Care Quality Commission

Phoenix Residential Care Homes Limited

Phoenix Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 16 and 18 November 2015. Breaches of legal requirements were found. We took enforcement action and required the provider to make improvements to become compliant with Regulation 9, 13, 17 and 18 by 11 April 2016. The provider sent us an action plan which stated they would meet the regulations by 01 March 2016. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 9 (1) (a)(b)(c)(3)(a)(b)(c), Regulation 13 (1)(2)(3)(4)(a)(b)(5), Regulation 17 (1)(2)(a)(b)(c) and Regulation 18 (1)(2)(a).

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Phoenix Residential Care Home on our website at www.cqc.org.uk'.

The inspection was carried out on 12 April 2016. Our inspection was unannounced and there were 14 people living at the service. This was a focused inspection to follow up on actions we had asked the provider to take to improve the service people received. The provider sent us an action plan which stated that they would comply with the regulations by March 2016.

The service did not have a registered manager. The previous registered manager had ceased working at the service in August 2015. The provider had made an application to become the registered manager with the Care Quality Commission when we inspected.

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 2014 and associated Regulations about how the service is run.

At this inspection we found that some improvements had been made but the provider had not completed all the actions they told us they would take within the timescales they had given us. In particular they had not met the requirements of the warning notices we issued at our last inspection.

Systems were not in place to ensure people received their medicines as prescribed by their GP. People did not have their prescribed medicines for a period of up to two weeks, as a process was not in place for the ordering and receiving of people's medicines. Medicines administration had not been recorded effectively.

Procedures had not been followed in relation to the Mental Capacity Act 2005. Some people had not been supported or a mental capacity assessment completed before decisions were made on their behalf. A mental capacity assessment determines if a person has the capacity to make specific decisions about their lives.

Staff received training relevant to their roles such as infection control and moving and handling. However, staff had not received training in first aid and Parkinson's to enable them to safely support people. Staff felt supported in their role by the provider/manager.

Systems in place to review people's care plans had not always been followed or completed. Records showed that people were not always offered the opportunity to have a bath or shower.

Processes were not followed to monitor and improve the quality of the service being provided to people. The provider had quality assurance systems in place but these had not been completed consistently to ensure the safety of people using the service.

Staff had undertaken safeguarding training and were aware of their role and responsibilities in relation to safeguarding people. Staff gave examples of the potential signs of abuse and who they would report any concerns to, such as, the local authority or the police. People told us they felt safe living at the service.

Assessments had taken place to ensure there were enough staff on duty to meet people's needs. Staffing levels had increased since the last inspection. A domestic member of staff had been employed to carry out cleaning and laundry tasks to enable the support staff to provide care and treatment to people .

Staff had been trained to understand their roles and responsibilities in relation to offering people choices about all aspects of their lives.

Care plans contained the information staff needed to support people effectively. People had been involved in the development of their care plans which linked to a risk assessment if this was required.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. The breaches of Regulations found within this report will be checked at our next inspection. This service remains in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was not safe.

Systems were not in place to ensure people received their medicines as prescribed by their GP.

There were enough staff on duty to meet people's assessed needs.

People were protected from the potential risk of abuse. Staff had received training in safeguarding people.

We could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Inspected but not rated

The service was not effective.

People's capacity had not always been assessed or recorded in line with the Mental Capacity Act 2005.

Staff had not always received the training they required to fulfil their role and meet people's needs.

Staff felt supported in their role by the provider/manager.

We could not improve the rating for effective from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Inspected but not rated

The service was not responsive.

People were not always offered the opportunity to have a bath or shower.

People had been involved in their care plans which contained guidance for staff about meeting people's needs.

We could not improve the rating for responsive from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Inspected but not rated

The service was not well-led.

Systems were not consistently followed to monitor and improve the quality of the service people received.

We could not improve the rating for well-led from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

CareQuality Commission

Phoenix Residential Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Phoenix Residential Care Home on 12 April 2016. This was a focussed inspection to follow up on actions we had asked the provider to take to improve the service and also following concerns we had received since the last inspection. The inspection focussed on four of the five key questions we ask about services: is the service safe, effective, responsive and well-led.

