

Prime Life Limited

# Phoenix Park Care Village

## Inspection report

Phoenix Avenue  
Off Phoenix Parkway  
Scunthorpe  
Lincolnshire  
DN15 8NH

Tel: 01724289885  
Website: [www.prime-life.co.uk](http://www.prime-life.co.uk)

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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

Phoenix Park Care Village is a purpose build home situated on the outskirts of Scunthorpe. It is registered to provide accommodation for people who require nursing or personal care for a maximum of 111 people.

The service is comprised of two units known as Hilltop and Overfields. Hilltop offers 77 single, en-suite rooms for older people some of whom may be living with dementia, complex health conditions requiring nursing care and behaviours that may challenge the service and others. Overfields provides 34 single en-suite rooms for younger adults with complex needs and mental health conditions. The service offers a number of communal lounges, conservatories, kitchens, a mixture of dining and bistro areas, games rooms, a hairdressing and beauty salon, secure gardens and outdoor seating areas.

At the time of this comprehensive inspection, there were two registered managers in post. The registered provider had made one registered manager responsible for Hilltop and the other responsible for Overfields. A registered manager is a person who has registered with the CQC 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.

We carried out this unannounced comprehensive inspection of the service on 16 and 19 December 2016 to check that the registered provider was now meeting legal requirements and had achieved compliance with the regulations following breaches identified at the inspections on 17, 25 & 28 September 2015, 27 & 28 January and 12 February 2016 and 1, 2 and 8 September 2016.

At the aforementioned inspections the registered provider was non-compliant with regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. This meant the registered provider was not meeting the requirements of regulations pertaining to providing person centred care, providing safe care and treatment, utilising effective systems to monitor and improve the quality of service provision and ensuring staff had the skills, abilities and experience to meet people's needs.

During this inspection we saw improvements had been made throughout the service and appropriate action had been taken to ensure compliance with the regulations.

People who used the service received person centred care. Care plans contained accurate descriptions of the current care needs and detailed guidance to enable staff to deliver care and support in line with their preferences.

People received safe care and treatment in a clean and hygienic environment. Staff wore personal protective equipment when required and worked in line with best practice guidance to ensure appropriate standards of infection prevention and control were adhered to. The environment was clean and free from unpleasant odours.

The registered provider's governance systems had been reviewed and developed to ensure their effectiveness. Quality assurance tools such as audits, checks, questionnaires and observations were undertaken to highlight shortfalls in care and support and to drive the continual improvement of the service.

Staff had completed relevant training to equip them with the skills and abilities to deliver care safely and effectively in a number of subjects including safeguarding of vulnerable adults, The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, fire awareness, first aid, dignity in care, dementia and mental health awareness.

People who used the service were protected from abuse and avoidable harm. Staff were aware of their responsibilities to report signs of potential abuse and poor care. Known risks were identified and mitigated. Plans were in place to deal with foreseeable emergencies. Staff were recruited following appropriate checks and any gaps in their work history were explored. People's medicines were stored, ordered and administered safely by staff who had completed relevant training.

Staff received effective levels of support, guidance and mentorship. Consent was gained before care and treatment was delivered. The principles of The Mental Capacity Act 2005 were followed and relevant legislation such as the Deprivation of Liberty Safeguards was adhered to. This helped to ensure people received the support they required in the least restrictive way. People ate a healthy and balanced diet of their choosing. When concerns with people's nutritional intake were highlighted, relevant professionals were contacted for their advice and guidance. People received care and treatment from a range of healthcare professionals as required.

People who used the service were supported by caring staff who knew their needs and understood their preferences. People were encouraged to make decisions in their daily lives and to maintain their independence. Staff upheld people's dignity and treated them with respect.

Pre-admission assessments were completed before people were offered a place within the service. Reviews of people's care took place periodically and when their needs changed. Care plans were updated to reflect this. People, or their appointed representative, were involved in the initial and on-going planning of their care. The registered provider had a complaints policy in place which was displayed within the service. When complaints were received they were investigated and responded to in line with the registered provider's policy.

