

Ms Yvonne Richards

Phoenix Care

Inspection report

15 Popes Lane
Ealing
London
W5 4NA

Date of inspection visit:
08 September 2016

Date of publication:
04 October 2016

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 08 September 2016. We gave the provider 48 hours' notice of the inspection as this is a small service and we needed to make sure they could be available to assist with the inspection. The last inspection of the service took place in November 2013 when we found the provider was meeting all of the standards we inspected.

Phoenix Care provides a supported living service for up to 3 people with a mental illness or learning disability. The provider is registered with the Care Quality Commission (CQC) as an individual. The service does not require a registered manager as the provider is in day to day control of the service.

People using the service were safe because the provider had systems in place to assess and mitigate possible risks and staff had the training they needed to support people safely.

People were supported by staff who were suitable to work in the service because the provider ensured they carried out checks on new staff before they started work.

People's nutritional needs were met and they had a choice of freshly prepared food.

The provider ensured they assessed, monitored and met people's health care needs and people received the medicines they needed safely.

The staff who supported people using the service had the training, support and information they needed.

People's relatives told us staff were kind and caring and the provider and staff respected people's privacy and dignity.

The provider assessed, recorded and reviewed people's care and support needs with them. People's support plans reflected their individual preferences and included information about what was important to them. People took part in a range of social and leisure activities both within the service and the local community.

People had the opportunity to express their views and be involved in planning their own care and support. Other stakeholders were happy with the service provided and felt people's needs were met.

There were appropriate systems to audit the service and to ensure good quality care was provided.

Records were accurate, up to date and appropriately maintained.

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.

The provider had systems to keep people safe and staff had the training they needed to support people safely.

The provider ensured they carried out checks on new staff before they started to work in the service.

People received the medicines they needed safely.

Is the service effective?

Good ●

The service was effective.

The provider ensured staff had the training, support and information they needed to support people.

People's nutritional needs were met and they had a choice of freshly prepared food.

The provider ensured they assessed, monitored and met people's health care needs.

Is the service caring?

Good ●

The service was caring.

People's relatives told us staff were kind and caring.

The provider and staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

The provider assessed, recorded and reviewed people's care and support needs with them. People's support plans reflected their individual preferences and included information about what was important to them.

People took part in a range of social and leisure activities both

within the service and the local community.

Is the service well-led?

Good ●

- The service was well led.
- People had the opportunity to express their views and be involved in planning their own care and support.
- Other stakeholders were happy with the service provided and felt people's needs were met.
- There were appropriate systems to audit the service and to ensure good quality care was provided.
- Records were accurate, up to date and appropriately maintained.

Phoenix Care

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 08 September 2016. We gave the provider 48 hours' notice of the inspection as this is a small service and we needed to make sure they could be available to assist with the inspection.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service including the last inspection report and notifications the provider sent us about significant events affecting people using the service.

We visited the service but were not able to speak with any of the people the provider supported as they were taking part in day services or employment. We spoke with the provider and reviewed records they kept about the service. This included care records for two people, one staff member's recruitment records, training records for three staff, medicines management records for two people and selected policies and procedures.

Following the inspection we spoke with two relatives of people using the service and one member of staff. We also contacted two health and social care professionals for their views on the service but they did not send us any comments.

Is the service safe?

Our findings

People's relatives told us people using the service were safe. Their comments included, "I am sure [person's name] is safe, I never have to worry" and "[Person's name] would tell me if they felt unsafe." Staff told us they were sure people were safe in the service but said they would immediately talk to the provider if they had any concerns.

The provider understood what potential abuse looked like so they could recognise how to protect people from harm. They had a safeguarding policy and procedures that gave staff clear guidance on actions they needed to take if they had concerns about people using the service. The provider reviewed the procedures in 2016, staff had signed to say they understood them and all staff had completed safeguarding adults training. This indicated systems were in place to ensure that staff would appropriately and promptly escalate any allegations of suspected or actual harm to people using the service.

There were sufficient numbers of staff available to keep people safe. The provider told us they provided 105 hours of care and support a week to the three people using the service. The care staff were based in the property where the three people each had an assured tenancy. The provider worked with the social services department to allocate the care and support hours each person needed.

The provider had systems in place to ensure that staff they recruited were suitable to work with people using the service. They told us most of the staff working in the service were employed by an agency that carried out pre-employment checks. These included Disclosure and Barring Service (DBS) criminal records checks, references from previous employers, proof of identity and right to work in the United Kingdom. The provider confirmed they made sure the agency completed these checks before staff worked in the service. We also checked the records for one person the provider employed directly and we saw that appropriate checks were in place.

The provider assessed risks to people using the service and to the staff who supported them. This included environmental and other risks due to the health and support needs of people. We saw risk assessments included guidance for staff about action to take to minimise the chance of harm occurring. For example, where some people were identified as able to leave the service without staff support, the provider assessed the risks of their using public transport and possible risks from other people.

