

# Newhaven Care Limited

# Phoenix House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive unannounced inspection was carried out on the 27 and 30 November 2018.

This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in November 2017 when it changed ownership.

The service is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Phoenix House is registered to support up to nine people. On the date of our inspection, nine people, with diverse complex needs such as learning disabilities, autism and limited communication abilities were being supported by the service.

The service embraced the values which underpin the Registering the Right Support. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager. 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 of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Improvements were required to ensure the risks to people's health and safety within the general environment were managed safely to mitigate the risk of potential harm and infection.

There were sufficient numbers of staff to meet people's individual care and support needs. Effective recruitment procedures were in place to protect people from the risk of avoidable harm. Staff understood their responsibilities in relation to keeping people safe from harm and abuse and the actions to take should they have concerns. Systems were in place for the safe management of medicines.

Staff felt supported and valued and were clear on their roles and responsibilities. People are supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. People were supported to access health and social care services. People's dietary needs were met by staff.

People were treated with kindness, compassion, dignity and respect by a consistent staff team. Staff knew people well and were sensitive to their individual care and support needs. They were committed to supporting people to live fulfilled and meaningful lives. People's independence was promoted and, where possible, they were encouraged to do as much as they could for themselves. People were supported to

maintain relationships with friends and families.

Care plans were person centred and contained information and guidance to enable staff to support people in line with their preferences. Care was regularly reviewed to ensure they reflected people's current needs. People were supported to pursue their interests and hobbies.

Although, the registered manager and staff were committed to providing good quality care, improvements were required to ensure the systems and processes in place to monitor the quality of the service and drive improvements were robust and met with regulatory requirements. The service encouraged feedback on the service provided to support continuous improvement.

We found one breach 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 five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Improvements were required to ensure the building was properly maintained and clean to prevent the risk of harm and minimise the risk of infection.

There were sufficient numbers of staff employed who had been safely recruited to meet people's needs.

Staff had received training in how to safeguard people from the risk of abuse.

Individual risks to people had been assessed and staff showed a good awareness of the risks to people and knew how to keep them safe.

### Is the service effective?

**Good** ●

The service was effective.

Staff received the training, supervision and support they needed to deliver effective care to people.

People were supported to maintain their health and well-being, including accessing health care services when required.

People were supported by staff to make their own decisions and choices.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and caring, knew people well, and had formed positive relationships with them.

People were treated with dignity and respect and their independence was promoted.

People were supported to maintain contact with friends and families.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and regularly reviewed to ensure they reflected people's current care and support needs.

People were encouraged to pursue their interests and hobbies and participate in activities which interested them.

There were effective systems in place to deal with concerns and complaints.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Improvements are required to ensure quality assurance systems and processes are robust to ensure regulatory requirements are met.

The service operated a transparent and open culture.

Staff felt valued and enjoyed working at the service. They were included in the running of the service and feedback was actively sought and acted upon.

# 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 the 27 and 30 November 2018 and was unannounced. This was the service's first inspection under its new registration. The inspection team consisted of 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.

Prior to our inspection, we reviewed the information we held about the service. This included reviewing a Provider Information Return (PIR) which the provider had submitted. 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 also looked at safeguarding information and notifications. Notifications are the events happening in the service that the provider is required in law to tell us about. We used this information to plan what areas we were going to focus on.

Not everyone was able to share their experiences of the care provided so we observed the interactions between staff and people, and the support provided in communal areas. During our inspection, we spoke with two visiting relatives, four care staff, deputy manager and the registered manager. We also received feedback about the service from two health care professionals. The registered manager was only available for part of the day when we visited the service on 27 November 2018. When we returned to the service on the 30 November 2018 we were supported by the deputy manager.

We looked at a range of records relating to people's care and support. This included three people's care plans, three staff recruitment files, training and supervision records, staff rotas, arrangements for medication, policies and procedures and information on how the safety and quality of the service was being monitored. We took a tour of the premises to check general maintenance as well as cleanliness and infection control practices within the service.