Staff told us that the management team were approachable and a visible presence within the service. The registered provider utilised effective systems to drive improvement and ensure the service worked in line with best practice guidance. Staff efforts were recognised and celebrated internally. The CQC were notified of specific events that occurred within the service as required.

## 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. Risks to the health and safety of the people who used the service were identified and mitigated.

Infection prevention and control practices reduced the possibility of healthcare related infection spreading. The service was clean and free from unpleasant odours.

Staff, who had been recruited safely and were deployed in suitable numbers to meet the needs of the people who used the service.

Medicines were ordered, stored and administered safely.

### Is the service effective?

Good 

The service was effective. People received care and support from staff who had completed relevant training to meet their needs.

Staff received effective support, mentorship and professional development.

People were supported to make choices in their daily lives. When people lacked capacity the principles of the Mental Capacity Act 2005 were followed.

People were encouraged to eat a healthy balanced diet of their choosing.

A range of community healthcare professionals were involved in the care and treatment of the people who used the service.

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### Is the service caring?

Good 

The service was caring. Staff told us the staff who supported them were kind and caring.

Staff treated people with dignity and respect and delivered care in line with their preferences.

People were encouraged to maintain their independence and take part in activities.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were reflective of their current needs. When people's needs changed their care plans were updated to ensure staff had appropriate, up to date guidance to meet people's needs.

People who used the service were aware of how to raise concerns about their care. When complaints were received they were investigated and responded to as required.

### Is the service well-led?

Good ●

The service was well led. The quality assurance systems had been developed to ensure they highlighted concerns and drove improvements within the service.

Staff told us the management team was supportive and approachable.

The service had a registered manager in place which was a requirement of the provider's registration with the Care Quality Commission.

# Phoenix Park Care Village

## **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 registered 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 unannounced inspection was carried out by three adult social care inspectors and took place on 16 and 19 December 2016.

Before the inspection, we looked at the notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed. We contacted the local authority commissioning and safeguarding teams to gain their views of the service.

During our inspection we spoke with 12 people who used the service, seven relatives and a visiting health care professional. We also spoke with the two registered managers, the deputy manager, three team leaders, nine care workers, domestic staff, the services manager, the clinical lead, the quality matters director and two regional directors.

We looked at 10 care files which belonged to people who used the service. We also looked at other important documentation relating to them such as accident and incident records and medication administration records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We also looked at a selection of documentation relating to the management and running of the service. These records included six staff recruitment files, training records, the staff rota, supervision records, minutes of meetings with staff, relatives and people who used the service, quality assurance audits, complaints and maintenance of equipment records. We conducted a tour of the service to check the cleanliness and infection control practices.

We observed how staff interacted with people who used the service and their relatives. We used the Short

Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Phoenix Park. One person said, "Yes I feel safe." Another person told us, "Oh definitely we all are [safe]." Other comments included, "It's safe here", "I feel safe because there is always someone [a member of staff] about if I need them" and "The staff keep me safe, they help me out of bed using a machine [a hoist] and I don't like it but I know it's safe."

People told us they were supported by suitable numbers of staff and did not have to wait to receive the care and support they required. One person said, "I have this [a call bell] and if I pull it staff come pretty much straight away." A second person explained, "I like the staff to come and talk to me. I know they are busy because I hear the bells ringing down the corridor but they always make time for me and we sit and have a good chat every day." A visiting relative told us, "There seems to be plenty of staff about these days. I never have any issues finding them if [name of the person who used the service] needs help." A second relative said, "I don't think there are any issues with the amount of staff, they are always doing things nowadays, mum was decorating cakes earlier. There was five residents and three staff all laughing and joking when we came."

At our comprehensive inspection in September 2016 we found the service had failed to achieve compliance with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was also non-compliant with Regulation 12 at inspections carried out in September 2015 and January/February 2016. This was because people did not receive safe care and treatment.

During this inspection we found evidence confirming the service had made satisfactory improvements in relation to the requirements of Regulation 12, described above, and was now compliant with this regulation.

