

Nigel Hooper

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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Phoenix House is service that provides accommodation and personal care for up to 11 people. At the time of our inspection, 11 adults were living in the home, some of whom may have a learning disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There was a registered manager at the time of the inspection.

People's experience of using this service:

The registered manager did not have a clear overview of the service to ensure the service was running safely and effectively.

People's known risks were not always consistently managed. People's medicines were not always managed safely. Staff had a good understanding of how they protected people from harm and recognised different types of abuse and how to report it. There were enough staff on shifts to keep people safe and meet their needs. Safe practice was carried out to reduce the risk of infection.

People's care was assessed and reviewed with relatives, advocates and healthcare professionals. People were supported to have a healthy balanced diet and had food they enjoyed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people as individuals and respected the choices they made. People's care was delivered in line with their preferences. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on their individual preferences. People told us they did things they enjoyed. People had access to information about how to raise a complaint.

Rating at last inspection: At the last inspection in December 2018 the service was rated Requires Improvement. (Report published 16 January 2019)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We have identified a continued breach in relation to governance and leadership at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection team: One inspector undertook this inspection.

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

Notice of inspection: This was an unannounced inspection.

What we did;

Before inspection:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During inspection:

- We spoke with two people and spent time in the communal areas to understand how people spent their day. We spoke with two relative's and two healthcare professionals. We spoke with three support workers, the administrator, the deputy manager, the registered manager and the provider.
- We looked at aspects of three people's care records and medicine records. We looked at nutritional information, incidents and accidents records, residents and relatives' meetings, staff meeting minutes and

the complaints procedures.

- After the first day of inspection we wrote to the provider to understand what actions they were putting in place to reduce the risk of harm to a person. The provider responded to our letter and we visited the home to follow up on what they had told us.

After the inspection

- We spoke with the local authority to seek an update regarding the safeguarding we raised.

Is the service safe?

Our findings

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

At our last inspection in January 2019 this key question was rated "Requires Improvement". At this inspection the key question has remained the same. This meant that some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At the last inspection we found risks had not been assessed when people's needs had changed or reviewed following an accident. While no person had suffered a fall or an incident or accident since our last inspection, we saw the provider had implemented improvements in their monitoring and reviewing process so should an incident occur, staff had a clear process to follow and risks could be mitigated.
- However, at this inspection we found people who were at risk of choking had been placed at risk of harm, as this was not managed consistently and in line with healthcare professionals advice. For example, one person was at risk of choking and required a specialised diet. A staff member told us and records we saw showed the person consistently ate food deemed high risk of choking. We raised our concerns with the registered manager who told us staff cut up the food into manageable size pieces and stayed with the person while they ate and confirmed they had not come to any harm. However, we could not be assured these measures were sufficient to promote the person's safety. We raised a safeguarding to the local authority and wrote to the provider to understand how they would ensure the person was safe. The provider told us clear advice and communications had been put in place, with additional training booked for staff in safe eating and drinking. When we returned on the second day, from records we saw and staff we spoke with, we found sufficient measures had been put in place to reduce the risk of harm.
- We found other risks associated with people's health, such as management of their epilepsy and keeping safe while out in the community had been risk assessed, and staff were knowledgeable about how to keep people safe.
- People told us they felt safe with the staff who supported them and while prompting their independence.

Using medicines safely

- The provider did not always follow safe protocols for the receipt and administration of medicines. We found that stock level of medicines received into the home were not consistently recorded, which meant where we found missed signatures in the medicine record, the registered manager could not identify if this was a missed medicine or missed signature, as they were unable to complete a stock check. Without clear and accurate records, the provider could not be assured people were receiving their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe by the staff who knew how to protect them from harm. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The registered manager took action and reported safeguarding's when these were identified.

