



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Phoenix House

**Phoenix Street
Sandycroft
Deeside
CH5 2PD**

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Description of the service

Phoenix House is a residential care home providing personal care and accommodation for up to 23 people with a diagnosis of dementia. The providers registered with Care and Social Services Inspectorate Wales, (CSSIW), are Mrs Janet Bailey and Mrs Dawn Gittins. The registered manager is Emma Hill.

Summary of our findings

1. Overall assessment

Positive and friendly relationships exist between people and staff, and people receive timely care, support and their healthcare needs are met promptly. People are encouraged to be as independent as possible and supported to make their own choices, including opportunities to be positively occupied if they want to be. People receive medicines as prescribed but improvements are needed to the way medicines are managed.

People live in a comfortable, homely environment they are able to personalise their own rooms to their own tastes and preferences. Checks are completed to make sure staff are suitable and they complete relevant training. The quality of the service is checked but improvements are needed to this process to ensure the service, and outcomes for people, are constantly improving.

2. Improvements

People are as involved as possible in planning how they want their care and support delivered and risk assessments are now reviewed regularly to make sure they are up to date. All staff have completed necessary training and specialist training is provided when necessary.

The landing area on the first floor has been utilised into a multi activity area, including a hairdressing salon. The range of activities has increased and people are now offered opportunities to go into the community.

3. Requirements and recommendations

Section five of this report sets out recommendations to improve the service and areas where the registered person is not meeting legal requirements including the following;

- Improvements are needed to care records so they are consistent.
- Improvements are needed to the way medicines are managed.
- Consideration must be given about how the service will meet the requirements of the Welsh Active Offer to make sure people's Welsh cultural needs can be met.
- Improvements are needed in relation to the management of staff.

- Improvements are needed to make sure that checks on the quality of the service are effective.

1. Well-being

Summary

People are encouraged to make choices and their views are sought by staff. Opportunities to be positively occupied are available to suit peoples' needs and preferences. Measures are in place to improve access to services in Welsh. People are provided with a range of home cooked, nutritious food that meets their needs.

Our findings

People are encouraged and supported to be active and make their own decisions as much as possible. Two people were able to tell us they chose how to spend their time and we saw staff offering choices to people throughout the day including, what to do, where to sit and food and drink choices. A newsletter is now published and sent to relatives every month. This includes details of forthcoming activities, peoples' birthdays and any staff changes, for example introducing a new member of staff. People are enabled to make choices and have their individual identities and routines recognised and valued.

People are purposefully occupied if they choose to be. We saw the range of activities had increased and details of forthcoming events were displayed. A hairdressing salon, millinery 'shop', 'picture house' and 'garden centre' had been set up on the first floor. During our visit we saw people offered the opportunity to visit the hairdresser with drinks and magazines provided. Activities included, visiting entertainers, a Christmas fayre and a trip to see a Christmas film at the cinema. During our visit people were seen dancing with staff, enjoying Christmas music and making Christmas decorations. A professional commented that people were, "*encouraged to maintain their abilities*". Leaflets were delivered to local residents inviting them to attend events and this had been very successful in raising funds and encouraging people to have contact with local residents. The home has a rear garden but we received comments from a relative who said they, "*would like more outside facilities*" and a member of staff told us they thought, "*more use*" should be made of the garden. Staff told us about plans to improve the garden by putting raised beds in so that people would be able to grow fruit and vegetables with staff support if they wanted to. A variety of opportunities within, and outside the home are available for people to be positively occupied.

People are offered a choice of meals and drinks. The daily menu includes two choices and is displayed in both words and pictures so people living in the home could see it and recognise what was available each day. We used SOFI to observe peoples' lunchtime experience and saw people offered choices of food and drink and provided with discreet, appropriate support if necessary. People were supported to eat at their own pace and offered a choice of drinks and snacks between meals, including home made cake. People who were able to speak to us told us they enjoyed the food. We spoke with the cook and they were familiar with people's individual dietary needs and how to enrich food if necessary for people at nutritional risk. People are provided with a range of home cooked food which they enjoy and meets their dietary needs

People cannot always expect to receive a service in Welsh. The manager told us the Statement of Purpose and Service User Guide are being updated to include details of how the service would be able to meet peoples' Welsh cultural needs in line with the requirements of the Welsh Active Offer. They were also changing the staff application form

and pre admission assessment so they could find out staffs' language skills and peoples' language preferences. Staff were also being supported to learn Welsh if they wanted to. People are not always able to receive a service in Welsh but work to improve this has started.

2. Care and Support

Summary

Peoples' individual needs and preferences are known to staff and care and support are provided in a person-centred way with patience and courtesy. People are supported to stay as well as they can and relationships between people and staff are comfortable and positive. Improvements are needed to the way medicines are managed.

