Phoenix Care Centre Ltd

Phoenix Care Centre

Inspection report

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Ratings

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

Overall summary

Phoenix Care Centre provides care for up to 39 older people, some of whom may experience needs related to memory loss associated with conditions such as dementia. There were 28 people living in the service at the time of our inspection.

The registered provider had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under MCA and to report on what we find. These

Summary of findings

safeguards are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to deprive them of their liberty. This is usually to protect themselves. At the time of the inspection no one living at the home was subject to an authorised DoLS.

Background checks had been completed by the registered provider before new staff were appointed to ensure they were safe to work there. Staff knew how to recognise and report any concerns they had so that people were kept safe from harm.

Staff understood people's needs, wishes and preferences and they had received training in order to enable them to provide care in a way which met people's individual needs. People were treated with kindness, compassion and respect.

Staff provided the care as described in each person's care record. People had access to a range of healthcare professionals when they required more specialist help. There were clear arrangements in place for ordering, storing, administering and disposing of medicines.

People were provided with a good choice of nutritious meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink.

People were able to see their friends and families when they wanted. There were no restrictions on when people could visit the service and visitors were made welcome by the staff in the home. People and their relatives had been consulted about the care they needed and were offered the opportunity to pursue and maintain their interests and hobbies.

There were systems in place for handling and resolving complaints. People we spoke with and their relatives were aware of how to raise any concerns they may have. The home was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. The registered manager had systems in place to enable them to continually assess and monitor the quality of the services they provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Background checks had been completed before new staff were employed.

Staff supported people in a way that minimised risks to their health and welfare and people's medicines were managed in a safe way.

There were enough staff on duty to give people the care they needed when they needed it.

Staff were able to recognise signs of potential abuse and knew how to report their concerns.

Good

Is the service effective?
The service was effective.

Staff had received training and were supported to apply their learning and understanding when they gave care and support to people.

People were helped to eat and drink enough to stay well and were assisted to maintain a good diet.

They were supported to make their own decisions and arrangements were in place to support those people who lacked capacity to make decisions for themselves.

Good

Is the service caring?
The service was caring.

People were supported to maintain their dignity. They were treated with respect and their diverse needs were met.

Staff were caring, kind and compassionate. They recognised people's right to privacy and respected confidential information.

Good

Is the service responsive?
The service was responsive.

People had been consulted about their needs and wishes. Staff provided people with the care they needed including people who lived with conditions such as dementia.

People were supported to make choices about their lives and how they wanted to spend their time when pursuing their hobbies and interests.

People were able to raise any issues or complaints about the service and the registered provider acted to address any concerns raised.

Good

Is the service well-led?
The service was well-led.

There was an open and positive culture within the home.

Good

Summary of findings

People and their relatives were able to voice their opinions about the services they received and these were valued.

The registered manager and provider had systems in place to regularly monitor, and when it was needed, take action to continuously improve the quality and safety of the service.

Phoenix Care Centre

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 was 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.

We inspected Phoenix Care Centre on 23 July 2015. The inspection was unannounced and the inspection team consisted of a single inspector. We last inspected the service on 29 April 2014.

Before the inspection visit took place, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR within the timescale set and we took this into account when we made judgements in this report.

In addition, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We spoke with the local authority who commissioned services from the registered provider in order to obtain their view on the quality of care provided by the service.

During our inspection we spoke with seven people who lived at the service and three relatives who were visiting and a community healthcare professional. We also spoke with the registered provider, the registered manager, the deputy manager, the home's administrator, four care staff, the activity co-ordinator, the cook and the gardener.

In addition, after we completed our visit, we contacted a community health care manager and asked them for feedback on the care that people received at the home.

As part of the inspection we spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people who lived at the home had difficulties with their memory and were unable to tell us about their experience of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We reviewed the information available in six care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. Other information we looked at included; three staff recruitment files, the registered manager's supervision and appraisal arrangements, staff duty rotas and the arrangements in place for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

People were safe living at Phoenix Care Centre. One person said, "I am clear about how I would call for help if needed" and "The staff make me feel safe, I have no worries living here and feel free to be me." A relative we spoke with said, "The staff are very supportive and easy to approach. I would have no hesitation in saying I think [My relative] is safe living here."