Staffing and recruitment

- We saw there were enough staff on duty to meet people's needs in a timely way. Staff told us there were sufficient numbers of staff on duty and one to one support for people was always met.
- The registered manager understood people's individual support needs and what skill mix of their staff was required to keep people safe. They told us, and staff and relatives confirmed agency staff were not used and any gaps in the rota were covered by permanent staff to ensure consistency and safety to people.
- The provider undertook checks on the suitability of potential staff before they begun work.

Preventing and controlling infection

- We saw the home was clean and well maintained. Staff followed their infection control training they had received to reduce the likelihood of the spread of infections and people experiencing poor health. This included using equipment such as gloves and aprons.

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.

At our last inspection in December 2018 this key question was rated "Requires Improvement". At this inspection the key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Since our last inspection we saw the care records had been updated to reflect people's most current care needs. However, it was difficult to build a clear picture about the person's overall health as some important documents which were still active had been archived.
- We also found where a person's health had declined a clear record of when the person first became unwell and how long they had been presenting episodes of poor health were not clearly documented. Daily monitoring sheets were not consistently in place or completed. We could see external healthcare professional visits had taken place for this person, while staff gave us a clear account of how the person had been supported, without clear and accurate information the provider could not be assured staff were effectively managing the person's health to ensure the best possible health outcomes and to mitigate the risk that their health could deteriorate.
- People had lived at Phoenix House for many years and most of the staff had worked there for many years too. This meant staff knew people's history and understood people's choices and care preferences well. A person told us, "This is my home, and they [staff] are my family." Relatives told us they were involved in people's care and were listened to and content with the support their family member received.
- Staff encouraged and/or supported people to attend health appointments, their annual health checks, opticians and dental appointments, so they would remain well.

Staff support: induction, training, skills and experience

- Staff we spoke with were confident in their approach towards supporting people and demonstrated the knowledge and skills required to meet people's needs. However, we found staff had not raised concerns to management where they had found staff not following health care professional's advice, for example, where a person was given high risk choking foods. On the second day of our visit the registered manager told us that all staff had been spoken with to ensure they applied their knowledge and skills consistently. The provider had also responded promptly to the concerns and booked additional training.
- Relatives told us they were very happy with the way their family members were cared for and were confident in the staff's abilities to support their family member.
- The provider had a comprehensive induction for new members of staff, and regular training sessions were now being embedded into the service to ensure training ran throughout the year to keep staff up-to-date with best practice. There was a good skill mix of staff on duty at the time of our inspection.

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

- Support offered to people varied dependant on people's individual needs and independence in meal planning, shopping and meal preparation was promoted. We saw people were given a choice of food to eat during the day and had access to drinks, fresh fruit and snacks if they wanted.
- Staff monitored people's weight to ensure this remained stable.

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 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.

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.

- We found there had been improvements to how this was applied within the home since the last inspection.
- Staff had good knowledge of the Mental Capacity Act principles and applied this to their practice.
- Mental capacity assessments had been completed in relation to significant decisions about people's care with the involvement of family members, advocates and healthcare professionals when decisions were being made in the person's best interest.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements. Where DoLS authorisations had been granted for individuals, the provider reviewed any associated conditions placed on these.

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

- People had their own rooms, which they could personalise to own liking.
- People had appropriate space to socialise with others, receive visitors, eat in comfort, participate in activities or spend time alone if they wished.
- The provider had considered people's changing needs and had adapted the downstairs bathroom into a walk in shower. The provider discussed with us their plans to adapt the other bathrooms within the home.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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; Supporting people to express their views and be involved in making decisions about their care

- People were at ease around staff, we saw staff spent time with people doing things people enjoyed. Daily tasks were incorporated into people's daily routine to help promote a structure which reflected people's individual needs.
- Relatives told us they felt that the staff were an extended family.
- Community professionals told us staff's approach to their work was positive and staff put people at the heart of what they did. We heard an example of how staff visited a person who was in hospital, and how they visited them in their own time, took personal items to them to create a space in which the person felt more at ease.
- We saw a number of warm and caring interactions between individual staff members and the people they supported.
- The staff we spoke with knew people well, and they prioritised people's needs and requests when performing their duties.
- Staff and management recognised the need to promote people's equality and diversity through their work. Staff told us, and we saw managers working alongside staff and people and led by good example.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity and treated people with respect.
- Relatives told us their family members were treated with respect by staff and their privacy during personal care was maintained.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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

