Accord Housing Association Limited

Phoenix House

Inspection report

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Date of inspection visit:
30 March 2017

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

We carried out this inspection on 30 March 2017. We told the provider we were coming 48 hours before the visit so they could arrange for people and staff to be available to talk with us about the service.

Phoenix House is a service which provides personal care support to older people, people with physical disabilities or people living with dementia in their own homes. All of the people supported live in the same building, and the care service is based on site, as part of an extra care housing service. At the time of our visit, 30 people used the service.

The service has a registered manager. 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. A registered manager was in post and had been since July 2016.

People told us they felt safe using the service because personal assistants were skilled and knowledgeable, and knew how to care for them well. Personal assistants had a good understanding of what constituted abuse and who to contact if safeguarding concerns were raised.

Checks were carried out prior to personal assistants starting work to ensure their suitability to work with people who used the service. Personal assistants received an induction to the organisation, and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and gained people's consent before they provided personal care support. The registered manager had an understanding of when people may be being deprived of their liberty.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs. Personal assistants referred people to other professionals if they had any concerns.

People had a team of consistent personal assistants who they were familiar with and who provided support as outlined in their care plans. There were enough staff to care for people they supported and agency staff were used when required.

People told us personal assistants were kind and caring and had the right skills and experience to provide the care they required. People were supported with dignity and respect. Personal assistants encouraged people to maintain their independence.

Care plans contained relevant information for personal assistants to help them provide personalised care, including processes to minimise risks to people's safety. People received their medicines when required

from staff trained to administer them.

People knew how to complain and had opportunities to share their views and opinions about the service they received. This was through regular review meetings, customer meetings and also surveys.

Personal assistants were confident they could raise any concerns or issues with the registered manager knowing they would be listened to and acted on. People and staff told us the registered manager was effective and approachable.

The registered manager gave personal assistants formal opportunities to discuss any issues or raise concerns with them. There were processes to monitor the quality of the service provided. These checks and audits ensured personal assistants worked in line with policies and procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received support from staff who understood the risks relating to their care. Staff had a good understanding of what constituted abuse and who to contact if they had any concerns. There was a thorough staff recruitment process and induction. There were enough experienced staff to provide the support people required. People received their medicines when required and staff were trained to administer this.

Is the service effective?

Good

The service was effective.

Personal assistants were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and gained people's consent before care was provided. People were supported with their nutritional needs and were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who they knew well and considered to be kind and caring. Personal assistants ensured they respected people's privacy and dignity, and promoted their independence where possible.

Is the service responsive?

Good

The service was responsive.

People received support from consistent staff who understood their needs. Care records contained detailed information for personal assistants so they could support people in the ways they preferred. People were given opportunities to share their views about their care at review meetings and the manager responded to any complaints raised to people's satisfaction.

Is the service well-led?

Good

The service was well-led.

People were happy with the service and felt able to speak to the registered manager if they needed to. Personal assistants were supported to carry out their roles by the management team who were available and approachable. Personal assistants were given opportunities to meet with managers and raise any issues or concerns they had. The management team reviewed the quality and safety of service provided. This was through surveys, regular communication with people and checks to ensure care staff worked in line with policies and procedures.

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 was planned to check 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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors.

We did not ask for a provider information return (PIR). This is a form we ask providers to send to us before we visit. However, during our inspection visit, we gave the provider the opportunity to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the local authority commissioning team. Commissioners are people who contract services, and monitor the care and support when services are paid for by the local authority. They gave us some general feedback about one person at the service whose needs had recently changed.

The inspection took place on 30 March 2017 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with people and staff. The inspection was conducted by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our visit we spoke with eleven people, two relatives, four personal assistants (care workers), a senior personal assistant, an administrator and the registered manager. Phoenix House referred to their care staff as 'personal assistants', these staff were employed and paid by the provider.

We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether all staff were trained to deliver the care and support people required. We checked whether staff had been recruited safely and looked at two staff files in detail. We looked at other records related to

people's care and how the service operated, including the service's quality assurance audits, safety records and accidents. We also looked at safeguarding policies and procedures, following some concerns raised prior to our inspection.