At our comprehensive inspection in September 2016 we found people were not cared for in a clean and hygienic environment. Daily practices such as the handling and storage of soiled linen increased the possibility of cross contamination and the spread of healthcare related infections throughout the service.

During this inspection we saw evidence to confirm the service had liaised with a specialist infection prevention and control nurse from the local Clinical Commissioning Group to ensure best practice guidance regarding the handling and storage of soiled linen was adhered to. New ways of working had been introduced that minimised the handling of soiled linen and subsequently the possibility of cross contamination. Cleaning schedules had been reviewed and developed so they were robust enough to ensure the service remained clean. Additional paper work had been introduced that staff completed to record what cleaning tasks had been undertaken. A daily walk round was completed by a member of the management team to ensure appropriate standards were maintained.

The registered manager told us, "It shouldn't have been the way it was at the last inspection, some people need their beds changing and their mattresses and bed frames cleaning every day so we have changed the cleaning schedules and focus on what we know needs doing." A member of the domestic team said, "We deep clean every room once a month and they all get a bit of a clean every day. We used to clean rooms that



didn't need doing, some people didn't need it but other people do, the way we work makes more sense now." A person who used the service told us, "They keep my room lovely and clean." A relative commented, "It does seem like they do more cleaning, it's always nice when we come and [Name of a person who used the service] always looks presentable and he always has clean clothes on."

We completed a tour of the entire service [Hilltop and Overfields] and found it was clean, tidy and free from unpleasant odours. Staff wore personal protective equipment (PPE) such as gloves and aprons when required and followed safe hand hygiene techniques. This helped reduce the possibility of healthcare related infections spreading throughout the service.

People who used the service were protected from bullying, harassment and abuse. Records held within the service showed that incidents had reduced significantly since our last inspection. During discussions with the service's management team we were informed that a number of factors had contributed to this reduction. A regional director said, "Lots have things have changed, the care plans are better, they are more detailed and give staff clear information about how to react when people display certain behaviours. The staff are much better at recognising when people become agitated and they react before an incident occurs and we do a lot more reflective practice. We discuss the incidents [with the staff] and look at what could have been done differently to prevent it and what the staff will do differently next time."

The deputy manager explained, "The training we have had has been amazing. We looked at the needs of individuals, the types of behaviour they display and discussed it with the trainers." Care plans had been updated to include signs of agitation, potential triggers and included behavioural support strategies with clear guidance for staff to follow in a range of situations. The clinical lead informed us that due to the service's improved understanding and management of people's behaviours; one to one support had decreased. A member of staff commented, "We do a lot more with people now, we have better care plans and better strategies to support them but keeping them engaged in different activities helps a lot as well."

During discussions with staff it was clear they had an understanding of the different types of abuse that may occur and what action to take if they suspected abuse of poor care had taken place. One member of staff said, "You get to know all the service's users really well so if they were not acting themselves or had unexplained bruising that could be signs of abuse." Staff told us they would report any concerns they had to their registered manager and were confident appropriate action would be taken to ensure people were safe.

We saw that known risks were monitored and mitigated to protect people from avoidable harm. Care plans had been developed to ensure staff supported people safely and consistently. Each care plan had a corresponding risk assessment that included clear guidance for staff regarding how to deliver effective care and support safely without restricting people's freedoms and choices.

When concerns were raised, appropriate action was taken to ensure the safety of the people who used the service. We saw evidence to confirm the service worked closely with the local authority safeguarding team and reported all notifiable incidents so they could be investigated. Incidents were reviewed and action was taken to prevent their reoccurrence when possible.

Plans were in place to deal with specific emergencies such as the loss of essential services, staffing issues and specific healthcare related illnesses. An emergency evacuation plan had been created for each person who used the service. This helped to ensure people would be supported safely during and after a foreseeable emergency.

Appropriate numbers of staff were deployed to meet the assessed needs of the people who used the service.

We saw that assessments of people's individual needs were completed, taking into account the support they required with daily activities such as personal care, eating and drinking, mobility and toileting. The staffing levels in each specific area of the service were calculated to ensure people's individual and collective needs could be met. Throughout the inspection we observed staff engaging people in conversations and activities. People were supported in an unhurried manner and call bells were answered in a timely way.