Records showed and staff we spoke with described a range of possible risks to people's wellbeing and how they worked to minimise the risk. For example, staff knew about the risks associated with people developing pressure sores. We saw staff followed plans in place for reducing these risks. This included encouraging people to change their seating positions regularly or to be assisted to turn when they needed caring for when they were in bed. Care plans showed the arrangements in place to assist people who had reduced mobility, or if they needed help to promote and manage any personal care issues. Staff were aware of the information in the individual plans and risks were regularly reviewed by the registered manager and staff with records updated to show actions taken to respond to any new risk identified.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, records we looked at showed one person who had experienced a number of falls had been referred for additional health and fall prevention assessments. A new care plan had been agreed together with external health professionals and introduced to support the person. This action had helped reduce the number of falls.

Our records showed the registered manager had also made sure we were notified about any untoward incidents or events within the home. This was in line with their responsibilities under The Health and Social Care Act 2008 and associated Regulations.

The registered manager showed us records and staff told us they had received training about how to keep people safe from harm. For example, they had received training about falls prevention and infection prevention and control. They had also received training about how to keep people safe from abusive situations.

Staff we spoke with demonstrated their understanding of how to recognise abuse and the policy and procedure they would follow in order to quickly report any concerns they might identify. We knew from our records that the registered manager and staff had worked well with other agencies, such as the local authority safeguarding team to address any concerns that had been raised with them.

The registered provider had a business continuity plan in place in order to make sure people would be safe if, for example, they could not live in the home due to a fire or flood. Fire evacuation plans and regular fire drills were in place. Staff and people we spoke with told us what they would do if there was a fire in order to stay as safe as possible.

We looked at three staff recruitment files and saw staff had been recruited based on checks with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. Staff also underwent checks about their previous employment, their identity and the registered provider had obtained references from previous employers.

The registered manager had established how many staff needed to be on duty by assessing each person's needs for assistance. Staff told us that there were enough staff on duty to meet people's needs and we saw staff noticed and responded quickly when people needed assistance.

Staff rotas showed us that planning by the registered manager had ensured routine shift arrangements were being filled consistently and any changes in staff at short notice were being covered from within the staff team. The registered manager confirmed that although it had not been required, cover included the option to use agency staff.

People's care records showed how they were supported to take their prescribed medicines and that these were given at the times they need to be taken. We observed staff carried out medicines administration in line with good practice. Staff told us, and records confirmed, the staff who had this responsibility had received training about how to manage medicines safely. Staff also demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording.

Good

Is the service effective?

Our findings

One person said, “Since I came to live here the staff have given me all the care I need. I get visits from my doctor and the nurses who come are friendly. A relative we spoke with told us, “The arrangements and communication to support [My relative] helped a smooth transition from home to care. The good communication has helped the placement work.”

People’s healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as community nurses, dentists and opticians. We spoke with a visiting healthcare professional who told us, “The staff are great with communication. We work as one team.”

Records showed the registered manager attended weekly meetings with the local community health care professional team. The meetings were held to review input provided for people from external health professionals. Actions were then agreed and followed up in order to enable people to be as independent as possible. For example records confirmed that when needed referrals were made for occupational therapy services in order to improve people’s mobility.

Staff told us they received a range of training to help them meet people’s needs. Training records showed staff skills were developed in line with the needs of the people who lived at the home. For example, training focussed on subjects such as helping people to move around safely, falls prevention and risk assessments, nutrition and hydration, and dementia care. The registered manager and staff we spoke with also confirmed all of the care staff team had obtained or were working toward achieving nationally recognised care qualifications.

Staff told us and records confirmed staff received regular supervision and an annual appraisal from the registered manager and the deputy manager. Staff also said supervision sessions helped identify any specific issues regarding their ongoing development and that their skills were being continuously developed as a result of the support given.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA.

The Mental Capacity Act 2005 (MCA) is legislation that protects people who do not have capacity to make a specific decision themselves. Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted.

The registered manager knew what steps needed to be followed to protect people’s best interests. In addition, they knew how to ensure that any restrictions placed on a person’s liberty were lawful. We saw that they were aware of the need to take appropriate advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty. The service did not have anyone who was subject to a DoLS authorisation at the time of the inspection.

We observed that staff asked people for their consent before they provided any kind of support. They explained the support they were going to give in a way that they could understand and people responded positively to this approach. People and their relatives told us they were involved in decision making about care needs and that staff always respected their views.

Where needed care records contained mental capacity assessments, which been carried out when people lacked capacity to make some decisions for themselves. Decisions made in the person’s best interests were then recorded. For example, where bed rails were in use there was a record to show consent had been obtained in order to use these.

Staff demonstrated their knowledge and understanding of people’s nutritional needs. They followed care plans for issues such as encouraging people to drink enough and when it was identified as being needed, weighing people to ensure they were maintaining a healthy weight. Records for these needs were completed and up to date. They included up to date nationally recognised nutritional assessment tools. The registered manager confirmed that where people were at risk of poor nutritional intake staff understood how to make referrals to specialist services.