The inspection was undertaken by three inspectors 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.

Before the inspection we looked at previous inspection reports, warning notices, action plans and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

During our inspection we spoke with four people about their experience of the service. We spoke with three staff, the provider/manager and the deputy manager to gain their views.

We spent time looking at people's records, medicine records and internal audits. We looked at seven people's care files, three staff files, the staff training programme and the staff rota.

Inspected but not rated

Is the service safe?

Our findings

At our last inspection on 16 and 18 November 2015, we identified breaches of Regulation 13, Regulation 18, Regulation 19 and Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken steps to protect people from abuse. There was not enough staff available to meet people's needs, recruitment information was not available for each person employed and risks relating to people had not been assessed or acted upon. We took enforcement action and required the provider to make improvements to become compliant with Regulation 13 and Regulation 18 by 11 April 2016. The provider sent us an action plan which stated they would meet the regulations by 01 March 2016.

The provider sent us the updates we asked for at regular intervals to show their progress. At this inspection we found that some improvements had been made and we found the provider had met the requirements of Regulation 13 and 18 for the safe domain. However, we found additional concerns with the management of people's medicines.

Prior to our inspection we received information that people had run out of prescribed medicines. Systems were not in place to ensure people received their medicines as prescribed by their GP. We looked at six people's medication administration records (MAR) for the four weeks prior to our inspection. We found 47 errors which included missing signatures from staff on the MAR, non-recording of when people were given 'As and when required' (PRN) medicines and four people had not received their prescribed medicines at all as there were 'none available'. Records showed that the four people were without their prescribed medicines for a period of up to two weeks. An audit of medicines was completed by the provider in February 2016, which found a number of issues including gaps on people's MAR and systems not being in place for ordering and receiving people's medicines. No action had been taken to rectify the issues that were found. The manager told us there had been problems and delays with obtaining people's prescriptions from the local GP surgery.

An effective clear system was not in place to ensure people received their medicines as prescribed by their GP. The provider told us that they had planned to change the process to a local pharmacy that would complete the whole ordering and delivering process. The provider had also planned to arrange the administration of medication training for staff with the local pharmacy.

The provider had failed to ensure people received their medicines as prescribed by their GP this was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection people told us they did not feel safe living at the service. At this inspection people told us they felt safe living at the service. One person said when asked if they felt safe "Yeah well there's no reason not to. The staff are very nice and the residents are alright". Another said they were frightened due to a recent storm and the staff "Were very good".

At the previous inspection the provider had failed to report incidents involving people to the local authority

safeguarding team. Staff did not have the information or knowledge they needed to report any concerns they had about people. At this inspection the provider had taken steps to protect people from the risk of abuse. Staff had received training about safeguarding people from harm and abuse. They were able to describe the potential signs of abuse they would look for and the action they would take if they suspected abuse. For example, contacting the local authority, police or the Care Quality Commission (CQC). The training matrix and staff records confirmed staff had received training in safeguarding people. People could be assured they were being supported by staff who knew how to report any concerns of abuse.

At the previous inspection the provider had failed to assess the number of staff that were required to meet people's needs. People, their relatives and staff told us there was not enough staff to meet people's needs. At this inspection the provider had assessed each person living at the service to ensure there was enough staff on duty to meet people's needs. Staffing levels had increased as a result of the assessment, three members of care staff were on duty between the hours of 8am and 8pm. People told us there were enough staff to meet their needs. One person said "I only press my call button and someone will come". Another said when asked if there were enough staff "Yes because there is always people about".

At the previous inspection care staff were also responsible for cleaning and laundry tasks. At this inspection a domestic member of staff had been employed to carry out cleaning tasks five days a week. The service appeared cleaner and without an odour which was previously present. People now felt safe living at the service with the staffing levels increased and said staff were there when they were needed.

Inspected but not rated

Is the service effective?