Our findings

People receive appropriate care and are encouraged to keep fit and well. People who were able to talk to us said they were, "well looked after" by staff who were, "lovely" and, "always kind to me". Comments received from professionals included, "they all seem caring", "staff have a lot of patience" and that staff showed, "care, commitment, patience and understanding of people when they are at their most vulnerable". One relative commented that the best thing about the home was the, "quality of caring staff". Records checked showed medical and healthcare professionals were contacted promptly if people were unwell. They included the reason for contact, the response and any diagnosis or treatment needed. Care plans included very good detail about any diagnosed health conditions and how they may impact on people's care and support needs. Healthcare professionals commented that, "carers are good at picking up concerns /problems early and contacting relevant people" and "staff are always caring and attentive to all people, especially end of life care".

The service is part of Flintshire County Council's Progress for Providers scheme which promotes person-centred care to improve outcomes for people living at the home. We saw the care record format was person-centred and included details of people's individual needs and how they were to be met. Guidance for staff was very clear but this had not always been updated when people's circumstances had changed. We also saw that not everyone who had recently moved into the home had a care plan in place on the day of the inspection visit. Records contained details completed before people moved in on a pre admission assessment record, a copy of the funding authorities care plan and details of hospital admissions if appropriate. The manager told us this information was passed to staff and used as a basis to meet people's care needs until the person had settled in and staff were able to develop a more detailed care plan. Risk assessments were in place and are updated when people's circumstances had changed. Staff had supported people to complete life history books which included details of their lives after they arrived to live at Phoenix House and this work was ongoing. Records contained out of date information, including body maps, but the manager showed us that a copy of the care plan, risk assessments and one page profile was kept in individuals' private bedroom and this was the record used by staff on a day to day basis. People's individual needs and preferences are understood and anticipated so they receive the right care at the right time.

People receive medicines as prescribed. We saw Medication Administration Records, (MAR), were completed correctly and protocols were in place for medicines prescribed to be used, "as and when required", (PRN). Records included how many tablets had been administered for medicines prescribed as a variable dose, for example one or two. The medicines trolley was secured to the wall but this was in a corridor and we saw that whilst staff were administering medicines and completing records, other staff had to constantly

redirect people away from this area which puts pressure on staff and potentially increases the possibility of making mistakes. We discussed this with the manager who told us they had already identified this problem and plans were in place to change where the trolley was stored. Photographs were not in place for people who had recently moved into the home and handwritten entries on MAR charts were not signed by two members of staff. The manager told us that all medicines entering the home were checked in and counted by two members of staff and this information was recorded in a separate book not on the MAR chart in line with good practice. Excess stock of medicines and bigger items are stored securely but we saw dressings and other items which had expired so should not be used and should have been disposed of. People receive medicines as prescribed but improvements are needed in the way medicines are managed.

3. Environment

Summary

People live in a comfortable environment which they are able to personalise to reflect their own tastes and preferences. Systems are in place to make sure facilities and equipment are maintained and safe. Measures are in place to ensure good practice infection control to reduce the risk of healthcare associated infections.

Our findings

People are cared for in a comfortable and homely environment. People who were able to speak to us told us they liked their rooms and thought the home was, "*very comfortable*". The home was decorated for Christmas and people told us they had helped dress the tree and choose the decorations. People are encouraged to bring in personal possessions, including furniture, within the space constraints of their private room and are supported by family or staff to arrange their room in line with their own tastes and preferences. We saw changes had been made to the first floor landing and this was now being used as a hairdressing salon and for other activities including film shows. Pictorial signage is provided on communal toilets and lounges so people can find their way around the home independently but this is not bi-lingual. The home was warm, clean and tidy but some furniture and carpets were showing wear and tear and needed replacement. People are satisfied with the environment but efforts need to continue to improve and update the home.

People live in a safe and clean environment. We saw the laundry was clean, tidy and well maintained. The staff rota showed there was dedicated staff responsible for housekeeping to make sure standards of cleanliness are maintained. Records showed equipment and facilities in the home were serviced and maintained to make sure they were safe and fit for use. This included fire safety equipment, the call system, clinical waste, the lift and emergency lighting. A fire risk assessment was in place and individual fire evacuation plans in place on care records. People are cared for in an environment where facilities and equipment are well maintained and safe to use.

4. Leadership and Management

Summary

The service is generally well led and managed we saw improvements had been made since the last inspection. Staff are recruited in line with the service's policies and procedures and provided with necessary training and support, but improvements are needed to make sure formal support is provided more frequently. Measures are in place to monitor, review and improve the service. This includes seeking the views of people who live there, their relatives and staff but improvements are needed to make sure the audit systems are effective and include an annual Quality of Care Review.

Our findings

Information is provided about the service. The service provides a Statement of Purpose/Service User Guide which details the service provided, including how to make a complaint. We checked complaints records and saw that complaints received had been recorded, responded to and investigated appropriately. Current information about the home does not include any reference about how the service intends to meet peoples' Welsh cultural needs but the manager told us it would be reviewed to include this. People are able to make an informed decision about using the service based on information provided.