A team leader told us, "There are 29 people on this floor and we have nine staff to support them" and "I think the staffing levels are really good. We have enough staff to keep people engaged and the staff can sit with people on a one to one basis if they need more attention." Ancillary staff were employed to prepare meals and carry out domestic tasks which enabled care staff to focus on people needs without distraction.

We looked at six staff files and saw that staff were recruited safely following recognised recruitment procedures. Before prospective staff were offered a role within the service, two suitable references had to be received and a Disclosure and Barring Service (DBS) check was undertaken. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Medicines were ordered, stored and disposed of safely. We saw that the service had several dedicated medicines rooms which were used to store medicines in line with current guidance. Medication trolleys were used to store and transport medicines within the service and the trolleys were secured as required when not in use. Medication fridges were available to store medicines at cooler temperatures in line with the manufacturer's guidance. Specific arrangements were in place for controlled drugs. The clinical lead told us they had worked with the supplying pharmacy to ensure suitable stock levels were held and completed regular audits to ensure any issues with medicines would be identified and rectified without delay.

People who used the service received their medicines as prescribed. The clinical lead informed us that senior care staff and registered nurses administered medicines to people depending on their level of need. We watched a number of medicine rounds and noted the administering staff took the time to explain what each medicine was for and ensured people received their medicines in line with their preferences. We checked 10 medication administration records (MARs) and saw that they were completed accurately without omissions.

We saw evidence in people's care plans that medicine reviews occurred regularly. Protocols had been developed to support covert administration as well as the use of certain pain relief and behaviour modifying medicines to ensure people received their medicines consistently and safely.

One person told us, "They bring me my tablets every day; they put them in a pot for me because I can't pick them up." They also said, "I have never had any problems. They have never missed anything and never run out." A relative said, "They look after all that [medicine storage, ordering and administration] for [name of the person who used the service]. I used to do it but there was so many. I'm please someone who is trained does it all now."

After we completed this inspection we were notified of an incident that had occurred within the service. The incident will be investigated by the local authority safeguarding team and we will report on the outcome when the investigation has concluded.

# Is the service effective?

## Our findings

At our comprehensive inspection in September 2016 we found the service had failed to achieve compliance with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was also non-compliant with Regulation 18 at inspections carried out in September 2015 and January/February 2016. Staff had not completed relevant training and subsequently did not have the skills and abilities to meet the assessed needs of the people who used the service.

During this inspection we found evidence confirming the service had made satisfactory improvements in relation to the requirements of Regulation 18 described above, and was now compliant with this Regulation.

At our comprehensive inspection in September 2016 we found people were not supported by competent and suitably experienced staff. Staff delivered care and support which they had not been trained to do so safely. The registered provider had failed to ensure staff were trained in line with their own policies and procedures.

During this inspection we saw evidence to confirm staff had completed relevant training which enabled them to deliver effective care and support. Records showed staff had undertaken training and mentoring in a range of subjects deemed as 'core training' by the registered provider. This included moving and handling, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, dementia, dignity in care, safeguarding vulnerable adults, fire safety and first aid. Further training had been completed in 'service specific training' such as challenging behaviour, falls awareness, meaningful occupation, mental health awareness, bed rail safety, end of life and communication.

The registered provider had contracted an external training provider to work with its internal training team to support staff and raise their abilities, experience and confidence. The quality matters director explained, "We obviously had an issue with training because we hadn't trained the staff in the areas we said [in the registered provider's training policy] we would. We could have just put the staff on course after course but that would have been too much for them. We have worked with them and I am very confident that they are more skilled and more confident about what they are doing than they have ever been." They added, "I know they deliver great care because we see it every day."

The external training manager told us, "We had a big issue with the night staff; they were being called in on their days off to do training or were just completing workbooks. I believe in hands on, face to face training, so have come in and delivered training at two [a.m.] in the morning. They [the night staff] seemed to really appreciate that and were really engaged." The quality matters director added, "I met with the night staff and asked them what they felt they needed. They said they would appreciate someone working on a night shift who could see a situation and tell them how they would approach it or what they could do differently; so that's what we did."