# Is the service safe?

## Our findings

The risks to people's health and safety within the general environment were not always managed safely to mitigate the risk of potential harm. We found some areas of the building to be unsafe, such as exposed wiring to the shower in one person's bathroom. We also observed cables not securely or appropriately fixed, cracked and missing tiles in bathrooms, damaged radiator covers and exposed radiators and pipes. We shared our concerns with the registered manager. They took immediate action to address these and advised works were in progress to refurbish the home, including the sourcing of suitable furniture which met the challenging needs of the people living at the service. We asked the registered manager whether there was a service improvement plan in place to evidence a planned programme of works. They told us there was no plan in place. We could not be assured the systems in place for the monitoring and on-going maintenance of the premises and equipment were sufficiently robust to ensure the safety of people living at the service. Shortly following our inspection, a service improvement plan was forwarded to the Commission.

People were not always protected from the risk of the spread of infection. We observed some people's bathrooms to be in a state of disrepair, such as chipped and missing tiling and damage to flooring. We also found mould on sealants and limescale in bathrooms. This presented a risk of the spread of infection. Staff were responsible for ensuring the service was clean however no cleaning schedules were in place to demonstrate what specific tasks staff had been completed. Although infection control audits had been completed, the robustness of these required improvement to ensure infection control measures were appropriate and people were kept safe from the risk of cross infection. One member of staff told us they found it difficult undertake cleaning as their primary focus was ensuring the people they were supporting.

We did not find people had been injured by the poor maintenance or affected by the spread of infection, however the above examples demonstrated a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us they felt the service was safe. Feedback included, "We know [name] is safe and very well cared for; it's a real peace of mind to know we can leave here with no worries about that. [Name] would let us know if they wasn't being looked after properly. If we take them out, which we do for breakfast sometimes, [Name] ask to come back home here, so that's how we know they are safe and feel happy here." And, "I know [name] is definitely safe with everything here. [Name] 'signs' home sometimes to come here when we are out. When they went through the 'settling in' period, they signed to come home with us but [name] doesn't want to come home to us at all now; just shows you how safe they feel here."

Up to date guidance on local safeguarding procedures was available to the registered manager and staff. Staff had received training in safeguarding adults, and were able to demonstrate an understanding of the different types of abuse and how to respond appropriately where abuse was suspected. Staff were confident any concerns would be listened to and actioned appropriately by management. Staff were aware they could contact external agencies such as the Care Quality Commission (CQC) to report any concerns of abuse. The service had a whistle blowing policy and staff told us they would feel confident to 'whistle blow' if required. There had been one safeguard alert since registration of the service. Records showed this had been dealt

with appropriately. One member of staff told us, "We all have a duty of care to safeguarding and I know if there are any issues to 'speak up' to the manager or senior staff, that's a priority."

There were systems in place to identify, mitigate and for the on-going review of the individual risks to people. Where risks had been identified, management plans had been put in place to minimise these; for example, in relation to choking, accessing the community and mobility. Staff had a good knowledge of people's identified risks and described how they would manage them. Staff told us that people's care plans and risk assessments contained sufficient information and guidance to help them keep people safe. This included guidance on preventing behaviours which challenge by recognising the triggers and strategies for staff to follow to help keep people safe, minimise the risk of behaviours escalating, whilst enabling and empowering people to have as much choice and control as possible.

Personal emergency evacuation plans (PEEPs) were in place for people. A PEEP provides guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. Records showed that staff were trained in fire awareness and how to respond to emergencies.

The provider followed safe recruitment practices. Staff files included application forms, proof of identity and references. Records showed checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people. Staff disciplinary procedures were in place to respond to any poor practice.

People were supported by a consistent staff team and rotas were planned to ensure there were enough staff to meet people's care and support needs. The registered manager told us staffing numbers were flexible to ensure people were able to do the things which were important to them at the time they wanted to; such as accessing the local community. They went on to tell us, which staff confirmed, that no agency staff were used. During our inspection, we observed sufficient staffing levels and people being supported in a timely way. Staff confirmed to us they felt there were enough staff to meet the needs of people living at the service.

Medicines were managed and administered safely. The medication administration records (MARS) we looked at were completed appropriately, recorded allergy information and a photograph of the person to make sure they were correctly identified. Where people had been prescribed medicines on an 'as required' basis for example for pain relief or the administration of buccal midazolam, there were protocols in place for staff to follow. Buccal midazolam is a medicine which treats seizures. Regular checks were carried out to ensure people were receiving their medication safely and correctly. We observed medicines being administered to people by a staff member who clearly knew people well and was sensitive to their individual needs.

