

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Phoenix House

2 Swallow Meadows, Shirley, Solihull, B90 4PQ

Tel: 01217440765

Date of Inspection: 24 June 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |
| Complaints | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Accord Housing Association Limited |
| Registered Managers | Mrs Clare L Andrews Miss Vida Eunice Maynard |
| Overview of the service | Phoenix House is a purpose built complex of 49 flats located in the Shirley district of Solihull. Accord Housing Association provides personal care for those requiring it at Phoenix House. Most of the people who live there have assured short hold tenancies, although a small number are owner occupied. All residents have access to call bells for the service to respond to whenever help is needed. |
| Type of services | Domiciliary care service Extra Care housing services |
| Regulated activity | Personal care |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

speaking with visiting professionals

What people told us and what we found

On the day of our inspection the service supported 48 people who lived in their own apartments at one location. We spoke with the manager and looked in detail at the records for five people and three staff. We also spoke with other staff members and the quality assurance manager. We spoke with six people who used the service and one relative.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask.

The detailed evidence supporting our summary please can be read in our full report.

This is a summary of what we found;

Is the service safe?

People told us they felt safe. Safeguarding procedures were in place and staff understood their role in safeguarding the people they supported. There were policies and procedures in place to make sure that unsafe practice was identified and people were protected. This helped to ensure that people were kept safe.

There was a comprehensive training programme including safeguarding for the staff team. The staff and manager had a good understanding of whistle blowing policies. There was a comprehensive induction process and ongoing learning around safeguarding for the staff team.

Is the service effective?

We found that the service was person centred and staff were aware of peoples choices, preferences and support needs. We found evidence that people and their relatives had been involved in planning the care and support. One person told us, "The carers are really

nice, we have fun. The carers do what I need and most of them go the extra mile."

It was clear from the records we sampled and from speaking with staff that they had a good understanding of people's care and support needs and that they knew them well. A member of staff told us, "The managers are really good, they do things straight away."

Is the service caring?

We saw that people were supported by kind and attentive staff. We saw that the staff were patient and gave encouragement when supporting people. We observed staff and people together in the communal areas and all the interactions were friendly, polite and very caring. It was clear that people felt comfortable and relaxed. We saw people ask for support which was given quickly and appropriately. One person spoke with us about her carers and said, "They are very good indeed, they are lovely and very respectful."

Is the service responsive?

The service worked well with other agencies and services to make sure people received their care safely and effectively. People had care and support delivered to them in a way they were happy with. There was a process for making complaints. During our visit we observed one person go into the office to raise an issue that was dealt with immediately. A member of staff told us, "It's nice here. I feel I get loads of training, if I have any problems the managers deal with it straight away."

Is the service well-led?

All the staff we spoke with told us they were clear about their roles and responsibilities. The agency was part of a larger organisation. We saw how the agency was checked by the organisation to ensure quality standards were maintained. We saw that there was a clear system of line management and all the staff we spoke with understood how to ask for support and who to report any concerns to.

All the people we spoke with told us that they were very happy with the care that had been delivered and that their needs had been well met. A member of staff said, "They have come a long way, there have been no adverse comments from stakeholders. It's a very stable situation."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We saw that before people received any care or support they were involved in the planning of it as much as possible. We saw it had been written in each person's care plan and all the records we looked at had been signed by the person. We saw records relating to how people make decisions. They included information on when and how people were most able to give informed consent. The deputy manager told us this information was used to plan people's care. This meant that people were involved in their care and support as much as possible.

All the records we looked at also included signed consent forms relating to people's photographs and emergency entry to their apartments. Another consent form focussed on information in relation to the Data Protection Act. All these forms had been signed by the person.

We saw that all staff had received some training in issues relating to mental capacity in their induction. All the staff we spoke with had an understanding of how to support people with reduced capacity, and they all understood the whistle blowing policy. The manager might like to note that training for the staff group in mental capacity awareness was limited.

We saw records of the agency and other professionals being involved in a best interest's decision regarding a person who was returning to their apartment from hospital. The deputy manager told us that the family were involved in how the care and support the person received was planned. This meant that the agency knew how to support people who had reduced capacity.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at five people's records which were detailed and personalised. All the care plans we sampled were specific to the individual. Every record contained individual information about emergency contacts and critical health information for each person. Records also included personalised information which meant that people's diversity and cultural wishes were taken into account and supported wherever possible. A visiting general practitioner (GP) told us, "They are very professional, caring and efficient. If I've prescribed medications, they have been given. The office responded well to requests." This meant that people were receiving care in a way that they had chosen and was in accordance with their assessed plan of care.