Staff told us they received pertinent training which enabled them to feel confident in their role. One member of staff said, "The training that we do now is focused on the people who live here and the trainers give us

suggestions about how to deal with situations that actually happen which is really helpful." Another member of staff told us, "We have all had the same training and all look at how to support people in the same way which is miles better, a year ago all the staff were kind of doing their own thing and that didn't work at all." A third member of staff commented, "It's a better place to work now. We have been taught how to support people when they get angry and the care plans give us proper instructions; because we [the staff] are doing things better the residents are calmer and happier, they don't shout or get aggressive with each other. It's just a nicer place to be for everyone."

During discussions staff told us they were supported effectively and records we saw confirmed this. However, the registered manager [from the building in Phoenix Park known as Overfields] told us, "The staff do get a lot of support, they can always talk to me and the team leaders are always available but I haven't done any annual appraisals yet. I haven't been here for six months yet and want to know everyone's strengths and weaknesses so the appraisals are meaningful."

People who used the service were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The 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 make 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 it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). DoLS were in which helped to ensure people received the care and treatment they needed in the least restrictive way.

The care files we saw contained capacity assessments and records that provided evidence that decisions were made in the people's best interest when it had been deemed they lacked capacity. During discussions with staff and observations of care and support throughout the inspection it was clear they had a good understanding of the MCA and how to obtain consent from people.

People who used the service had access to a range of healthcare services and professionals. The clinical lead told us they had reached out to and worked closely with a number of healthcare professionals to ensure people received the most effective support to meet their needs. Records showed advice and guidance had been provided by tissue viability nurses, a palliative care consultant, Parkinson's specialist nurses, general practitioners, physiotherapists, dieticians, falls experts and speech and language therapists. This helped to ensure people received the most effective care to meet their needs.

During a discussion with the clinical lead they explained that the general health of a person who used the service had declined in recent months; they confirmed referrals had been made to the dietetic service and a diabetic specialist nurse. The person had been given a new 'free style implant' [consisting of a fine needle sensor that had to be applied every 28 days, which replaced the need for blood glucose monitoring, the electronic scanner can take readings through clothing] because of the person's phobia of needles. [This equipment is generally used for children and younger adults and had not been used by a person with dementia before.]

The clinical lead said the equipment was working well and had been an effective way to reduce the person's anxiety of needles. The diabetic specialist nurse told us, "I am so impressed with [name of the clinical lead] and the rest of the team and what they have done here" and went on to say, "Very positive monitoring and management of their diabetes and an excellent team approach."

People were supported to eat a balanced and nutritious diet. We observed the mealtime experience in both parts of the service, Hilltop and Overfields, and noted the atmosphere was calm and inclusive. People were offered choices for each meal and were supported as required. Adapted cutlery, plate guards and plastic sealed beakers were provided to people to enable them to eat and drink independently. Pictorial menus were used to help people choose what meal they wanted.

People's dietary requirements were catered for; textured and soft diets were provided to people after advice from the community dietician and speech and language team. The services manager said, "I have just taken on some new staff that are talented and very enthusiastic. We are working with people to create interesting meals that they may have not tried before. Sometimes it's difficult if people are diabetic and can't eat the things they want, so we try to give them options and have menus that they can be excited about."

When we asked people if they enjoyed the food and ate sufficiently to meet their needs comments included, "I like the food, but if I don't like what's on, I can always have something else", "I think the food here is lovely" and "There is always a pudding, they are my favourite." A relative we spoke with explained, "He doesn't have the best appetite and they know he likes fish and they bring him small plates of salmon and prawns, they also come with creamy yoghurts which he loves."

# Is the service caring?

## Our findings

When we asked people who used the service if they were supported by caring staff we received consistently positive responses. One person said, "The staff are really nice to me, I like them all." Another person said, "They are wonderful, thoughtful and kind." A relative we spoke with said, "The care staff are all really lovely, and very kind and caring." A second relative said, "We are all happy with dad's care, he likes all the staff and you can see they have a genuine fondness for him."