Good

Is the service safe?

Our findings

People told us they felt safe at the service because staff were skilled and knew how to support them. Comments from people included, "They use the intercom to see if I'm alright. I've always felt safe (here)," and "I know we've got safety in this place so there's nothing to be afraid of."

Staff told us people were safe, one said, "We keep people safe, we have the Tunstall (call system) which they can press at any time if they have a fall. When we leave the flat we make sure everything is in its place. We look to see if anything can put them at risk." Staff told us how they maintained people's safety. For one person who was visually impaired they told us, "We tend to make sure their flat is clear and make sure everything is pretty much around the sides (so they don't trip)."

Staff told us about the equipment they used to keep people safe, "I have had training on using the hoist and manual handling. We check when the next service is going to be. If it's due, we call the office, we would not use it if overdue."

There were enough staff to complete the required care tasks and meet people's needs. People were supported with an agreed package of care and this was reviewed and adjusted to meet people's needs. People told us, "There's enough staff, and since I've been here they're taking in people who need more help." Other comments included, "It suits me, if I need help I've got the buzzer. If I'm struggling or if I have a fall it goes off automatically as sometimes I lose my balance. The carers come quickly." People told us they did not have to wait long for staff to support them. People were able to call for assistance by pressing a pendant alarm in an emergency. Staff told us, "Yes we have time to do all the tasks," and "Yes, we have enough staff for the calls". Staff told us they had 20 minutes flexibility with the call times. They said, "It's usually fine and most people are very understanding with the time."

Four personal assistants and one senior worked each shift, with two staff at night. There were currently 64 hours of staff vacancies and this was being covered mainly by existing staff with some agency staff used. The registered manager told us, "Staff cover between them, they are flexible and cover shifts. If we use agency staff we try to use the same people and not new faces." They told us they were recruiting new staff as people's needs changed.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. For all staff, two references were sought and background checks were completed including a Disclosure Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. The provider's policy was for these checks to be renewed every three years to ensure staff remained safe to work at the service.

We spoke with four staff who confirmed they were not able to start working at the service until checks had been received from the DBS and reference requests had been returned. Staff comments included, "Yes, one of my references took a while, they had to go through HR," and "My DBS was done, they have a system of

checks. I had to wait for that to come first before I could start." Some staff had been recruited by the previous care provider and remained working for the service when it transferred to Accord Housing Association Limited.

Staff received support during a formal period of induction to ensure they were able to support people safely. Staff were allocated a 'buddy' who was another worker, and worked alongside this more experienced member of staff. One personal assistant told us, "I did two shadowing shifts (working alongside other staff) and that was my own choice." They told us this enabled them to feel more confident when supporting people with care.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. Staff had completed training in safeguarding people. We asked staff what they would do if they witnessed abuse, one told us, "If I had concerns, I would go to the manager, the manager deals with it. You can contact social services if the manager is not here." Staff told us they had confidence in the reporting concerns.

Staff told us what they considered as abusive, "Someone saying something out of line, financial abuse. It could be something the person does not like or if a person is hurting somebody or doing something they are not agreeing to." Other staff told us, "If someone had family members upsetting them or if we notice any bruising or marks on the skin that can't be accounted for. Financial abuse, I would inform management." One personal assistant told us, "There is domestic abuse, modern day slavery, institutional, physical and neglect."

Following a previous safeguarding incident, we checked the provider's safeguarding policies and procedures. A whistleblowing policy was documented and staff were aware of this. The 'Speak Up' policy encouraged staff to raise concerns about potential abuse. Other procedures were in place related to safekeeping of valuables and of procedures relating to customer finances. The registered manager told us people were encouraged to have a safe to protect their personal belongings.

