Total Care Homes Limited

Phoenix House Care Home

Inspection report

54 Andrews Lane
Formby
Liverpool
Merseyside
L37 2EW

Tel: 01704831866

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13 March 2017
14 March 2017

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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

This inspection took place on 13 and 14 March 2017 and unannounced.

Phoenix House is located in a residential area of Formby. The home provides accommodation and support for up to 30 people. There is disabled access and car parking. Communal areas include lounges, dining room and enclosed back garden.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

Some adaptations were in place to promote a dementia friendly environment. This was to ensure the comfort and wellbeing of people who lived at the home.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Staff worked in partnership with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs and people's individual needs and preferences were respected by staff.

People at the home told us they were listened to and their views were taken into account when deciding how to spend their day.

Care plans provided information to inform staff about people's support needs, routines and preferences.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they supported.

A programme of activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

People living in the home and relatives told us they were able to share their views and were able to provide feedback about the service.

Feedback we received from people, relatives and staff was complimentary regarding the managers' leadership and management of the home. Relatives spoke positively about the recent changes that had been made.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

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.

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff worked with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs.

Some adaptations were in place to promote a dementia friendly environment. This was to ensure the comfort and wellbeing of people who lived at the home.

Is the service caring?

Good

The service was caring.

People's individual needs and preferences were respected by staff.

People at the home told us they were listened to and their views taken into account when deciding how to spend their day.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they supported.

Is the service responsive?

Good

The service was responsive.

Care plans provided information to inform staff about people's support needs, routines and preferences.

A programme of activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a registered manager. Feedback from people, relatives and staff was complimentary regarding the registered manager's leadership and management of the home.

Staff told us there was an open and transparent culture in the home.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

People living in the home and relatives told us they were able to share their views and were able to provide feedback about the service.

Phoenix House Care Home

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 checked 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.

The inspection took place on 13 and 14 March 2017 and was unannounced.

The inspection team consisted of an adult social care 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.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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 the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the commissioning and contracts team at the local authority to see if they had any updates about the home.

During the inspection we spoke with six people who were living at the home and three relatives/visitors. We spoke with a total of six staff, including the provider, the registered manager, care manager and care staff.

We looked at the care records for four people living at the home, six staff personnel files, staff training records, staff duty rosters and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, dining area and lounges. We observed people and staff during lunch and for a period of time in the morning, when activities were being carried out.

Good

Is the service safe?

Our findings

We asked people if they felt safe in the home. They told us, "I feel well looked-after", "Yes, it's a lovely place to be; not [frightened] at all" and "Safe and secure, yes – never really think about it, actually." Relatives we spoke with told us, "[Name] does fall sometimes, so they've put a pressure mat by the bed in case they get out" and "Yes; they're well looked after. [Name] used to wander and is safe in here."

During this inspection we saw medicines were administered safely to people. Staff who administered medicines had received medicine training and had undergone competency assessments in 2017 to ensure they had the skills and knowledge to administer medicines safely to people. We observed a staff member administering medicines and found their practice was safe. We saw staff encouraged people to take the medicines with a drink and waited with them to ensure they had swallowed the tablets. We saw people received their medicine when they needed it.

We found medicines to be stored safely and securely when not in use. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the fridge was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use.

Controlled drugs were stored appropriately. Records we saw that showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation.

We checked the medicine administration records (MARs) for each person in the home and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines. We checked a number of medicines, including a controlled medicine and found the stock balances to be correct.

For people who received their medication covertly (hidden in food/ drinks) we found the registered manager had consulted with the appropriate health care professionals and the person's family to enable the person to receive their medicines 'in their best interests'. We saw written evidence to support this.

We saw other relevant information was kept with the MARs , such as a list of staff signatures (to recognise which staff had administered the medication), a PRN (as required) protocol to advise staff when and why people may require the medication, a list of people's allergies and an information sheet about any foods which may react with certain medicines.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked three staff files. We found copies of application forms and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable

adults. We did see that only one DBS check had been completed when staff had commenced work at the home. It is good practice for the process to be repeated every three years. We discussed this with the registered manager. They informed us they had recently agreed with the provider (owner) to repeat the DBS process.

People in the home mostly felt there were enough staff on duty to meet their needs. Their comments included: "Yes – plenty. Less pronounced at night though, only two staff on then", "Usually they do very well looking after us", "Enough staff most of the time" and "Sometimes I think there could be more. Sometimes someone tries to stand up and falls, and they're busy helping someone else. I shout and they know it's for someone else, not for me, because someone has fallen."

One relative told us, "Yes; we usually come at weekends and there seem to be four or five staff on duty then; it's enough. There looks to be more today, though." And another said," Yes, I think so."