During the inspection we saw a visiting relative give a box of chocolates to a member of care staff; when we asked why they were doing this they said, "They are a very dedicated team and I see so much kindness. Sometimes I hear things when the staff don't know I'm there and they treat my [name of the person who used the service] so beautifully. The staff go above and beyond and I wanted to thank them and show my gratitude."

At our comprehensive inspection in September 2016 we found the service had failed to achieve compliance with the Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was also non-compliant with Regulation 9 at inspections carried out in September 2015 and January/February 2016. People did not receive person centred care.

During this inspection we found evidence confirming the service had made satisfactory improvements in relation to the requirements of Regulation 9 described above and was now compliant with this regulation.

At our comprehensive inspection in September 2016 we found people's care plans contained gaps and blank documents because certain information had not been gained before people moved into the service. This did not ensure staff could deliver care in line with people's preferences.

During this inspection we saw evidence to confirm people's care plans were kept up to date, reflected their current support needs and included detail guidance to enable staff to support people effectively and in line with their preferences. Care plans consistently directed staff to support people to be as independent as possible and reminded staff how to deliver care whilst upholding people's dignity. A team leader told us, "We had to re-write different parts of one person's care plan five times in one month. They had a seizure and their needs changed quite quickly so we had to do it so staff had up to date information about the best way to support them."

The deputy manager explained, "We all work together better than we ever have; all the staff are involved in making sure care plans are accurate, the clinical lead, the nursing staff and the care staff; everyone knows different things and we work together to make sure they are accurate and don't say one thing in one part and another thing in another." The registered manager [from the building in Phoenix Park known as Hilltop] said, "The care staff are always involved [in developing care plans], they know people the best, they know their preferences, how they like things doing, what their levels of independence are. The care plans really are great, I'm not just saying that, I think anyone could pick them up and be able to deliver person centred care after reading them."

Individualised care plans had been developed for people in a range of areas which clearly stated the support they required and their personal preferences for how their care should be delivered. The care plans we saw contained detailed information about people's life before they used the service. 'All about me' pages included information about people's family lives, their professional history as well as hobbies and interests. This helped to ensure staff knew the people they were supporting and could deliver personalised care and support that met people's individual needs.

Throughout the inspection the kind and caring approach of staff was clear. We witnessed people laughing and sharing jokes with staff and also observed staff delivering one to one support to people using a sensitive and gentle approach. Staff assessed people's moods by reading their body language or facial expressions and considered their needs before delivering care. A member of staff said, "I try and read the situation and act accordingly, sometimes people, [name of person who used the service] for instance likes to have a laugh and likes to take the mickey' but other times I can see the best thing I can do is just sit with him and let him know I'm there." The deputy manager said, "The whole atmosphere at the home has improved. Everyone [all of the staff] has responded to the things we have implemented and it's a much calmer happier place."

People were supported by staff to maintain their independent living skills and understood the importance of treating people with dignity and respect. A member of staff told us, "The care plans say what people can do for themselves and we always try and encourage people to do what they can, even if it's just little things like wash their hands and face. It's important we don't just do things for people." Another member of staff said, "People have good and bad days, sometimes they can do something but another day they can't, I make sure I don't rush people and give them the time to do things."

People were encouraged and supported to make decisions in their daily lives. Staff sat with people and took the time to explain things in a way that people could understand. We heard people being asked questions and staff rephrased things to help people make choices. Posters for advocacy services were displayed at various points within the service to ensure people knew they could access this type of support if required.

On a dining room wall an advent activity calendar was displayed which showed a varied Christmas activity programme had been developed for December. This included visits from local schools, entertainers and activities such as making snow globes, Christmas cards and lanterns, drum therapy, a dance show, Christmas film, decorating the tree, a carol service and a Christmas fair and party. Photo collages were displayed which depicted people who used the service enjoying taking part in various activities.



## Is the service responsive?

### Our findings

At our comprehensive inspection in September 2016 we found the service had failed to achieve compliance with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was also non-compliant with Regulation 9 at inspections carried out in September 2015 and January/February 2016. People did not receive person centred care.

