

John & Mrs Valerie Bailey

Phoenix House

Inspection report

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Tel: 01485544415

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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 House provides accommodation and care for up to seven people who have a learning disability or autistic spectrum disorder. At the time of our inspection, six people were living at the home.

There was a registered manager in the home. 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 manager of the home was also one of the registered providers.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good...

People received support to take their medicines safely. Staff knew how to keep people safe from harm, risks were clearly identified and actions to reduce these implemented. There were enough staff to keep people safe and meet their needs.

Staff were competent to carry out their roles effectively and received training that supported them to do so. People were supported to eat a choice of freshly prepared meals, and supported with special diets. People were able to access and receive healthcare, with support if needed.

People were able to be in control of their lives, and encouraged to be as independent as possible. People were able to make choices and supported to make decisions, they were free from restrictions and understood their rights.

Staff were kind and compassionate in the way they delivered support to people. People were treated with dignity and respect. They ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and friends who did not live nearby.

People had busy and varied lives, and were supported to access a wide range of activities and hobbies that meant their leisure time was enjoyable. People were confident that they could raise concerns if they needed to, and share their views about how the home was being run.

Staff ensured that the home was well run. Staff were committed to the welfare of people living in the home. The registered provider ensured that a programme of refurbishment and investment in facilities was regularly reviewed. Staff regularly engaged with people to seek their view about how they wanted the home to be run, and the activities on offer. The registered manager ensured they kept links within the local community and were part of many regular events. People living in the home were able to participate in and facilitate these. People felt part of their community.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Phoenix House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 February 2017 and was announced. We gave the provider 24 hours' notice of our inspection. This was so we could be sure that people were at home when we visited. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with four people using the service. We also spoke with four members of staff including a care worker, a senior care worker, the activities support worker and the registered manager. The registered manager and senior care worker are also the registered provider of the home. We also spoke with a healthcare professional who had visited the day before. We checked two people's care records and all of the medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records.

Is the service safe?

Our findings

The service remains safe. People told us they felt safe, one person told us, "I feel safe living here, I would talk to [staff] if I was worried." Another person said, "I like it here because I feel safe". There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training. The registered providers were aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents.

The provider continued to ensure the risks involved in delivering people's care had been assessed to help keep them safe. We found individual risks had been assessed and recorded in people's support plans. Guidance had been provided to staff on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included people's mobility, nutrition, hydration, and medication. Records showed the risk assessments were reviewed and updated on a yearly basis or in line with changing needs. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out to assess risks associated with the home environment. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments were reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from any unnecessary hazards.

There continued to be enough staff to meet people's needs. One person told us, "There are enough people here to help me." The registered provider told us that a core team of staff were always available to support people. People were also provided with additional staffing so that they could access activities within the community. All people living at the home received a day's one to one support so that they could do this. The majority of staff working at the home had done so since the home had opened. We saw that a member of staff who had been recruited more recently had undergone an interview process and checks to ensure that they were safe to work at the home.

The provider continued to ensure that people who needed support with their medicines received this from staff who were competent to provide this. One person told us, "I get my medicines, [staff] help me". We spoke to a healthcare professional who was qualified to assess whether medicines were stored and administered safely. The day before we visited, this professional had conducted checks on the management of medicines at Phoenix House. They told us that they had made some minor recommendations and given advice to the registered manager about how some improvements could be made. They also shared the latest best practice guidelines. We spoke to the registered provider about this and could see that they had already implemented the recommendations that had been made.

Is the service effective?

Our findings

The service remains effective. People told us they received care from staff that knew how to support them. Staff had undertaken training in areas such as fire safety, risk assessments and safeguarding. One member of staff had recently completed a nationally recognised qualification in food safety. We saw that some staff training had recently expired. The registered providers told us that they had struggled to find training resources as those they had used before were no longer available. They told us that they were going to use nationally provided resources that could be accessed via the internet. Staff confirmed that they received supervision, guidance and support. The registered providers told us that they regularly discussed how the home was run with each other, which provided them with support.

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. All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. People living in the home had the capacity to make decisions in their lives. This had been identified in their care plan. Staff knew that this may need reviewing for some people, for example if there was a change in their circumstances or support needs.

We looked at how staff supported people with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is really nice, they [staff] are such good cooks. They ask us about what we want; you can have something else if you do not like it. They cook my favourites for me whenever I want them. I can get snacks when I would like one." We observed that refreshments and snacks including fruit were offered throughout the day.

Weekly menus were planned and rotated every four weeks. The daily menu was displayed on menus on the table in the dining area. People could choose where they wished to eat. We observed the evening meal being prepared. The meal looked appetising, and all meals were prepared daily from fresh ingredients.