The manager told us and we saw records to show that senior staff always completed the assessment of needs for any new person. We saw that they had been completed with the person and their relatives or friends. All the records we looked at had been signed by the person. This meant that people would have their care and support needs met when they moved into their apartment.

Each person had risk assessments that related to their individual support needs. We saw that clear records were in place to ensure staff knew what care and support was provided for each person. This meant that people's care and support was planned and delivered in a way intended to ensure their safety and welfare.

We looked at one record that was kept in one person's apartment. It contained up to date recording. The manager told us that all people had records in their apartments that recorded information about risks to that person. We saw a specific evacuation plan, recording of medication administration and screening tools for pressure sores and nutrition. The deputy manager told us that the person and their friends and relatives had been involved when these records had been reviewed. This meant that people's health and wellbeing was protected and arrangements were in place to deal with foreseeable emergencies.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The deputy manager explained the recruitment process that made sure no new member of staff was discriminated against. New staff were always interviewed by two people. The manager told us that there was a four week induction programme that all staff had been through. We saw records of this on the files we looked at. One member of staff told us, "I did a four week training course when I began. I did a lot of shadowing."

We saw that appropriate checks were undertaken before staff began work. Documents relating to Disclosure and Barring (DBS) checks, completed application forms and references, were not kept at the agency office. We saw an email from the agency head office that confirmed that the documents were available for our inspection there. We saw that all the staff files we looked at had a photograph of the staff member. The deputy manager told us all staff had an identity badge with their the photograph on. This meant that appropriate checks were undertaken before staff began work to keep people safe.

All the staff we spoke with told us they attended staff meetings which enabled them to express their views and to share information. We saw records of the meetings. We saw the meetings also discussed people's needs and changes to their care plans. We spoke with three staff members who all confirmed that they had regular supervision and support. One member of staff said, "I have supervision regularly and it's good, I get support."

We saw tracking forms that the manager told us were used to make sure all staff had up to date checks and supervisions. This meant that staff were supported to do their job well. One person told us, "The staff are absolutely fantastic, they're excellent."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw records of unannounced audit visits by the agency's parent organisation. These happened once a month. We saw the actions the manager had taken to make the changes that were recommended on the audit. This process meant that there was an effective method of monitoring the quality of the service.

On the day of our visit we observed a monthly audit. The quality assurance manager who had completed the audit told us that in a recent customer satisfaction survey the agency had been rated at 100% of people who were satisfied or very satisfied with the service overall. We saw a summary of the annual results that had been published that confirmed the rating. This meant that the agency listened to people's opinions about their service.

The deputy manager told us about the system the agency had for recording all incidents, accidents and any audits that had taken place. A relative told us, "Generally it's good here, if we have had any niggles they've put them right straight away." The quality assurance manager told us that the information was analysed centrally and any trends or concerns raised with the manager for action. This meant that there was a robust process for reporting and learning from incidents.

We saw care plans and risk assessments were reviewed by the manager every six months or more frequently if needed. The deputy manager told us that during the care plan reviews she looked at a number of areas. This included the recording of all areas of risk for each person, and observations of the person's welfare. This meant people were being cared for by an agency that had systems in place to assure peoples safety, health and welfare.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

There was an effective complaints system available. Comments and complaints people made were responded to appropriately. We saw a complaints leaflet, a complaints form and procedure. We saw the leaflet and procedure were on the public notice board. The deputy manager told us that the service user guide was given to each person when they moved in. We saw it contained a complaints procedure and contact details. The deputy manager told us the complaints procedure was also provided in a plain English format, and immediately gave all tenants a copy.

The manager told us that they dealt with informal complaints and attempted to resolve them at a local level first. We observed a person raise a minor issue with the managers and saw that it was dealt with quickly and with respect. One person told us, "I've complained here and things got better. When I've spoken my piece the staff have been really nice to me." We saw that there was a monthly tenants meeting. The agenda for it always included an item about complaints. We saw the minutes of the meetings and the manager told us each tenant received a copy. The manager told us that copies were available in large print if needed. This meant that people were made aware of the complaints system and how to use it.

We saw that all complaints were logged onto an electronic system and sent every month to the complaints section of the organisation so they could be allocated for investigation or analysed for themes and trends. This meant that it was less likely that people were discriminated against if they chose to complain. The quality assurance manager told us that complaints and how they are responded to are audited regularly. We saw this on the audit rota. This meant that the organisation was aware of all complaints and concerns and could act appropriately.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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