During this inspection we found evidence confirming, the service had made satisfactory improvements in relation to the requirements of Regulation 9 described above and was now compliant with this regulation.

At our comprehensive inspection in September 2016 we found people's care plans were not always updated as required; contained a range of contradictory statements and failed to incorporate required or adequate information and guidance.

During this inspection we cross referenced the information in people's care plans with the accident and incident records, hospital discharge papers and the advice and guidance provided by relevant professionals when they visited the service. We also spoke with staff to ensure their understanding of people's needs reflected the information held in their care plan. We saw evidence to confirm people's care plans were updated as required and the information in the care plan was up to date and an accurate reflection of their needs. The registered manager [from the building in Phoenix Park known as Hilltop] explained, "The team leaders audit the care plans every month and whenever anything happens, a fall or deterioration in someone for instance I then look at the care plan to make sure I am happy with the level of information."

Records showed one person presented with behaviour that challenged the service and others. When they became distressed they would remove dressings from their legs [which were needed due to open wounds]. Specific care plans had been created to enable staff to support the person effectively and safely and to ensure that their dressing could be changed when required. The care plan provided detailed guidance for staff to follow in a range of different situations that could occur when the person became agitated or distressed. The clinical lead told us they considered the management of the person's ulcerated legs was significantly better and that the healing process had dramatically improved since the introduction of the care plan.

When we first arrived at the service we saw that the clinical lead was completing a 'ward round' with a team leader. The clinical lead explained that they completed a visual assessment of each person in the morning to check for any signs of deterioration or changes in people's condition. The team leader accompanied the clinical lead to develop their skills and abilities in relation to identifying early warning signs that people's health may be declining. The 'ward round' helped to ensure the service could respond quickly and effectively to people's needs.

During the inspection one person failed to eat their lunch. Staff recognised that this was unusual behaviour and requested support from the nurse to clinically assess the person. When the nurse completed the assessment they deduced the person needed further medical attention and arranged for the person to be



taken to hospital. This provided assurance staff had a good knowledge and understanding of the people they supported; could recognise when they had deteriorated and understood how to respond effectively to ensure people received the care and treatment they required in a timely way.

We were told that the needs of one person had changed and the service could no longer provide the care and support they required. The clinical lead informed us that the person had been given 28 days' notice to leave the service but said that the deadline would be breached. They informed us that the service would support the person until a suitable placement could be found and gave their assurance that the service would work with other healthcare professionals to ensure the transition was done safely and effectively.

Following our inspection in September 2015 the registered provider agreed to a voluntary embargo on new placements. This meant no new people would move into the service until the level of risk at the service had significantly decreased. After our last inspection in September 2016 the voluntary embargo was lifted and the registered provider agreed to accept new people into the service on a phased and structured basis. During this inspection we were informed that the service had assessed several people but only deemed three to be suitable for the service. The registered manager [from the building in Phoenix Park known as Hilltop] said, "We have had to say we can't meet people's needs, one person would have been too disruptive for the other residents and another one was regarding end of life care and it would have been too rushed for us to be able to deliver the level of support we want to." They went on to say, "We have all learned a lot and we won't just bring people in because we have empty rooms we have to make sure we can meet their needs and they are not going to put anyone here who is already at risk."

Records showed people who used the service and their appointed representatives were involved in the initial and on-going planning of their care. A person who used the service confirmed they attended regular reviews and said, "I have meetings quite regularly. It's me, the manager and someone from social services. Sometimes my sister comes if she can but I make all the decisions about my care." A relative commented, "We have review meetings and they go through all his care, they are absolutely brilliant, always ring me if there are any changes."

The registered provider's complaints policy was displayed within the service which helped to ensure people, their relatives and any other visitors to the service knew how to make complaints and raise concerns. A recent complaint had been investigated and responded to in line with the registered provider's policy and the clinical lead had met with the complainant to discuss their concerns and worked with them to gain a positive outcome for the person who used the service. A person we spoke with told us, "There really is no need for anyone to complain. We get such good care and are lucky to be here in my opinion."

