people where needed.
- Relatives told us there were normally enough staff, "There's always someone with [person. They] are never left alone.
- The provider had deployed extra staff at night for a person with epilepsy to ensure they were safe while they were working with the local authority to increase the support the person received.
- Safe recruitment procedures were followed to ensure staff were safe to work in the caring profession. Records showed that references were obtained, any employment history gaps were explored, and criminal record checks were carried out. 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

- People were receiving their medicines as prescribed. Staff understood how to support people to take the right medicine at the right time. A medicine administration record (MAR) had been handwritten but not checked for accuracy and countersigned in line with best practice. The manager took steps to rectify this during the inspection.
- Medicine administration records showed when people had received medicine on an as required basis and there were guides in place to show when these were needed. The provider had a system in place to reduce reliance on medicines used to restrict people. Care plans stated that these medicines were to be used as a last resort and gave information to staff about how to deescalate situations instead.
- People were supported to take their medicines in their own flats to create privacy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. The provider had taken a person-centred approach to PPE use and where PPE was not worn there was an appropriate risk assessment in place.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People received visitors in line with national guidance.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong. Incidents were accurately recorded and staff reflected on what could be done differently.
- The manager recognised that the service could not meet 1 person's needs. The manager ensured the person's placement was being reviewed and was changing the policy to ensure that people were involved in decisions about who they lived with and that everyone's wellbeing would be considered in the future.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 new manager was promoting a positive and empowering culture at the service. The manager told us, "The main priority is quality of life. Often people are just concerned with keeping people safe, as long as they get medicines and a shower and food that is OK. But it's not enough for a good quality of life."
- The provider had a plan to increase people's positive approach to risk taking to help them live fuller lives. There was a plan in place to increase staff confidence about supporting people with this.
- Staff told us there were plans in place to regularly review and reduce restrictions people faced and they were going to receive more training about this. Meeting minutes showed that this was discussed at team meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The new manager understood their responsibilities under the duty of candour and was open and transparent about where the service needed to improve.
- Relatives told us that staff updated them quickly about their family member and "would not hide anything."
- The service was not able to meet 1 person's needs and this had a negative impact on the wellbeing of the other people living at the service. The provider had worked with professionals to review the person's placement.

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

- The service was run by a manager, 2 deputy managers and a shift team leader. Staff were clear about their roles. A relative said, "The new manager has called me to introduce themselves. [Person] has freedom to do what [they] want to enjoy [themselves]. I give them 9/10 for the care provided."
- Team meetings were used to reflect on good practice and to de-brief after incidents.
- The provider had systems in place to monitor the quality and safety of the service and there was an action plan the manager was working through to continually improve the service and its culture.

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

- The provider involved people, their families and professionals in care planning.
- We saw care staff communicated with people to involve them in day-to-day decision about their care.
- 1 relative said they would like to be more involved in care planning and the new manager told us how they were improving communication with families. On the day of the inspection, we observed a care meeting that the person's family member had been invited to get their views about the care and support the person needed.
- The provider was ensuring that treatment plans were embedded at the service and understood by staff.
- Incidents where people had harmed themselves or others were escalated to the provider's behavioural support team for further support in line with the service's procedures.