People told us they had access to food and drink whenever they wanted it and that they enjoyed the foods that were available to them. One person commented, “The food is good, I enjoy what we have and if there is anything I don’t fancy I get other options.”

The catering staff provided people’s chosen meals throughout the day, whether from the menu or their own

Good

Is the service effective?

choices and demonstrated a clear understanding of people's individual nutritional needs. For example, they spoke about catering for people with diabetes, those who required nutritional supplements and those with particular likes and dislikes. We saw records to confirm people were asked for their choice from the menu for the day in advance of the meal and during lunch we saw that where people changed their choice this was respected. One person said, "I have changed my mind today and am going for the sausage casserole. I wouldn't have eaten my meal otherwise."

We saw there was a drinks refrigerator in the communal lounge area. In between the regular drinks serviced from the kitchen people were accessing drinks when they wanted them from the refrigerator, either individually or with support from staff. For people who needed to be supported in their rooms we saw there were jugs of water and drinks available for people in each room and that this helped reduce the risk of people becoming dehydrated.

Good

Is the service caring?

Our findings

We observed staff showed a genuine interest in their work and in the people they cared for. Staff interacted well with people and responded to requests for help in a personal and professional way. For example they knew peoples' first names and spoke with visitors and relatives in a way which showed they knew them well. Care was given with staff explaining what they were planning to do before giving the care. We saw this helped people to be more relaxed and reassured people and their relatives said they felt the staff were very caring. One person said, "I think this is the best place to live because the staff are really committed to caring." A relative commented, "The staff are caring and care about what they do. I feel I can approach any of the staff and they all care."

People had access to their own rooms whenever they wanted to be in them. The doors to each room could be safely locked by the person if they chose to be private. People also spent time in the homes two main communal areas, a large dining room area, and a large enclosed garden. We observed staff asked people where they would like to be, if they required assistance to move about the building and if they needed to have private or quiet space when a visitor called to see them. We saw one person had chosen to spend time in the garden area and was supported by a staff member who gave gentle reassurance whilst they walked and talked with them.

We observed staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, we spoke with one person who had chosen to spend most of their time in their room. The person said, "Staff respect my desire to be quiet and peaceful. I like that and they keep checking on me to make sure I have everything I need. The checks are not intrusive and they always check its okay to come in before entering."

Staff spoke with us about how they understood how to maintain people's independence whilst protecting their dignity. Staff said that central to achieving this was making sure staff provided individual care as set out in the person's care plan. For example, we saw staff ensured people's clothing was protected when they were eating their meals and that this was done in order to promote their independence to eat whilst maintaining their dignity.

During lunch we saw people were supported to access and use condiments and cutlery and regularly offered a choice of drinks. People also had access to a range of adapted utensils and plate guards in order to help them eat their food as independently as possible. When it was needed staff sat with people and took their time to give individual support. For example, we saw staff helped people to cut up their food when it was requested and staff quickly noticed and responded when people needed help. The help provided was only given after it was offered and accepted by people.

The registered manager and staff told us about the importance of respecting personal information that people had shared with them in confidence. We saw peoples' care records were stored securely in the manager's office so only staff could access them. This meant people could be assured that their personal information remained confidential.

The registered manager was aware that local advocacy services were available to support people. Advocates are people who are independent of the service and who support people to make and communicate their wishes. The registered manager knew how to access the information people may need in order to make contact with advocacy services. However, they did not have any information people could access in order to make contact with them independently if they chose to. During our inspection they made contact with the local advocacy agency to request up to date information they could make available to people direct. After we completed our inspection visit the registered manager confirmed this was now in place.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning, assessing, and reviewing their care needs. A relative we spoke with said, “As a family we have attended reviews and found these useful in keeping up to date on how [My relative] is doing. The relative also commented that, “I have enquired about [My relative’s] weight today and the information I have received was clear, I have had a good chat with the senior staff member and I have the weight information direct. It shows good progress is being made.”

People’s care records were up to date and they clearly identified how each person’s needs should be met and how risks could be minimised. The information showed that staff were working to try to ensure people could remain as independent as possible. For example, information indicated when special equipment was needed to help people to move and how the help should be given. Care record reviews were being completed regularly for each section of the care plan. People and their relatives had been consulted about any changes to the plans and records showed whether they agreed to any proposed changes before they were made.

People we spoke with were positive about the activities which were available for them to take part in and that they were supported to pursue their individual interests and hobbies. We spoke with people in a part of the home people and staff called ‘Crafty Corner.’ The activity co-ordinator and people we spoke with told us all of the people who lived in the home were offered the opportunity to visit the craft room and undertake their chosen craft activity.