Staff undertook assessments of people's care needs and identified any potential risks to providing their support. These were updated by senior staff as people's needs changed. One person had a risk assessment in place in relation to financial management, their skin care and risk of falls. The risk of falls documented that their mental capacity could fluctuate, which meant that the risk increased at these times. For another person, a personal assistant told us, "[Person] is at risk falls. We have got a risk assessment in the folder, there is a risk protocol that we have to fill in if they have a fall. If they can't get up, we call the paramedics, but they usually can."

Risk assessments were recorded in care records. One personal assistant told us, "We have got a moving and handling assessment, medication risk assessment to see if people can self-administer. There are monitoring tools for falls, nutrition and pressure areas. If they trigger a high number, we monitor it monthly and implement a risk action plan to manage this."

Another personal assistant told us, "We make sure they have had the correct OT (occupational therapy) assessments so people have the best equipment and they have pendant alarms as well. Those more prone to falls have extra calls in place. For example, one person does not like using continence pads, so we have extra calls as they were falling when going to the bathroom."

People received medicines safely from staff trained to administer this. Comments from people included, "I used to do my tablets and they gave me a choice, I said they could do it." "I can buzz for paracetamol. I have a cupboard in the corner. It's on file and it's written down in the log book. That works quite well," and "They

bring the medicine to me, I have to take it all. They never forget, never."

Medicines were stored in people's own flats. Some people administered their own medicines while staff supported other people with this. Staff ensured people were able to do this and offered them further support if their needs changed.

All senior staff were trained to give medicines. One personal assistant told us, "Yes I have been trained in medicines." We asked staff what they would do if they saw staff member not administer this correctly, one said, "I would tell the manager, or GP or pharmacist and check the person is okay."

Following training, staff were observed giving medicines and then competency checks were carried out every 12 months to ensure staff remained safe to do this. The registered manager told us checks would be completed sooner, if there was an error administering medicines. They told us a staff member had been re-trained, and that errors were sometimes due to a lack of communication between staff or staff not taking their time.

Medicine audits were completed by the registered manager and this had identified some issues with excess stock of medicine which needed to be returned to the pharmacy.

Medicine administration records (MAR) were kept in people's flats. One person had time specific medicine and if the medication was not given correctly there was a risk that their symptoms would increase. The person told us, "With (health condition) the consultant says it's important I take my medication at the times stipulated. I am getting it, it's not a big problem." The times were recorded in their care plan, but not on the MAR, however staff were aware of the time this was required.

We saw there were some gaps in the records for the person and sometimes the timings were not specific as per their care plan. We asked the registered manager about this and they told us they would check this against the handover records as sometimes the person went out. Staff told us that if the person went out, this had been discussed with the GP and the medicine time was changed to accommodate this.

Some people took medicine 'as required', known as 'PRN'. Most people were able to tell staff when they needed this and for people that did not, guidelines were in place to tell staff what the signs might be. However guidelines were not always detailed, for example, one person's said this was needed if they were in 'pain or aching' and not how staff would know this. We asked the registered manager about this who told us the person could tell staff, and the record would be updated to reflect this.

Accidents and incidents were recorded. It had been identified that one person was at risk of falls and they had been referred to the community falls team for further specialist support.

Staff were aware of procedures to take in an emergency, such as a fire. Personal emergency evacuations plans detailed people's care and support needs in this situation. We were unable to see plans for two people, however the registered manager told us they were kept in separate files and one currently required updating, which they would do.

Good

Is the service effective?

Our findings

People told us they were happy with the care support they received. People told us, "They're always pleasant and if I wanted anything done while they're here, they'd do it."

Communication between staff was good. A handover meeting took place when the care shift changed, where staff were updated about people's care needs, so they could support them consistently and effectively. Important information was recorded in a communication book. One personal assistant told us, "We know about risks through handovers before each shift, we have a handover to tell us what has been going on." Staff also used 'job cards' with tasks allocated so they were effective in organising the care.

Staff told us they felt confident in their roles and could get the necessary support or guidance when required, one said, "If I didn't understand something I go to [Registered Manager] or one of the seniors, or look at the policies in folders downstairs in the office."