Systems were in place to record and monitor incidents and accidents. There had been no significant incidents since registration of the service. The registered manager told us any lessons learned from incidents and accidents would be shared with the staff team to improve the quality and safety of the service.



# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The registered manager understood their responsibilities under the MCA and, where people had been deprived of their liberty, appropriate applications had been made to the supervisory body. Staff had received MCA training and understood the basic principles of the MCA and DoLS and the importance of offering choice and assessing whether a person could make a decision and the steps they should take to support decision-making. For example, presenting information in a way that people could understand and giving people the time to process information.

Staff received an induction when they started work at the service which included shadowing experienced members of staff, an orientation of the building, fire safety and emergency procedures and getting to know people.

People were cared for by staff who had the skills and knowledge to meet their needs. Staff told us they had received relevant training and guidance to enable them to perform their role and meet the individual needs of people. They spoke positively about working at the home, and told us they felt supported in their roles and received regular supervision. Records showed staff had received supervision. This meant staff received a structured opportunity to discuss their responsibilities, reflect on their performance and to discuss how they can further improve their practice. Staff told us both the registered manager and deputy manager were approachable and available for support and guidance at any time.

People were supported to access healthcare professionals and services, such as GPs, speech and language therapists, consultants, dentists and chiropodists. The service worked in partnership with health and social care professionals to ensure people received effective care and support. People had Hospital Passports and Health Action Plans. These are documents which include individuals' medical and support needs. They are used as a quick reference for sharing information with other healthcare professionals. This ensures continuity of care and reduces people's anxiety.

Feedback from relatives included, "[Staff] arranged for the speech and language team and the behaviour support team about 18 months ago. [Name] got the support they needed." And, "I know I can trust staff to

do all that [access to health care] and they do. They are quick to tell me of any changes or if [name] is not well." A member of staff told us, "I can usually tell if [name] is feeling unwell because they will want to stay in their bed and not do anything. We call the doctors for all residents straight away if we think this is needed."

People were supported to drink and eat enough and maintain a balanced diet. People were able to choose where they wanted to eat, for example in their own room or in the main lounge, and staff respected this. A member of staff who was preparing food in the kitchen told us, "I usually do the menus and the cooking, usually from scratch. Today is gammon and roasted veg. The kitchen door is always open to residents because it is their home." They went on to say, "No one requires any special diet but [name] needs their food mashed or blended; they are in danger of choking so we have all had the training and that's why all the lists are up on the window." We noted there was information clearly displayed, such as high food choking awareness, first aid for choking and dysphagia descriptor. The person's care plan recorded the care required in relation to their nutrition, together with associated risks. There was also evidence to show that the service was working with the speech and therapy team. A relative told us, "The food is good here."

Phoenix House is a three-storey building. People are free to access all areas of the home and garden area, including a sensory room, communal lounge and dining room on the ground floor. There is also a 'quiet' lounge on the third floor. Except for one person who had access to a separate bathroom, people had en-suites in their bedrooms. Some bedroom doors had been painted with scenes relevant to individuals. The registered manager said "We are very lucky [staff name] is able to do this on the doors and in some of the bedrooms. It makes the area more personal to the service user and easily recognisable. A couple of the doors have been replaced recently, which is why they are not painted, but they will get done."

## Is the service caring?

### Our findings

People living at the service had a range of complex care needs. Throughout our inspection, we observed positive and caring relationships and interactions between people and staff. Staff were supportive and respectful at all times to residents and each other. Staff spoke to people in a friendly and attentive manner and showed patience and understanding. People looked relaxed and at ease and the atmosphere within the service was calm and pleasant. Feedback from relatives included, "The staff are very good all round, and always very caring of all the residents." And, "Staff are always caring and supportive."

Staff we spoke with were able to demonstrate a good knowledge of the people living at the service. They spoke with confidence, giving examples of people's personal histories, likes and preferences. People's care plans contained detailed information for staff on what was important to people and their likes and dislikes. Where possible, people and their relatives were involved in the planning and review of their care.