Records for each activity undertaken by people were kept so the activity co-ordinator and the person themselves could review these and further develop activities based on what people said they had enjoyed doing. Risk assessments were also in place to support people in making their own decisions about how they pursued an activity. For example one person had chosen to use scissors when creating their piece of art. The assessment described how they had chosen to be guided and supported in order to use them as independently as possible and at the same time remain safe.

The social activities co-ordinator also showed us they planned events ahead of the activity. A more general activity programme was on display in the home for people to choose from. These were developed from feedback from people and included activities such as card bingo, light exercises, pamper days, quizzes and games. People were also supported to maintain their religious needs. For example we saw regular Christian services were held at the home with people who chose to attend. We saw, and visiting relatives told us a summer fair had been planned for 2 August 2015 and that they were looking forward to attending with some helping out on the day.

The registered provider had a complaints policy in place and we saw that it was available for people to access in the home. People and relatives we spoke with told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken to address any issues at the time they arose. Records showed that where concerns or complaints had been raised they had been responded to in line with the company policy and records were maintained by the registered manager regarding any resulting actions.

Good

Is the service well-led?

Our findings

People and their relatives said that the service was well led and managed. One person said us, "It helps me to know there is a manager here who does the job well." A relative told us they would often speak to the registered manager and they were kept fully updated about their relative's condition. The relative commented that, "I visit two or three times a week. The place has an organised feel about it, you walk in and it feels right."

There was a registered manager in post and through our observations we saw there was a clear management structure in the home. The registered manager and senior staff held regular meetings daily to check on and address any issues throughout the day. A senior staff member said, "We have meetings we call flash meetings with the manager which I think are good. At 11.00am each day it helps to take stock, address any issues and keep things running smoothly."

We spoke with a community healthcare manager who told us that the registered manager worked well with their team and that, "The home has improved considerably since the manager took over, both from a visual point of view and most importantly from a care perspective for the residents in that home."

Staff we spoke with demonstrated a clear understanding of their roles and responsibilities within the team structure. They said that they knew who to approach for advice, support and information for each sift they worked

The registered manager confirmed during the evenings and at weekends they or the deputy manager were on call at all times if staff needed advice. During our inspection we saw that staff freely approached the registered manager and deputy manager for advice. An open and supportive culture was evident across the whole staff team, which staff we spoke with said was generated by the way the home was run. The registered manager completed a daily walk around every day, which people and staff said was positive and either the registered manager or the deputy manager led staff handover meetings so that communication between shifts was consistent. One staff member said, "The manager is firm and at the same time very supportive and fair, they are there for all the team."

We saw the registered provider's information and guidance about whistle-blowing was easily available and on display for staff and visitors to reference at any time. Staff demonstrated they were aware of the registered provider's whistleblowing policy and procedures and said they would not hesitate to use them if they needed to. Staff said they had access to the numbers they needed to use to raise any of these types of concerns, including the contact details for The Care Quality Commission.

The registered manager told us and records we looked at showed that people and their relatives were regularly asked for their opinion on the services and care they provided through the sending out of questionnaires and meetings they held with them. A relative we spoke with said, "Relative meetings are held on average every two months. They are good and we get advanced notice of each one so we can fully contribute any views we have."

The registered manager showed us the last questionnaire was undertaken with people's relatives in July 2015. Records were available to evidence the overall feedback had been positive. Where issues had been fed back for suggested improvements the registered manager had an action plan in place to show the actions being undertaken or completed. For example, one person had suggested improvements could be made to the outdoor area, which had an uneven surface in places. The action plan showed the garden area had been tidied up and signage put in place to show where the ground was uneven. Weekly checks had been put in place by the maintenance staff to remove any potential hazards and reduce any risk.

The registered manager showed us they had developed a well-structured quality assurance and audit framework to enable them to routinely monitor and regularly audit all aspects of care and general maintenance within the home. Monthly audits were carried out by the registered manager and outcomes recorded for areas such as fire safety, food safety, accidents and incidents, infection control and medicines management. We looked at the last audit completed which was detailed and included information regarding staff training. The information confirmed new staff had received moving and handling training as part of their induction.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Good

Is the service well-led?

The registered provider confirmed they carried out regular visits to the home to check on the development of areas such as the environment, and any concerns or complaints received. They told us they made notes about each visit but did not keep records at the home for the registered manager to reference. We spoke with the registered provider about this during our inspection who recognised there was a need to do this, and said they would take action to ensure records were maintained at the home to show actions agreed with the registered manager and any timescales set.