Staff received training considered essential to meet people's care and support needs. Most of this was classroom based training, and we found this was up to date. The registered manager told us four staff were doing an NVQ (National Vocational Qualification) in health and social care and they were about to begin an NVQ level five qualification themselves. Staff training was completed in areas such as safeguarding, mental capacity and DoLs. Other training included fire safety, nutrition and hydration, and moving and handling.

Staff told us about their training. One said, "I did medication and dementia training, I am doing the NVQ two at the moment." They told us they had been trained in moving people using equipment and felt confident to do this. Another staff member told us they were given specialist training to support one person at the service with a health need, and a nurse came in to show them how to do this.

Newer staff also completed the 'Care Certificate'. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. One told us, "I have done the Care Certificate as well here. One of the seniors signed me off."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. The provider understood the requirements of the Mental Capacity Act (2005). No one using the service required a DoLS authorisation; however they were aware of when this may be applicable for people. Staff told us about DoLS, "I don't believe there is anyone here with one," and "If a referral was needed we would contact the GP, social worker

and family, and discuss the issue." The registered manager told us about DoLS and that this came under the court of protection. The manager sought advice from other professionals if they felt further support was required for people. For one person whose dementia was increasing, a meeting had been arranged to review their care.

Some people at the service lacked capacity to make certain decisions. We saw best interest meetings had been held with them, and staff were aware of how to support them to keep them safe. Other people could make everyday decisions for themselves, and some people had capacity to make all decisions.

Mental capacity assessments were recorded on care records and were decision specific. One person's care record documented their decision making ability, 'Explain verbally at midday as I feel more alert,' and that their family member supported them with this. Staff had received training in this. They told us, "It's to help people to make decisions on their care and treatment," and "There should be things in place if someone has not got capacity. There are usually assessments that are done."

Staff told us what the MCA was for, "It is to protect and empower an individual who cannot retain information to make a decision. For example, someone who cannot make a decision, we can hold best interest meetings to keep them safe when they don't have capacity to make a decision themselves." Staff gave an example, "We have one person who does not have capacity to agree to personal care, we have involved the family in the care plan and they have a lasting power of attorney. We plan around what their needs are and work with them on a daily basis."

Staff sought consent from people before providing care and support. We observed one person taking their medicine and staff gained their consent with this. One personal assistant told us, "You have to get their permission first to say is it okay. I know they have to sign something before we give care and they have to give permission for us to give care." Some people had signed and given consent, for example of a photograph to be taken or around staff giving medicine. Staff told us how they supported someone who refused assistance with care, "I try and encourage them first, then if they refuse, I can't force them, just leave and try again."

People's nutritional needs were met by personal assistants if this was part of their care plan. People were provided with a lunchtime meal as part of their tenancy. Staff supported some people to eat. Some people chose to have the lunchtime meal in their flat. Comments from people included, "I go to have lunch in the dining room, but if I can't manage it sometimes, the carers send my meal to me and I can take my time" and "The care staff help with lunches, help with food being cut up. I don't usually need help, but if I need them to cut it they do it." People told us staff would prepare meals for them of their choosing. Staff supported some other people to help prepare their own meals.

Staff made the chef aware of people's special dietary needs such as people who required a pureed diet or people who had diabetes. The registered manager told us, "The chef does profiles with myself or the customers." This documented people's dietary needs. Staff told us, "There are some people, we don't do meals for. When they go downstairs they have their meals pureed." The registered manager told us they had confirmation from a nutritional nurse or the GP confirming what consistency people's food should be. They told us they were given information relating to one person's weight through another service they used. The registered manager agreed to record this on their own care records so they were able to monitor this.

People were supported to manage their health conditions and to access other professionals when required. Comments included, "When I was feeling ill, I pressed my button and they walked down with me (to the GP)," and "I see the doctor and I have a chiropodist regularly, being a diabetic I never risk my feet."

Staff told us, "With it being supported living, some will manage independently; others, if they feel unwell or we notice (they are unwell), we speak to them first and contact the doctor on their behalf." Staff told us they had referred some people to the dietician service.