Our findings

At our last inspection on 16 and 18 November 2015, we identified breaches of Regulation 14, Regulation 13 Regulation 18 and Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not protected people from the risk of inadequate nutrition and dehydration, the provider had not assessed people's capacity to consent, the provider had not given staff the appropriate training, support and supervision to carry out their role and the provider had not protected people's safety and welfare relating to their health needs. We took enforcement action and required the provider to make improvements to become compliant with Regulation 13 and Regulation 18 by 11 April 2016. The provider sent us an action plan which stated they would meet the regulations by 01 March 2016.

At this inspection we found that some improvements had been made. However, not all people had been supported through a mental capacity assessment which determines if a person has the capacity to make specific decisions about their lives. Staff had not received training and support to meet all of people's specific needs. Therefore not all of the requirements of the warning notice had been met at this inspection.

At the previous inspection the provider had failed to comply with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). There was no clear guidance in place for staff to follow and staff had not been trained to understand their role in relation to the MCA. People had not been supported through a mental capacity assessment which determined if they had the capacity to make specific decisions about their lives. At this inspection staff we spoke with were able to describe their responsibilities under the MCA and gave examples of how they offered people choices. Staff explained that a best interest meeting would take place about a decision if people did not have capacity. Staff had received training in understanding the principles of the MCA and DoLS. People's capacity to make specific decisions about their lives had not always been assessed or recorded. We saw seven people's care files, three of these files did not contain any information relating to people's capacity. The other files contained minimal or incomplete information The manager told us they were aware of this and had planned to ensure these were completed.
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The provider had failed to act in accordance with the Mental Capacity Act 2005 when making an assessment of whether a person had the capacity to make certain decisions about their lives. This is a breach of Regulation 11 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection staff had not received supervision in line with the provider's procedure. At this inspection staff told us they had not received supervision with their line manager, however they did feel supported. One member of staff said "I do my job and if I need support they're there". Another said "I feel supported though ever so much so". Although staff had not received the formal supervision as outlined in the 'staff continuous professional development procedure', staff were receiving support. The provider had taken over as the manager of the service two days prior to our inspection and told us they had planned to meet with all staff individually.

At the previous inspection staff had not always received appropriate training to meet people's needs

including their specialist needs. At this inspection staff told us that they were receiving the training they required to meet people's needs with the exception of first aid training. The training matrix showed that ten of the thirteen staff had not completed training in first aid. Staff had received training in safeguarding people from abuse, infection control, moving and handling and basic food safety since the last inspection. One member of staff said when talking about training that "It's improving" and staff were now being offered the opportunity to complete additional courses. The provider had arranged for staff to choose some distance learning training courses they would like to complete. For example, understanding nutrition and health, equality and diversity and principles of dementia care.

At the previous inspection staff had not received training to meet people's specific needs such as diabetes, incontinence and challenging behaviour. At this inspection records showed that some staff had received additional training to meet people's specialist needs. For example, seven of the thirteen staff had received training in dementia and four of the thirteen staff had received training regarding the management of incontinence. Staff had not all been trained in these subjects, and staff had not received training in Parkinson's to meet people's specific needs. The provider had arranged for staff to complete the additional training which staff required.

Although there were improvements made to support and training for staff the provider had failed to ensure that all staff had sufficient support and training to carry out their roles which was a breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspected but not rated

Is the service responsive?

Our findings

At our last inspection on 16 and 18 November 2015, we identified breaches of Regulation 9 and Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to plan and deliver care which met people's individual needs, the provider did not have an effective system in place for managing complaints. We took enforcement action and required the provider to make improvements to become compliant with Regulation 9 by 11 April 2016. The provider sent us an action plan which stated they would meet the regulation by March 2016.

At the previous inspection people's preferred routines were not included in their care plans, such as whether they would like to have a bath or shower. Records relating to the support people had received had not been completed. At this inspection people told us they could have a bath or shower when they wanted one. One person said "I ask for a bath she (staff) will run the bath and then tells me when its ready". However, records showed that people had not been offered the opportunity to have a bath. We looked at seven people's bathing records. Four people did not have any information recorded. Records showed that one person was supported to have two baths in January 2016, three baths in February 2016 and one in March 2016. It was recorded in one person's bathing record from the 9 March 2016 that they were sore; this person was not offered a bath again until 6 April 2016. At the previous inspection people had not been involved in the planning and development of their care. Potential risks to people had not been assessed or recorded. At this inspection people told us they had been involved in their care plan. One person said "They run it by you if they want to do anything". Care plans were individualised and contained information and clear guidance about all aspects of a person's health and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, health condition support, communication and eating and drinking. Care plans recorded the person's ability, support required and the desired outcome; these were then linked to a risk assessment. People's care plans now contained guidance for staff on how people wanted to be supported and how staff could maintain people's independence.