There were 19 people living in the home at the time of our inspection. There was the home manager, deputy and three care staff on duty. There were ancillary staff such as, a kitchen assistant and housekeeper. The registered manager told us the housekeeper worked Monday to Friday. Care staff covered their duties at weekends and completed the laundry. Two care staff worked each night.

We looked at staffing rotas and found there were consistent numbers of staff working each day, including at the weekend. Staff we spoke with felt there were enough staff working in the home on each shift to support people safely.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as mobility, falls, nutrition, mental health, personal safety, smoking and pressure area care.
These assessments were reviewed each month to help ensure any change in people's needs was reassessed to ensure they received the appropriate care and support. Behavioural charts were completed when required to help ensure staff safety and provide evidence for strategies for managing the behaviours presented.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to a manager. Training records confirmed staff had undertaken safeguarding training and this was on-going. Staff were aware of the term 'whistleblowing' and told us they would not hesitate to report any concerns they saw.

We found the home to be clean and tidy with no unpleasant smell or odours. We visited people's bedrooms and communal living areas and bathrooms. Bathrooms and toilets were clean. On the first day of our inspection we found toilet brushes were slightly soiled. These were replaced immediately. We also found some toilets had no hand soap; the manager and housekeeper informed us a person in the home sometimes picks them up and moves them. They were immediately replaced. Feedback about the cleanliness of the home was very positive from people and their relatives. The housekeeper completed cleaning checklists which showed the work they had carried out. An external audit (check) had been carried out by the Infection Prevention Control team in November 2016. Phoenix House was awarded a score of 97.01%.

Arrangements were in place for checking the environment to ensure it was safe. Health and safety audits were completed on a regular basis. Examples of these were for the water temperatures, safety checks for smoke detectors and carbon monoxide alarms and window restrictors, as well as weekly checks around the

home environment, including the bedrooms. Fire checks were carried out each week to help ensure doors, fire alarms, emergency lighting and fire fighting equipment were in good working order. The home had a process in place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider. We saw the general environment was safe.

A fire risk assessment had been carried out. We saw personal emergency evacuation plans (PEEPs) were completed for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. A copy of the fire risk assessment and PEEPs were available in the 'Emergency file', which would be taken out by a staff member in an emergency evacuation of the building. This made the information readily available for staff and the fire service when evacuating the building in an emergency.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were up to date. The kitchen had achieved a five star (very good) rating in November 2016. This helped ensure good safety standards in the home.

Good

Is the service effective?

Our findings

People told us they were happy with the care and support they received and that staff were knowledgeable regarding their individual needs. Comments were positive, for example, "The staff here are patient and tolerant, and they seem to know us all quite well." A relative we spoke with told us, "The staff are getting to know [name] more [since their admission];[Name] was so poorly when they first came in, but so much better and stronger now." Another relative said, "They know [name] better, they're more aware of them and when they're unwell, so we get more phone calls."

We looked at the training and support in place for staff. Staff we spoke with told us they enjoyed their job. They said they felt supported to do their job. Staff said, "We get good training and support from the manager."

The home manager told us most training was provided through online training courses. Records seen showed staff had completed training in 'mandatory' subjects such as food hygiene, moving and handling, fire safety, health and safety, first aid awareness, safeguarding of vulnerable adults, infection control, dementia care, continence, pressure area care, challenging behaviour and deprivation of liberty safeguards (DoLS). Senior care staff and managers completed additional training courses in medication administration. Systems were in place and monitored by the home manager which helped ensure staff completed their training within a given timescale.

We saw that the home manager supported their staff with regular supervision and appraisals
Staff we spoke with told us they received an induction, appraisal and regular support through supervision. We looked at six staff personnel files. We saw that staff had received an appraisal in 2016 and had received regular supervision throughout the year. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on- going training needs.

People spoke very positively about the meals and said they had enough to eat and drink throughout the day. A person told us, "I like it; I'm always ready for it and I eat everything". Another person said, "The food is very good; I think they make a great effort. I think so [it's enough]". Relatives we spoke with were positive about the food. One said, "[Name] has put weight on since being here (because they like the food)."

One of the inspection team sat in the dining room with people at lunch time. They found most people had their meal in the main dining room, which was a pleasant, light and airy room. Tables were laid before the meal with paper napkins and cutlery. On the first day of the inspection the cutlery had been set on the table the wrong way around; this caused one person some difficulties. We pointed this out to the home manager and provider. The matter was rectified. Food was served on red melamine plates and dishes, which the provider explained had been selected based on research that this promoted better eating by people with dementia. Tables were covered in wipe-clean cloths which were highly patterned in strong colours. This appeared to caused one or two people some concern; one person repeatedly tracked the pattern with their glass of juice, causing irritation to another service user, whilst another placed their glasses on the cloth then

could not see them to retrieve them. We discussed this with the registered manager and provider. They told us they would look at replacing the tablecloths with ones without a pattern.

