

Wellington Support Limited Phoenix House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Phoenix House is a residential care home for up to 15 people providing nursing and personal care to younger and older people living with mental health needs. At the time of inspection there were 9 people living at the home.

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.

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

Right support:

People were supported to take positive risks with staff support to ensure people were safe. Staff had the training and understanding to protect people from abuse and harm. Risk assessments were detailed with clear strategies to mitigate any known risks.

People received their medicines safely by staff who had the required training and competencies to do so. People were supported to be independent in taking their medicines when appropriate.

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.

People's health needs were met. Staff supported people to access healthcare support and referrals to healthcare professionals were completed as required. People were supported with healthy eating and maintaining a healthy lifestyle.

Right Care:

People were at the heart of the service. People were consistent in telling us, staff were caring and kind. People felt valued at Phoenix House and told us, staff promoted their dignity and independence, and treated them with respect. People were supported to learn new skills and maintain the skills they already had.

People were supported by a consistent staff team who knew them well. Staff had been recruited safely and had received sufficient training to support the people living at Phoenix House.

People's communication needs were recorded, and staff understood people's preferred communication.

The registered manager understood their responsibility to meet the accessible information standard and ensure all people were given every opportunity to understand information given to them.

Right Culture:

People had detailed plans of the care and support they required. Care plans were person centred and kept up to date. Equality and diversity was celebrated and people's individual needs were met.

Systems and processes were effective in ensuring the service was safe and improvements were made as required. The registered manager and provider completed regular audits to monitor and assess the service delivered. People, staff and relatives were asked to feedback on the service.

Staff felt appreciated and were consistently positive about the management of the service. Staff were supported within their roles and the registered manager supported staff with their wellbeing as well. Staff told us they enjoyed working at Phoenix House and felt respected at work.

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

Rating at last inspection

This service was registered with us on 16 September 2021 and this is the first inspection.

The last rating for the service under the previous provider was rated good (published on 14 January 2020).

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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.

Inspection team

The inspection was completed by 1 inspector.

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 with 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 a registered manager in post.

Notice of inspection

This inspection was announced to ensure the people using the service were not distressed by an inspector visiting.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority 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 spoke with 5 people who used the service about their experience of the care provided. We spoke with 7 members of staff including the registered manager, clinical lead, directors, nurses, and care workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People consistently told us felt safe at Phoenix House.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Risk assessments were recorded, and mitigating strategies were clear.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. One person told us, "Staff help me make good choices and decisions to reduce any risks."
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people. Staff and people told us there were always sufficient staff to support people as required. One person said, "There are enough staff, but if someone gets unsettled or edgy then they get more staff on shift."
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received supported from staff to make their own decisions about medicines wherever possible. We saw evidence of people having risk assessments and consent in place to self-administer their own medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Medicine administration records (MAR) were completed and signed appropriately. Medicine records contained relevant information including any allergies, how, when, why and the dosage of

people's medicines.

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.
- 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

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- Staff and people received regular debriefs after any incidents or accidents to prevent reoccurrence and to ensure lessons were learnt and information was shared.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before they moved into the service for each person's physical and mental health.
- People had care and support plans that were personalised, holistic, strength-based and reflected their needs and aspirations. Care plans had evidence of people's goals and how these were going to be met.
- People, those important to them and staff reviewed plans regularly together. People told us they were fully involved with reviewing and updating their care plans. One person said, "I know what is written about me. I am able to be involved and say what I want within my care plan and am happy it [care plan]."

Staff support: induction, training, skills and experience

- People were supported by staff who had received training appropriate to their roles and responsibilities. One person told us, "[Staff are] experienced and well trained."
- All staff completed an induction which included full training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities. Staff received regular supervisions and annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. One person told us, "The staff care about what we eat and try to help us eat healthy."
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. People told us they had the choice to decide when and where they ate their meals.
- People were able to eat and drink in line with their cultural preferences and beliefs.

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

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services. Staff recorded and followed any advice given.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff worked well with other services and professionals to prevent readmission or admission to hospital.

- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs.
- People personalised their rooms and where able to bring their own furniture if they wished.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. People told us staff always asked consent and supported them to make their own choices and decisions.
- People were consulted and included in the decisions about the use of surveillance.

Is the service caring?

Our findings

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

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

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

- People told us staff were kind and caring. One person said, "Staff are helpful, they are a good care team." Another person said, "Staff are really good they all work well together. All staff are professional and kind."
- Throughout our inspection we saw positive interactions between people and staff. Staff treated people as individuals and knew them well.
- People's care plans contained information about the person including their likes and dislikes, and religious beliefs. All staff received training in equality and diversity and were supported by a detailed policy.
- People told us staff supported them with any festivities. One person told us, "We have a Christmas tree, which we can decorate." Another person said, "Staff will support people to church if they want."