Staff are suitably qualified and recruitment practices keep people safe. Staff records checked showed new staff did not start work until all the relevant checks had been completed. Records included evidence of this and a job description so staff were clear about their role and responsibilities. The training record provided did not include all the courses completed by staff so we discussed this with the manager and they provided us with an audit of training which showed that training was booked in time so it didn't expire and that all staff had completed, or were booked to attend necessary and specialist training. People can be confident that checks make sure staff are suitable to work with vulnerable people and have completed necessary training.

Staff do not always receive regular, formal support. Records showed staff were provided with supervision on average, three times a year. Records did not include the date supervision took place and did not evidence that staff were provided with an annual appraisal. However, staff spoken with told us they were very well supported by the manager and senior staff and could always approach them for advice and guidance. Comments made by staff included, "*lovely manager very kind and caring*", "*very good team work*" and that Phoenix House was a, "*lovely home*" to work in. People benefit from a service where measures are in place to support but improvements are needed to formalise this and increase the frequency of staff supervision.

Some measures are in place to check the quality of the service. We saw that questionnaires were sent by the service to relatives in June 2017 to find out what they thought of Phoenix House. The responses were very positive and included, "*couldn't be better*", "*relaxed and friendly*" and "*excellent staff*". Any comments made about how the service could be improved had been noted but there was no evidence of any action taken to address these issues. The manager showed us that questionnaires had also been sent to staff and returns received, but they had not yet been collated. We checked some of the returned forms and saw that comments from staff were generally very positive about the

service and what it was like to work at Phoenix House. Quality assurance systems included auditing care, medication and training records, and the environment and infection control practice. The audit records did not include a section to record any action needed or when issues had been addressed. We also saw that the medication and care record audits had not identified issues raised in this report such as retaining prescribed items when out of date and inconsistent information in care records. We asked to see the latest Quality of Care Review but this was not provided during, or after, the inspection visit so we could not evidence it had been completed. Improvements are needed in the way checks are carried out to make sure they are effective in identifying and addressing issues promptly.

5. Improvements required and recommended following this inspection

a. Areas of non compliance from previous inspections

There were no non compliance notices issued following the last inspection.

b. Areas of non compliance identified at this inspection.

We have advised the registered person(s) that improvements are needed in relation to quality assurance (regulation 25 (1) (2) because the service does not produce an annual Quality of Care Review. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered person (s) to take action to rectify this and it will be followed up at the next inspection.

We noted the following areas needed improvement;

- A care plan produced by the registered person should be in place for every individual person who moves into the home. The manager must ensure that guidance for staff about how to meet people's needs must be consistent with recorded needs when people's circumstances change.
- Improvements are needed in the way medicines are managed. This should include two members of staff witnessing and recording medicines onto a MAR chart when people move into the home. All handwritten entries on MAR charts should be signed by two members of staff. A photograph of the person must be kept with the MAR charts. Consideration must be given to the current practice of storing unused wound dressings and bandages, and checks should be made to ensure they are still within the expiry timescale.
- Consideration must be given about how the service will meet the requirements of the Welsh Active Offer to make sure peoples' Welsh cultural needs can be met. Details about how the service intends to do this should be included in the Statement of Purpose/Service User Guide.
- Staff should be provided with regular formal supervision and an annual appraisal and the date this took place should be recorded.
- The training record should be kept up to date to be able to evidence training completed.
- Improvements are needed in the audit system to make sure it is effective.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 13 December 2017 between 9.40.a.m. and 4.50. p.m.

The following methods were used:

- We used the Short Observational Framework for Inspection, (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke to people living at the home during the day, the manager, four staff and a visitor to the home.
- We received three questionnaires from people who live at Phoenix House, one from a relative, five from staff and four from professionals who have contact with the service.
- We looked at a range of records, including three care records. We focussed on the Statement of Purpose, Service User Guide, staff training and recruitment records and quality assurance records. We asked to see the most recent Quality of Care report and a record to evidence staff had been provided with an annual appraisal these were not provided.

Further information about what we do can be found on our website www.cssiw.org.uk

7. About the service

Type of care provided	Adult Care Home - Older
Registered Person(s)	Dawn Gittins Janet Bailey
Registered Manager(s)	Emma Hill
Registered maximum number of places	23
Date of previous CSSIW inspection	9/6/2016
Dates of this Inspection visit(s)	13/12/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: This is a service that does not currently provide an 'Active Offer' of the Welsh language. It does not anticipate, or identify or meet the Welsh language needs of people who use or intend to use their service. We recommend that the service provider considers Welsh Governments 'More Than Just Words follow on strategic guidance for Welsh language in social Care'.	

No noncompliance records found in Open status.