Almost everyone appeared to eat their meals with enjoyment. Comments about the food during lunch included: "Good, really, good", "That was very nice, actually" and "I think round here we have a lot of nice tastes [food]. I think that's important because if you don't get nice food, nothing is nice at all."

Drinks of fruit cordial were served before the meal, while people waited to be served food, and cups of tea and coffee were offered at the end. People were given cold drinks if they requested it, from a jug in the room. Drinks and biscuits were served mid-morning and mid-afternoon.

People in the home made their choices for meals at the time. We were told that people were shown the two meals on offer and made their choices accordingly. However we observed the lunchtime period on both days of the inspection and found this not to be the case. People were shown one meal and told what the other choice was. We found most people were easily able to make a choice based on this. A pictorial menu board in the dining room showed the meal choices for the day.

People were given a choice of a hot meat or vegetable/fish meal at lunchtime, with a dessert. In the evening there was soup and sandwiches and a dessert. The menu was a set four week rolling menu. We were told that the menu was reviewed regularly and changes made if people had particular requests. Food was made at the provider's other care home, situated nearby and collected each day at lunchtime. Food was transferred in specially bought heated boxes. The food was tested before serving to ensure it was at an acceptable temperature. Records were kept, which we saw. People said their food was warm/hot enough. Breakfast and evening meals were made at the home by the care staff.

We spoke with the managers who were knowledgeable regarding any special diets people required. A record of dietary requirements was kept in people's care records. A duplicate copy wasn't kept in the kitchen for reference.

People we spoke with told us they saw healthcare professionals when they needed to. They told us that staff were attentive and responsive to any apparent health issues. A person said, "My doctor usually comes regularly because he has been treating me since I came here. Another person told us, "Yes, the doctor was out to see me on Friday, actually." A relative said, "We took [family member] to hospital recently because staff had noticed a swollen wrist. It turned out it was only arthritis but we appreciated that they [staff] had noticed and not ignored it." We saw from the care records that people saw their health care professionals when required. We found that any referrals that were needed were made to, for example the district nurse, in a timely manner.

The PIR stated, 'We ensure that there are effective channels of communication between all staff so that any changes to a residents care can be introduced quickly. We have verbal and written methods of communication so that staff can re-affirm any changes that need to be made. We have a thorough staff handover at each shift change that addresses any changes to the home and residents'.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider had followed the requirements in the DoLS and had submitted applications to the relevant supervisory body for authority to do so. We saw applications had been made appropriately with the rationale described.

We looked to see if the home was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately. We found that when decisions had to made in a person's best interest, for example to give a person medication covertly (hidden in food), the registered manager had written to and discussed the matter with relevant healthcare professionals, such as a GP, pharmacist and psychiatrist and the person's family; all decisions and advice had been recorded.

The home had been adapted to enable people with mobility difficulties to access it without difficulty. The main entrance at the side of the building was fully accessible. A passenger lift gave access to much of the home. Doorways were wide to enable people using wheelchairs or walking aids to mobilise easily throughout the home. Access to the large enclosed garden was through double doors in the lounge. Bedrooms had either ensuite or private bathroom facilities. Bathrooms contained equipment to assist people to bathe safely.

We looked round the home to see if the environment was suitable for people living with dementia. Brightly painted walls helped to provide a contrast in colour to orientate people and floors had plain carpets which helped people to mobilise safely. Large signs for key areas such as, toilets and bathrooms were displayed. Some bedroom doors were brightly coloured and resembled a front door. People had their own door number. However we found the bedroom doors in the new extension were plain white with small numbers on them. The provider advised us that people using these bedrooms were always escorted to their rooms, so personalised identification was not required.

Good

Is the service caring?

Our findings

We asked people if they felt able to talk to staff about their needs or any issues they had. People told us they felt comfortable talking to staff. Their comments included, "Yes, yes, they're nice", "Any time I ask them for something, they help with it" and "Yes; though you get a better response from some than others." Relatives spoke highly of the staff. Their comments included, "Yes. [Name] has a very good relationship with staff, likes chatting to them, "Staff are very friendly and helpful, looking after [name] needs" and "We can ask questions and they always have an answer for you, or find someone who does."

On the main lounge wall, there was a bright, large lettered reminder on the wall to everyone about the importance a caring approach.

Our observations showed people living at the home were relaxed and at ease in the company of the staff. Relationships were warm and friendly. Staff were very attentive and people were evidently used to this. Staff were without exception kind, gentle and friendly in their interactions with people in the home, when we observed them giving physical support and communicating verbally with people in the home.