# Is the service well-led?

## Our findings

At our comprehensive inspection in September 2016 we found the service had failed to achieve compliance with the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was also non-compliant with Regulation 17 at inspections carried out in September 2015 and January/February 2016. The registered provider failed to operate effective governance systems to assess, monitor and improve the quality and safety of the service.

During this inspection we found evidence confirming the service had made satisfactory improvements in relation to the requirements of Regulation 17, described above, and was now compliant with this regulation.

At our comprehensive inspection in September 2016 we found governance systems failed to identify areas of the service that required improvement and were not an effective tool to ensure the service complied with best practice guidance or to drive quality.

During this inspection we saw evidence to confirm the registered provider had worked through the action plan they had created to ensure compliance with the Regulations [the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014] was achieved. A regional director explained, "As you know we brought in an external company to support us and advise us on how we could improve. Over the last few months their involvement has decreased and it's the staff team that have been responsible for the improvements. Everyone has worked so hard." The quality matters director added, "We have worked with the different commissioners to develop the action plan so it was clear what needed to be done and how we could evidence the work we had completed."

We saw that the registered provider's quality assurance system comprising of audits, checks, ward rounds, questionnaires and assessments was used effectively to highlight shortfalls and drive improvements across the service. Specific aspects of the service were monitored at different intervals for example medication, accident and incidents, pressure care and falls were audited on a monthly basis. Infection prevention and control was assessed daily by the registered managers during tours of the service.

People's satisfaction of the service was monitored during service user meetings and through bi-annual questionnaires. The registered manager [from the building in Phoenix Park known as Overfields] told us, "Things can change, for example I used to do medication audits every week because we had some issues, but we addressed those and kept scoring really well on the audits so we changed it back to monthly."

The service had liaised with community professionals before introducing new ways of working to ensure the changes were in line with best practice guidance. The quality matters director told us, "We asked the infection control lead nurse to help us after the last inspection and they were really helpful. We looked at the current guidance and the facilities we have and developed the system we currently use." They also said, "We are looking at the effectiveness of the 'all of me' training, it is really practical training that looks at people's overall well-being and what we can do to affect that, such as delivering meaningful activities and having an environment that supports people with dementia. We know we have improved but none of us want to stop

here. We want to make this the best service in the area."

Heads of department meetings were held daily to enable staff to share information effectively and discuss any additional support people may need. Senior management team meetings which were attended by regional directors and the registered provider's nominated individual were held regularly and used to discuss the progress of the service against its own action plan and specific incidents that had occurred. We saw evidence to confirm the service was discussed at board meetings which provided assurance that the registered provider's senior management team were aware of what happened in the service.

The service strived to deliver high quality care and recognise the efforts of its staff. We saw that a recognition scheme had been introduced and staff efforts were highlighted and rewarded. The quality matters director informed us that the service's registered and deputy managers along with the clinical lead and team leaders had commenced a leadership and management course to ensure they had the skills and abilities to inspire and lead the staff team.

The registered manager [from the building in Phoenix Park known as Overfields] told us, "We are more clearly defined as two separate services now. What works over there [referring to the building in Phoenix Park known as Hilltop] doesn't always work here. It was always managed in the same way and that didn't work. We have different people here with different needs that need supporting in a different way." They also said, "We have been given the opportunity to develop as an individual service and I think we are doing really well." A regional director added, "We know there are still a lot of things we can improve on and we are all [the entire staff team] committed to doing it."

The deputy manager told us that the service had developed links with the local community including primary and senior schools and a local theatre group. They said, "We have had the little one's come and sing Christmas carols which everyone loves. We try and do as much as we can with the local community and so far it's all worked really well."

The registered provider had developed a set of values based on compassion, dignity and respect, partnerships and promoting independence which were in line with the General Social Care Council code of practice. Staff told us that they believed in the values of the registered provider and found the management team to be approachable and consistent. One member of staff said, "I actually resigned a few months ago. It was after one of the inspections and we all knew things weren't right but I was working my notice and could see things were improving every day. I decided to stay and am so pleased I did. I love coming to work and I love my job."