Systems were in place to ensure people's care plans and assessments were reviewed with them on a regular basis. However, reviews had not always taken place or been recorded. Records showed that health condition support had not always been followed through. For example, it was recorded within a person's file for staff to 'follow up with the physio team'. Records showed that this had not been completed, which could have affected the person's health and well-being. The provider said that this would be addressed with the staff team.

The provider had failed to regularly review information relating to people's care and treatment. This is a breach of Regulation 9 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspected but not rated

Is the service well-led?

Our findings

At our last inspection on 16 and 18 November 2015, we identified a breach of Regulation 17, the provider did not have effective systems in place to asses, monitor and improve the quality of the service being provided to people This was to meet the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and required the provider to make improvements to become compliant with Regulation 17 by 11 April 2016. The provider sent us an action plan which stated they would meet the regulation by March 2016.

Since the last inspection the provider had taken the decision to manage the service themselves. The provider had been supporting the deputy manager to make the improvements that were required but had taken the decision to apply to become the registered manager. The previous registered manager had left the service in August 2015. Therefore not all of the requirements of the warning notice had been met at this inspection.

At the previous inspection the provider did not have effective systems in place to assess, monitor and improve the quality of the service being provided to people. Audit schedules were in place but they had not been completed. At this inspection we found a process was in place to monitor the quality and safety of the service people received. This involved checks and audits taking place on a regular basis. Records showed that the audits and checks were not being carried out as per the provider's schedule. For example, the weekly fire alarm check had been completed for two out of the fifty two weeks prior to our inspection. Audits that had been completed had not generated action plans, this meant that identified issues were not being resolved. For example, the medicines audit completed in February 2016 had not improved practice as we found 47 errors between March and April 2016.

The quality assurance systems in place were not effective. A number of shortfalls had been identified through audits and actions had not been taken to rectify them. There were issues raised in earlier audits that were still present in later audits and on the day of the inspection. For example, the infection control audit had identified several trip hazards and a strong odour in one bedroom. On the day of the inspection we found all of the identified issues still present and no action had been taken.

Records showed a health and safety inspection report dated February 2016. This highlighted the kitchen fire extinguisher was missing a pin and when we checked this had been remedied. All accidents were being recorded correctly and people who lived at the service had their own incident/accident analysis sheets. We were unable to see if lessons had been learnt following accidents and action taken to address any potential issues. The provider/manager told us they had requested an external person to carry out health and safety audits. This audit was completed 29 February 2016. The provider/manager confirmed that an action plan was not in place from this audit, however they said this will happen in the future.

The water system audit dated February 2016 had identified that eight bedrooms and one bathroom were 'not to the required temperature'. The form recorded an action required as: 'Speak to the manager'. The provider/manager was unaware of these issues and there had been no audit or monitoring of the water

temperatures since the last audit.

The provider/manager needed more time to make improvements and changes to the service to ensure that improvements were fully embedded into practice and sustained.

Further improvements were required to effectively assess and monitor the quality of the service. This was a breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (3)(a) HSCA RA Regulations 2014 Person-centred care The provider had failed to regularly review information relating to people's care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 (1) (2) (3) HSCA RA Regulations 2014 Need for consent The provider had failed to act in accordance with the Mental Capacity Act 2005 when making an assessment of whether a person had the capacity to make certain decisions about their lives.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (2)(g) HSCA RA Regulations 2014 Safe care and treatment An effective clear system was not in place to ensure people received their medicines as prescribed by their GP.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care	governance Regulation 17(1)(2)(a)(b) HSCA RA Regulations 2014 Good governance Further improvements were required to effectively assess and monitor the quality of the service.