We observed staff supporting people with moving around, accessing toilets, and in some cases helping them with food and drinks. This was always done kindly and promptly, and staff interactions with people in the home indicated familiar and mutually respectful relationships.

During our inspection we saw people making choices with every day activities. One person went out with their family; another person was enjoying embroidery. Some people retired to their rooms after lunch whilst others watched TV or entertained their visitors.

People told us they could choose where to eat their meals. We saw that a person chose to eat in their room and another person chose to eat in the lounge;

Relatives who were visiting during the inspection told us they could come at any time, including mornings, evenings and weekends, and stay as long as they wished.

For people who had no family or friends to represent them, local advocacy service was contacted on the person's behalf.

People told us that staff maintained their privacy and dignity when supporting them. Everyone told us that staff knocked on their door before entering their rooms.

Good

Is the service responsive?

Our findings

People living at the home had individual care plans. These contained information and guidance for staff regarding people's health and social care needs, daily records of the care given by the staff and input from external health and social care professionals to oversee people's health and wellbeing.

We saw care plans for areas of care which included mobility, nutrition, personal care, and medicines. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw provided this assurance. They recorded personal detail regarding people's preferences for personal care, gender of staff to support them. This information is important so that staff support was provided in a way the person wanted. A person told us," I can go to bed when I like, yes, and I choose my own clothes in the morning."

Care plans were reviewed regularly. We saw that some reviews reflected a change in care or treatment and had been updated accordingly.

Some people had specific health care plans for long term medical conditions such as diabetes. They contained detailed information to inform staff when the person may need specific assistance, a sugary snack for example or different support if their health deteriorated.

We saw a complaints procedure was in place and displayed in the hallway. People we spoke with were aware of how they could complain. However all the people we spoke with said they felt able to tell the staff or manager if there was anything wrong.

A variety of activities were provided throughout the week, with entertainers from outside the home visiting twice a month. The provider did not employ a dedicated activities coordinator. The care staff were assigned to do social activities at each handover shift and a more spontaneous approach to activities was taken. Staff were observed asking people to join in and encouraging them to take part. In some instances people asked to join in. People's choice to spend time alone was respected. A person told us, "Mostly I sit here and do my own thing."

During our inspection we observed a variety of activities taking place at different times of the day and in both lounges. These included games of Connect 4 and bingo; drawing and colouring, table hoop-la and a film afternoon. The activities were provided by different carers, to small groups or individuals. People took part willingly; People appeared to enjoy the activities.

The home manager had recently set up a residents' amenities fund to raise money to go out to local attractions. They were particularly keen to arrange a visit to the local cinema, which shows films in a dementia friendly environment.

A 'quiet lounge' had been made for use and was also used for some activities including reminisce. Some pictures and posters had been put up, to serve as talking points. This room was also used for people to

meet with their visitors. Two people who lived in the home told us they received weekly Holy Communion at the home.

Good

Is the service well-led?

Our findings

There was a registered manager who was supported by the home manager and a deputy. The registered manager worked mainly at another home owned by the provider. Both were present throughout the inspection.

The PIR recorded, "The (registered) manager leads by example, advising and guiding staff and also working alongside staff. This helps the manager to maintain good links with staff and experience their work issues first hand. The manager knows all the residents and is able to provide clear advice to residents' representatives easing concerns and stress, where it arises. The manager reviews all aspects of the running of the home and is involved in all decisions for the home."

Most of the people we spoke with said they thought the home was managed well. Everyone knew who the manager was and said they found her approachable. We saw that the manager was an active presence throughout the day.

We asked relatives if they knew who the home manager was. They confirmed they did. They said they were pleased with recent changes the manager had made.

Staff we spoke with described Phoenix House as a good place to work and said they enjoyed their work. Staff meetings were held regularly and minutes taken as a record for staff who were unable to attend. The last meeting was held in January 2017; we saw minutes to evidence this.

The home manager sent questionnaires to family members to gather feedback about the service. These had been sent out in February 2017. Some responses had been collected. Feedback was mainly positive (about the food and activities and staff) with negative comments regarding clothes going missing. Meetings were also held for people who lived in the home to voice their concerns and suggest any improvements. We saw these were held regularly and were well attended. The last meeting was held in January 2017.

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. A range of audits and checks were undertaken to help assure the service; these were completed by the home manager and housekeeper. Areas included medicines, infection control, kitchen cleanliness, care file audits, falls, and environment checks.

The registered manager and home manager were aware of incidents in the home that required the Care Quality Commission to be notified of. Notifications had been sent to meet this requirement.