People were encouraged to maintain relationships with their friends and families. We saw family members being welcomed and socialising with people living at the service and staff in an informal and comfortable way. A relative told us, "We can visit any time. [Name] signs if they want to phone home which staff help him to do." Another said, "We always get a warm welcome here. [Name] has been here about two and a half years; it is fantastic here. [Staff] are very good, the whole approach, they are just all so friendly and open. I think if we even came in the middle of the night we would still get a friendly welcome. Everyone speaks to us." The service supported people to make regular home visits to their families.

People's privacy and dignity was respected. We saw staff knocking on doors before entering people's bedrooms. One person's preference was to stay in their room and staff respected this. A member of staff told us, "Personal care is given to all residents except [name], who needs prompts only. I do respect their privacy and dignity, ensure their door is shut and talk through with them what we are doing. I ask if it is OK to do this, and take time to gain permission." Another said, "I always treat people how I would want to be treated."

People were supported by staff who understood the importance of promoting people's independence. A member of staff told us, "I make sure people are getting the best quality of life and encourage them to be as independent as possible." The registered manager told us, "We reiterate to staff we want to give people as much choice and preferences as they want to do on a daily basis. We try and use people's autism traits in a positive way. No matter how little it is, such as making a cup of tea we promote this and celebrate it."

People's diversity needs were respected and included in their care plans. For example, people were supported to attend a local church and staff respected another person's preference to listen to music in their own language, which they clearly enjoyed.

The service had information available on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. No one using the service was currently accessing advocacy services.

## Is the service responsive?

### Our findings

The registered manager told us they would undertake an assessment prior to people's admission to the service to ensure the service was suitable for them and could meet their care and support needs. Since registration of the service, there had been no new admissions to the service.

There was a strong commitment to person centred care. People's care plans were detailed and person centred. They provided information to staff on people's life history as well as information such as people's physical, emotional, psychological and communication needs. Care plans were reviewed regularly to ensure they were reflective of people's care and support needs.

One member of staff told us how they had recently set up monthly key worker meetings. They described to us how the meetings further aid the staff team to provide good quality care, such as the sharing of observations and identifying what people may enjoy doing. They added any relevant information would be incorporated into people's care plans. A healthcare professional told us, "I have noted the staff approaches to be both flexible and creative in meeting the needs of their residents, and my observations is of sustained engagement with a focus on activities of interest and including residents in all aspects of activities of daily living."

As highlighted in the Safe section of this report, people had behavioural plans in place to manage behaviours which challenge. During our inspection, we observed one person becoming agitated as they wanted to watch a You Tube video on a mobile phone but the battery required charging. Staff were quick to recognise the person's distress and immediately knelt by them and explained they would find a charger. The responsive diversionary action taken by the staff team prevented the person's behaviour from escalating. A short time later, we observed the person and staff member sitting on the floor in the reception area, relaxed, calm and watching the video which the person took immense enjoyment from. This showed us staff were proactive in taking a responsive, person centred approach to meeting people's individual needs.

The registered manager told us, "We try and ensure our service users live the life they would have lived if they had not needed any support. We look at all the different elements of their lives including their past history, friends and families and try new things. I always insist resources should never come in the way of what we need to deliver." A health care professional told us, "The service works with a number of our patients, most of whom have significant challenging behaviour and complex health needs. My experience of the service, via our review process, is that the staff all seem to be proactive and positive in their approach for working with this client group."

People were supported to lead meaningful and fulfilling lives and pursue their hobbies and interests. Each person had a personalised and detailed weekly planner. The documentation we reviewed showed the planned contained activities which were important to people such as train and bus rides, going to the airport, swimming, bike riding, choosing a book from the local library and swimming. One member of staff told us, "We have [the weekly planner] to refer to but we do not have to follow it exactly. Sometimes [name] does not want to go swimming and that's fine, it's their choice. We would never make anyone go

somewhere. We always explain the choices and allow people to make a decision." During our inspection we observed staff taking a person out to a local café, however when they returned to the service, it transpired they went on a train ride as they had chosen to do that whilst walking by the train station. Throughout our inspection we observed staff's flexibility to deliver personalised care such as ad hoc walks in the community.