The GP visited some people at the service and other people had a social worker allocated to support them. Staff kept a log sheet of referrals and conversations, so that this provided consistent information. One person had been waiting for a piece of equipment to be delivered and staff were supporting them while they waited for this.

Good

Is the service caring?

Our findings

People told us personal assistants were 'very caring' and supportive. Comments from people included, "We've got no problems. They're polite, kind and caring," and "I'm happy here, the people that run it are very, very kind, there's no favoritism, they look after us all." Other people told us, "There's always somebody there and some are only young, but they're very, very nice" and "They have a laugh with me, nobody's ever been nasty".

As staff supported people regularly, they had developed good relationships with them. One personal assistant told us, "You get to know people and build a positive relationship with them because they know when you are coming, and it puts them at ease a little bit." People told us the staff that worked there permanently were very caring, however some agency staff, "were not always as good".

Staff told us what made them caring, "You have to be patient and you have to have a caring nature, you have to be a bit outgoing I think and friendly," and "I will sit and talk to anyone. Everyone here likes to be quite friendly and upfront."

Staff gave us some examples of when they had been caring. One told us about a person who had an appointment and had not had anything to eat when they came back. This was after their call time, but they were hungry and so they had still cooked them a meal. They told us this meant they were running late for other calls, but they could not leave them feeling hungry. Another staff member explained they had helped one person do their make-up and as they ran out of time, they went back in their break time to help them finish this. The registered manager told us staff were supporting one person travelling, when they went on holiday.

Staff told us how they were caring, "It's a friendly approach, I ask questions around people's health needs to get to know them a bit more, get to know their preferences and choices," and "I usually just ask how they want something done, as you don't know how they are feeling that day."

Staff supported people ensuring their privacy and dignity. People told us about this, "They're discreet, and do things respectfully," and "They do treat me with dignity and respect. They do nothing offensive, they're not unkind, they are very friendly."

Staff treated people with respect when supporting them with care, one staff member told us, "If something happens in communal areas, we try to go to the bathroom where it's quiet and out of the way." Staff told us that curtains and doors were kept closed. One said, "In the shower we use towels and persuade people to do bits they can themselves." The registered manager told us, "We remind staff that people are in their own homes. They need to knock and introduce themselves. We consider this with personal care, keep doors closed, involve the person and not take over. We make sure we offer choice and listen to the person."

People were supported to increase their independence. One person told us, "Carers start some care tasks and I finish off. They don't do everything; I still do what I can." Another person told us, "I feel I'm in control.

They always ask, they don't tell me how I need my care done."

Staff encouraged people with their care, such as encouraging people to do their own meals. One person was previously assisted by staff with their medicine, however with the encouragement of staff, the person now did this independently. Another person had lost some independence following a stay in hospital, however staff had supported them on their return and as their confidence had grown they were able to manage independently again.

Staff knew when to offer people additional support to help them make decisions if this was required. One person had an advocate who supported them around their social needs. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

Good

Is the service responsive?

Our findings

People told us staff knew them well, and many staff had been there a long time. Staff knew when people needed help and what people liked. One person told us, "Carers come each day and they know what to do. We're like a good team." Another person told us, "They know how I like to get in the bath. I have a dressing gown on, and my bathrobe is always ready."

Prior to coming to the service, people were assessed by the management team to ensure the service could meet their needs. People were invited to the accommodation to view this. Staff told us, "Before a resident moves in they have an assessment and the family are usually involved." They went on to say, "When they move in we do a draft care plan, we don't just use the initial assessment."

Staff were flexible to people's needs. One person said, "The carers do as I ask them to, if I'm short of something, they get it for me if they haven't got it in the shop here." Staff told us they knew about people's preferences. One told us, "There is one person who is very specific when you go to their flat. You have to ask them questions about how they like breakfast, like toast lightly done, you have to ask exactly how they like it, it's communication really." Another personal assistant told us, "Preferences are in the care plan, it will say if they prefer a strip wash or shower but I still will ask them. For example, one person has bran and tea every day and we still ask them want." For another person, their care depended on how they were feeling that day as some days they felt better than others, staff knew this and helped them accordingly. Staff told us they ensured they updated any changes in the person's care plan.