People using the service received the medicines they needed safely. We saw the provider completed risk assessments to identify what support people needed with their medicines. We saw all three people had recently had a review of their medicines as part of an annual health review by the GP. We checked people's medicine administration records (MARs) and found that staff completed these accurately. Where the provider kept medicines for people, we saw they stored these securely in the service.

Is the service effective?

Our findings

The provider involved people who used the service in planning their own care and support. We saw evidence of regular meetings with people to discuss their care and support. People using the service and/or their legal representatives had signed agreement to their support plans and review meetings. The provider and staff consulted people about everyday decisions, such as how they spent their time and what they ate.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the person, if possible, people who know the person well and other professionals. The provider was aware of their responsibilities under the MCA and we saw evidence of the involvement of people using the service and others in best interest decision making.

The staff had the training, support and information they needed to care for people. The staff team was relatively small and most were supplied by an agency that supplied social care staff but the provider had systems to ensure good communication and the transfer of information about people using the service and their support needs. The provider worked alongside staff and was available to support them. Information about the service, policies and procedures and their roles and responsibilities were clearly recorded.

The provider told us they expected the agency that supplied staff to confirm they had completed all their basic skills training before they started to work in the service. For staff directly employed by the provider, they told us they accessed training provided by the local authority as well as private training providers. We saw evidence that agency and directly employed staff had completed training the provider considered mandatory. This included epilepsy awareness, medicines management, dementia awareness and safeguarding adults training.

People's nutritional needs were met and they had a choice of freshly prepared meals. The provider recorded people's dietary needs, preferences and special requirements as part of their support plan. Staff involved people using the service in planning meals, shopping for food and preparing food. Care records showed staff encouraged people to become more independent by supporting them to visit local shops, cafes and restaurants to buy food and eat meals. They also supported one person to prepare their own packed lunch each day. There was a weekly planned menu which people had chosen, but they were able to ask for, or prepare themselves a different meal, if they wished.

The provider and staff ensured people's health care needs were assessed, monitored and met. People's support plans included information about their mental and physical health needs and the support services they accessed to meet these. There was clear evidence people had opportunities to see the healthcare professionals they needed to stay healthy, for example, their GP, hospital appointments, optician, dentist and specialist health services. People's care records also included information from healthcare appointments and any changes to the way people's healthcare needs were met.

Is the service caring?

Our findings

People's relatives told us staff were kind and caring. Their comments included, "I'm very happy with the service, people are very well cared for. There have been some changes but the staff are very caring." A second person's relative told us, "[The provider] and staff are first class, you could not ask for more caring people. [Person's name] is very happy there."

We looked at care records for two of the three people using the service and saw they contained clear information about the person's life history, important people and events and their personal preferences. Staff we spoke with had a good knowledge about the people they cared for and the contents of their support plans.

We saw the provider gave people who used the service and their relatives information about how staff would respect their privacy and dignity in a "Statement of Purpose." Staff told us they would always respect people's privacy and people using the service could spend time in their rooms if they did not want to mix with other people using the service or the staff.

We saw people's care plans included information for staff about what people could do for themselves. We asked staff how they encouraged people to maintain their independence. One staff member told us, "I always try to encourage people to do things for themselves. Whatever they are capable of doing, I get them to do. One person likes to help in the kitchen and as long as they are safe they can do this."

The provider ensured personal information about people using the service was held securely. We saw they stored care files and associated records securely in lockable cabinets in a lockable room within the service.

Is the service responsive?

Our findings

People's relatives told us they were involved in the planning of their care and support. A relative told us, "[The provider] communicates very well, we are asked for our opinions and kept informed of any significant events or changes." A second relative said, "[The provider] asks us what we think of the care and we go to meetings to make sure everything is OK."

Care records included assessments of people's care and support needs that the local authority completed before the person started to use the service. The provider and staff used the information from these assessments to develop an individualised support plan reflected people's views and preferences for how staff should support them with their care and support. Plans detailed the support people needed from staff to live independently and included; help with medicines, travelling in the community, managing money, managing food, diet and shopping, managing their home and personal belongings. The provider produced support plans in a person centred way in that they focussed on the needs and aspirations of the individual. The provider wrote people's plans in the first person and involved people as much as possible. Examples of person-centred recording included, "I would like support to go out to new places and keep active," "I can buy my own clothes with support," "I enjoy going swimming, to the social club and church" and "I can buy things from the supermarket and I know what change to expect back."

The provider reviewed people's support plans regularly, in particular where there had been changes to people's support needs. Where changes were identified, the provider updated people's plans promptly and shared information about this with all staff. For example, where one person's access to community activities was reduced, the provider acted promptly to identify alternative opportunities. They also worked with the person's family to provide additional support to enable the person to spend time away from the service with individual support.