Relatives were positive about the activities provided by the service. Feedback included, "[Name] is always doing activities. They went on a 5k run with staff for Great Ormond Street Hospital. They went to London with [staff name] and their family. [Name] wanted to join in, they were only going to watch. All went well." And, "[Name] likes going out in the community and does often. Always seem to be enough staff to take them." And, "[Name] went Christmas shopping last week with a few of the others. They are always given a choice of what they want to do."

People were supported to go on holidays and short breaks. Two people had visited Euro Disney in the summer and staff had supported them to get passports. A relative told us, "[Name] has had two holidays to Cornwall and Clacton."

From April 2016, all organisations which provide NHS or adult social care are legally required to following the Accessible Information Standard (AIS). AIS aims to make sure people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded people's communication needs. The registered manager informed us they would, where required, source suitable formats specific to people's needs, such as large print and pictorial. The deputy manager told us, following feedback from staff, they had arranged for Makaton training to be delivered in December 2018. Makaton training is a language programme designed to provide a means of communication to individuals who are unable to communicate effectively by speaking.

There was no one currently receiving end of life care. Although the registered manager advised us they would work with palliative care teams and support people's end of life wishes; people's end of life wishes had not been recorded in their care plans. The registered manager explained to us that families had not wished to discuss this aspect of their family member's care. They went on to tell us they would review this and ensure care plans were updated to record this information.

The service had effective systems in place to deal with complaints and compliments. Relatives told us if they had any concerns they would speak with the registered manager. They felt they would be listened to, and their concerns acted upon. A healthcare professional told us, "The manager is responsive to communication and responded very efficiently and effectively to a recent concern raised." Records showed there had been one complaint received by the service since registration, and this had been dealt with appropriately.

## Is the service well-led?

### Our findings

Audits and checks were in place to assess, monitor and improve the quality of the service, such as the safe management of medicines, infection control and health and safety. However, these had not identified the environmental issues we found during our inspection, as highlighted in the Safe section of this report. Although the registered manager took immediate action to address our concerns, improvements were required to ensure the systems and processes in place were robust and sustained to ensure compliance with regulatory requirements.

The service required, and did have, a registered manager. They were supported by a deputy manager with the day to day management of the service. Both managers were visible within the service and knew people well. Our observations showed they had built up positive relationships with people living at the service.

The registered manager was able to demonstrate an understanding of the principles of Registering the Right Support (RRS) and how the service was working in ways which were compatible with the values of RSS such as choice, promotion of independence and inclusion. Staff were committed to providing support to people to enable them to lead meaningful and fulfilling lives.

The registered manager promoted a culture of openness and transparency within the service to support learning and continuously improve the quality of the service. Staff confirmed this and told us they were encouraged, and felt able, to share their views and put forward any suggestions. For example, one member of staff told us how their idea to promote the use of Makaton had been taken on board to enable more effective communication. They went on to say a speech therapist would shortly be visiting the service to help the staff team implement this. Also, following feedback from staff, 'My adventure books' had recently been introduced which contained photographs and information on the various activities people had participated in. One member of staff described to us the enjoyment people got from these.

Staff felt appreciated and enjoyed working at the service. They told us regular staff meetings were held and they were provided with the support and guidance they required to enable them to fulfil their roles and responsibilities. They told us they could approach both the registered and deputy managers for support and guidance at any time. One member of staff told us, "It's a transparent service. We have weekly senior meetings and we discuss what has been happening, how best we can improve our working ethics, where we went wrong and how we can improve. [Registered manager] is supportive and gives clear directions."

Staff morale was good and staff told us they worked effectively together as a team. One member of staff said, "There's always enough staff and we work well as a team. We are there for each other and help each other. The team at the moment is one of the best there has been here." Another staff member told us, "I have been here two and a half years. I did leave for a short time to go to another home, but the staff did not work together like we do here and put the residents first. It just wasn't the same so I came back. I know [the building] may not look perfect but it's more important to work together to make sure the residents are getting the best care."

The registered manager encouraged feedback about the service. A staff survey had been undertaken in January 2018 and a satisfaction questionnaire had recently been sent out to relatives. Records showed responses to the satisfaction questionnaire were still being received and the deputy manager assured us a full analysis would be undertaken of these and an action plan put in place if required.

Personal records were stored in a locked office when not in use and information on the service's computers were password protected to ensure information was kept safe.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Improvements are required to ensure the premises and equipment are clean and properly maintained.