People had good access to healthcare and the staff often liaised with the nurses, GPs and social workers when needed. One person told us, "I see the chiropodist regularly, and my dentist. If I need to see my doctor, I can." We saw that for one person, they had a significant change in their health. We saw that the staff had worked closely with healthcare professionals in order to meet this need, including reviewing and changing the way in which this person was provided with support.

Is the service caring?

Our findings

The service remains caring. People living at the home had done so for some time. The registered providers and people told us that they lived together, 'as a family would.' One person said, "[Registered provider] is like a mum to me. All the staff are caring. If I have a problem I talk to them". We saw that staff were thoughtful and kind in their approach to people. Where staff provided one to one support they sat and interacted politely with the person. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or supporting people. We observed appropriate humour and warmth from staff towards people living at the home. People appeared comfortable in the company of staff and had developed positive relationships with them. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. The overall atmosphere in the home appeared calm, friendly, warm and welcoming. A healthcare professional we spoke with confirmed that people gave them positive feedback about the care they received.

The registered providers and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people very well. They understood the way people communicated and this helped them to meet people's individual needs. People told us that staff were available to talk to and they felt that staff were interested in their well-being. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

People were consulted about the care they needed and how they wished to receive it. People told us they were involved in developing and reviewing their support plans and their views were listened to and respected. The process of reviewing support plans helped people to express their views and be involved in decisions about their care. One person explained how they liked to be independent and involved in contributing to the running of the home. They told us that they enjoyed completing their own ironing, and cleaning their room. The provider had installed adapted devices within the home, so that people could use them more easily, promoting their independence.

The people we spoke with said that they felt respected and had their privacy and dignity maintained by staff. One person told us, "No one disturbs me; people knock on my door before coming in." Staff spoken with understood their role in providing people with compassionate care and support which included promoting people's dignity. Some people chose to spend time alone in their room and this choice was respected by the staff. We observed staff knocking on doors and waiting to enter during the inspection.

Is the service responsive?

Our findings

The service remains responsive. People said they were able to have a bath or shower when they wished, and they were able to eat and drink when they wished. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was important to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

People had access to various activities and told us there were things to do to occupy their time. The home employed an activities support worker. We spoke to them about their role; they told us that people were able to choose whatever activities they would like to do. Their role was to then facilitate this. One person told us that they had requested support to improve their health. They wanted to join a weight loss club, as well as keep fit sessions. They and the activities co-ordinator decided to research what was on offer in the locality. From their research they found that they could attend both sessions on the same day, and use the time gap between them to go out for a healthy lunch. They decided to do this together, so that they could motivate each other and increase their enjoyment. The person told us that they were very proud that they had lost a significant amount of weight, and improved their general health. They told us that they had also made new friends as a result of joining these sessions.

We looked at two people's support plans and other associated documentation. Everyone had a support plan, which included a series of relevant risk assessments. The plans were split into sections according to people's needs and were easy to follow and read. All files contained details about people's life history and their likes and dislikes. The profile set out what was important to each person and how staff should support them. We saw the support plans were reviewed on a regular basis and if new areas of support were identified, or changes had occurred. The plans were sufficiently detailed to guide staffs' care practice. Staff recorded the advice and input of other care professionals within the support plans so their guidance could be incorporated. Where possible, people had been consulted and involved in developing and reviewing their support plan. Daily records provided evidence to show people had received care and support in line with their support plan.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

Is the service well-led?

Our findings

The service remains well-led. People told us that the home was run very well, one person said, "I am happy living here, I am well looked after by [registered providers], they do a good job." Another person told us, "I am happy with everything."

The registered providers, staff and people living at the home told us that it was important to them to be part of the local community. People told us that they were encouraged to attend events which they enjoyed. People told us that they looked forward to being part of a local community fundraising event that took place every Christmas at the home. They said that as well as raising money for the chosen local charity, it encouraged community members to visit the home, and had broken down potential barriers. People told us that they felt valued by their local community as well as being part of it.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

The registered providers, were visible throughout the home and accessible to staff. They were keen to improve the leadership and management skills of staff working within the home. The registered providers and people lived together in the home. The home was run in a similar way to any other domestic family environment. Although the registered provider had an on-going programme of refurbishment and maintenance, this was not formalised. The registered provider agreed that they would put together a development plan that included this. The registered provider assessed the quality of the service to people by engaging with them informally. They felt that this approach suited people living at the home. People told us that they were asked for their views.

We saw there were policies and procedures, which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.