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

- People told us they were able to express their views and felt they would be listened to. One person said, "I could go to anyone [staff] and they would sort it out."
- People had staff allocated to them as their keyworkers. One person told us, "I have a keyworker who I can speak to at any point and raise any worries I have."
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the registered manager would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People consistently told us staff were respectful, treated each person with dignity and maintained confidentiality. People confirmed staff always knocked on doors before entering, and closed curtains/doors when required. One person told us, "If staff have something to say to me, they take me into a room, never in front of others."
- People were supported to maintain their independence and to learn new skills. One person said, "If I said I want to learn anything they [staff] would teach me." Another person told us, "I am given my weekly money on a Friday to go shopping. I am independent in this but if people need it staff help them shop and cook."
- People were supported to have freedom and take positive risks if appropriate. One person told us, "I go out and do what I want. We have a curfew, but this can be changed if we are doing something specific like a concert."
- People had the opportunity to try new experiences, develop new skills and gain independence. One person told us of the support they received to gain paid, meaningful employment.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was personalised. People told us they felt staff were responsive to their needs and support was tailored. People received 1 to 1 support to ensure they were involved in their care and support and were able to tell staff if they needed anything or were unhappy about anything.
- People said staff would always chat with them and people felt they were recognised and respected. We observed staff talking to people in a person-centred way.
- People were supported with their sexual orientation/ religious/ ethnic/ gender identity without feeling discriminated against. One person told us, "Staff would help any of us with any sexual or religious need we had." The service met the needs people using the service, including those with needs related to protected characteristics.
- People were supported to understand their rights and explore meaningful relationships. One person told us, "Staff would support me if wanted relationship. Staff can get involved with my friendships, if [friendship] is good they will encourage me, however, if [the relationship] is bad staff might ask or help you to try and stop contact."
- People and, where appropriate, their relatives and other health professionals had been involved in creating and updating people's care plans. Care plans were regularly reviewed and updated to ensure staff had all the information required to offer care and support specific to the person's needs and wishes.

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

- Staff communicated with people in their preferred way. People told us staff always ensured information was understood, and if needed would help people understand.
- The registered manager was able to explain the alternative formats available for written communication, such as large print, easy read or translating into another language.
- People's care plans had information regarding their communication needs including information regarding any visual or hearing aids required and if a person was able to communicate verbally.

Improving care quality in response to complaints or concerns

- At the time of inspection there had not been any complaints about the service. However, the provider had

a complaints policy and procedure in place.

- People knew how to raise concerns and were confident they would be dealt with properly. One person said, "if I have any issues, I will tell staff and they offer the support and care I need." Another person said, "I can go to any staff member with issues, but if I had a complaint I would go to [registered manager] as I know it would always get sorted."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had end of life support documentation in place. Staff understood people's preferences and choices around end of life care and recognised the potential for people's religious beliefs and preferences to determine their final wishes.
- End of life training had been completed.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by a motivated registered manager and staff team. Their commitment to providing a service that promoted person-centred values, and a strong commitment to promoting independence and social inclusion was apparent throughout our inspection.
- People were placed at the centre of every decision made within the service. The registered manager told us that they were passionate about ensuring people had choice and control over their lives and that all staff supported this.
- People and staff spoke highly of the management team. People and staff felt supported and respected and told us the registered manager was available at all time. One staff member said, "The manager is one of the best, they are very considerate to everyone." A person told us, "I have nothing bad to say about [registered manager] They are brilliant, and this is the best home I have been in."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- Systems and processes were in place and effective in assessing, monitoring and improving the service. The quality of care people received was subjected to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made.
- The registered manager was aware of their role and responsibilities about meeting Care Quality Commission (CQC) registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner

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 registered manager understood their duty of candour responsibility. Policies and procedures were in place.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns acted upon. The provider had a speak up guardian and a whistleblowing hotline in place to support staff and people to be able to raise any concerns.

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

- Regular meetings took place with people and staff and records showed suggestions and ideas were welcomed and acted upon.
- People and relatives were regularly asked about the care delivered, satisfaction surveys were completed, and we noted the responses were consistently high and positive.
- The registered manager was compassionate towards staff and supported their wellbeing. The service ensured they made 'reasonable adjustments' for staff who required additional support to complete their job.

Continuous learning and improving care; Working in partnership with others

- The service liaised with healthcare professionals to coordinate better care for people.
- Where changes in care were made, we saw staff had good communication systems in place to share information about people's needs.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The provider kept up to date with national policy to inform improvements to the service.