- Staff knew people well and understood their likes and dislikes and incorporated this into the plans of their care. Relatives were involved in their family members' care where appropriate and told us they felt listened to.
- Where people had been unwell we could see that external healthcare professionals had been contacted.
- People had support to participate in a wide range of therapeutic, social and recreational activities, both at the home itself and in the local community. One person told us how they were excited about their birthday and the party and presents they would be receiving. While others spoke about the holiday that had been booked and were looking forward to this. We saw people had a choice in how they wished to spend their day and staff respected their decisions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had improved their range of communication tools and aids to better support communication with individuals and ensure they had information in a way they could understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. This was also available in different formats, such as pictorial, to meet people's communication needs.
- Relatives told us they knew how to raise a complaint if they needed. Where relatives had raised a concern in the past, they told us this was dealt with appropriately and learning had taken place. Relatives felt management were very approachable and had good lines of communication.

End of life care and support

- People's care files had some information about whether end of life care had been discussed and whether people wished to be resuscitated in the event of a medical emergency. There was no person living in the home receiving end of life care at the time of inspection

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Management staff were beginning to embed and establish their roles and responsibilities. The provider told us, and we saw records of the monthly meetings held with the registered manager, deputy manager and the administrator to ensure actions were being completed to improve the service since the last inspection. However, we found these checks were mostly limited to the shortfalls found at the last inspection. While these shortfalls had been addressed and improvements had been made, the provider had not considered other aspects of quality assurance checks to identify, manage risk and continually drive improvement. For example, quality checking the medicines process and system. Without these checks, we found people were exposed to risk of harm through staff delivering inconsistent care.
- The registered manager confirmed spot checks and competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way. However, from what staff had told us and information we had read, we could not be assured that these competency assessments were robust enough to ensure staff fully understood the reasoning behind the care they carried out.
- Through conversations with the registered manager, we could not be assured they had considered the service as a whole to proactively improve practice. For example, tasks, such as training, had been delegated to other staff members, when we asked the registered manager the outcome of this and whether any actions were required as a result, they told us they were not sure and did not know if staff were up to date with their training. We checked with the delegated staff member and found staff training was being managed, however without the registered manager having an overview into the running of the service the registered manager could not be assured the service was meeting the requirements of the regulations.

This is a continued breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found the registered manager had not kept up to date with their professional development training to expand their knowledge and keep up to date with best practice. At this inspection the registered manager confirmed they had attended training courses and had used this to make improvements to the service, for example with the MCA.
- At the last inspection we found the registered manager had not submitted all of the required notifications to the CQC. At this inspection the registered manager recognised their responsibilities of duty of candour.

They were aware which incidents were reportable to external agencies and the CQC and where necessary had reported these.

- At the last inspection it was identified the provider had not displayed their ratings of their last inspection. At this inspection we found the provider had displayed their rating and met this legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives knew the registered manager well and felt they listened and were responsive to their requests. They told us they listened and supported them to their satisfaction. Relatives felt the service was well run, by a management team who cared and were approachable.

- People and relatives were involved in the running of the service. Where people had an advocate, they supported the person in making decisions about their care and the way the service was run and people told us this was a positive improvement to their involvement.

- Equally staff told us they felt happy in the way the service was run and felt improvements had been made. They told us they felt valued as a staff member and enjoyed working in a homely and friendly environment. Staff told us they felt supported to carry out their roles effectively. All staff we spoke with were proud of the positive culture within the service.

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 17 HSCA RA Regulations 2014 Good governance Insufficient quality monitoring systems.