We saw in people's care records that the provider invited their relatives to care plan review meetings and engaged with them in between reviews to ask for their views on the support people received. Care records also showed the provider involved other people such as health and social care professionals, in care plan reviews to help people decide on the level of support they needed.

The provider and staff supported people to take part in activities and pursue interests that were important to them. Staff recorded these in people's care plans and people decided and planned the activities and interests they wanted to do with help from the staff's help. Agreed activities were set out for people in a timetable or schedule so people knew what they would be doing and when. These included a range of social activities such as swimming, meals out in local restaurants, gardening, attending day services, evening social clubs, the cinema and visits to local parks. Care records also included people's faith needs and we saw staff supported all three people using the service to attend services each week at a local place of worship.

Staff completed a daily diary that detailed the support they gave each person. These showed that staff delivered care and support that was in line with people's care plans.

The provider and staff supported people to maintain relationships with those that mattered to them. People's care records included contact information for their relatives and friends and staff helped people to maintain contact with them.

The provider encouraged people to invite their family and friends to visit them at the service and some people also visited and stayed with their relatives. The provider also told us they supported people to respect each other's personal space and time to be alone when they needed this.

People's relatives told us they knew how to make a complaint but said this had never been necessary. One relative said, "I know there is a complaints procedure but I've never needed to use it. If I need to I speak to [the provider] and we sort it out." A second relative told us, "I'm not sure about a procedure but I'd talk to [the provider] if I ever needed to complain. Never had to though, no need." The provider informed people and their relatives about the complaints procedure so that they knew what to do if they wished to make a complaint about the service. The complaints procedure set out how people's complaints would be dealt with, who would do this and within what timescale. The provider confirmed there had been no complaints since our last inspection.

Is the service well-led?

Our findings

The provider was registered by the Care Quality Commission (CQC) in June 2011. They registered as an individual and did not need a registered manager as they were in day to day control of the service. The provider was a qualified social worker and they told us they had worked in local authority and private sector services for people with a learning disability or mental illness for more than 20 years. They told us they kept up to date with developments in social care by completing e-learning courses, attending local authority training courses and conferences, monitoring information on the CQC website and reading professional journals.

People's relatives spoke positively about the management of the service including their contact with the provider and staff. Their comments included, "The service is very well run. [The provider] is a good manager" and "I can speak with [the provider] or any of the staff if I need to. It runs very smoothly." Staff told us they trusted the provider and said they were always available for support and advice.

The provider had a clear Statement of Purpose that included, "Phoenix Care aims to provide a consistently high standard of supported living accommodation that will enable clients to live safely and comfortably in their own homes."

The provider communicated well with people using the service, their relatives and staff to ensure they maintained good standards of care and support. There were clear communication systems in place, for example handovers between staff at shift changes and communication books. The provider told us they regularly worked alongside other staff and demonstrated they had a good understanding of people using the service, their care and support needs and routines.

The provider worked with people's relatives and local authority commissioners to monitor the quality of the service. People's relatives told us they were asked regularly for their views and we saw the provider recorded these as part of each person's annual review of their care and support. One relative's comments included, "[Person's name's] needs are met by the level of service provided. There is a good level of communication between myself and the management and staff and I feel confident that [person's name] welfare is always a priority. The home is well kept and has a calm atmosphere. Privacy is respected and people are given respect." A second relative said, "All services are excellent, cannot be faulted. I don't think we could get a better service anywhere in England. First class." A third relative commented, "[Person's name] has been in a house run by Phoenix Care since 2012. I am happy with the care and the manner in which they interact with staff and their peers. What I like most is that Phoenix Care, the family and other parties continue to work together to make [person's name] life better. I would typically meet with [provider's name] to discuss any matters with a view to resolving them. To date we continue to have a very good working relationship and [person's name] is thriving as a result."

The provider told us they completed an annual self-assessment of standards in the service for the local authority. This was followed by a contract monitoring visit and report. We saw the local authority completed the last contract performance monitoring form in April 2016. The report included assessments of care

planning, health and safety, diversity and inclusion, involving people in running the service, meeting people's health care needs and financial management. The report included a number of recommendations for improvements and the provider told us they had implemented all of these by the time of our inspection. For example, they had supported one person to find voluntary work in the local community, arranged a chiropody appointment for one person and reviewed and updated people's support plans and risk assessments.

The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. We saw from accident and incident reports that the provider was notifying the local authority appropriately of incidents or events that affected people using the service. The provider was aware of the need to inform the Care Quality Commission of certain events but this had not been necessary since our last inspection.

All of the records we reviewed during this inspection were accurate, up to date and appropriately maintained. This helped to show the provider monitored standards in the service and ensured staff maintained the standards they expected.