One person told us that agency staff did not always know them as well and a relative felt the staff teams at the weekend were not as strong as in the week. We asked the registered manager about this who confirmed the staff team was consistent, however it was quieter at the weekend with less staff overall working in the building.

The registered manager ensured as far as possible that people received care from personal assistants who they had a relationship with. One person told us, "We do get different people, but all the people we know. It's normally the same staff, I have the same people." Staff told us they mostly supported the same people, however this varied from day to day. One personal assistant told us, "It changes, we have job cards. They do vary, we don't have the same person every day. Nobody ever really says they mind, they have got to know each one of us." One person had a preference for a specific personal assistant to do shopping for them, and so this staff member was allocated. If people did not want specific staff then this was also arranged.

People were supported with set call times each week, but could call staff for support in between these times in an emergency. The registered manager told us some people called staff in a non-emergency situation which placed pressure on them. However, they said care staff would support people and had some flexibility in their call times to do this. We asked staff if call bells ringing in between calls times impacted on the service for other people, "It depends on severity of the situation if it's an emergency we go immediately, make sure the person is safe and return when possible."

People told us they received their calls on time. We checked preferred call times against the times that people were supported with care, and found that these were consistent. Staff were able to adjust care times, for example if a person was going out that day. One personal assistant told us, "We have job cards, it tells you who you are going to, and what time you need to be there. It can be 20 minutes before or 20 minutes after."

People and their families were involved in reviews of care if people's needs changed. Staff told us reviews meetings were usually with the resident, the senior and a family member. One person told us, "I don't have review meetings now, it's up to me if I want to have a review. I'm quite happy the way I am." One relative told us their family members care plan was kept up to date and any information or changes were communicated to them. Another relative told us their family member was going to be moving into a care home as their needs had increased over time. They said, "The Accord team have gone above and beyond their remit, there have been some difficulties and they have coped with it."

Care records contained information about people's backgrounds, routines and preferences, so staff could support them in the ways they preferred. The registered manager or senior staff completed these. Staff told us, "Everyone has a care plan in their flat there is also one in the office so they are always available if you need them." Staff completed daily records with information about the person and any changes to their needs. Care records we checked had been reviewed in March 2017. Records were kept in people's flats and collected weekly to be stored in the main care office.

People were involved in their care plans and we saw these had been signed by them. One personal assistant told us, "People go through the care plans, they have to read through it and agree to it and they have their reviews." People told us, "I don't want my care plan changed at all, not at the moment. If I need help on the odd occasion, I've only got to press my buzzer," and "I am happy with my care plan, they come at the right times, and they come to do me a drink in the middle of the morning." However, some people were not sure if they had a care plan, one told us, "I'm happy with my care plan. I don't have a copy, although I think my family might have."

Care records detailed people's health conditions and overall care needs. For example, one person had a diabetes management care plan with information of how staff should support them. Another person had a medical condition and was prone to falls, a care plan was in place for this. This contained information which included that their condition was worse in the mornings and some days were good days, and some days were bad. For another person there was information for staff in what to do if the person had a seizure. Aims and outcomes of people's care were documented.

However, we were aware of how one person was supported by staff with their health and some of this detail was not in the care record. We raised this with the registered manager who told us staff knew this person well and agreed to update this.

Staff supported some people with their cultural needs, one person attended church on a Sunday and staff supported them to the service in the communal area.

People told us they had no complaints, knew how to complain and would be confident to raise any concerns with the registered manager or staff if they needed to. One person told us, "We don't have any problems with the girls here. [Registered Manager] comes around and sees me. You can talk to them about any concerns. If I have a problem I go into the office and say this is all wrong, and what can you do about it, and they are fine."

Other comments included, "I would complain, but so far no, I haven't had any complaints, as they call in very often, they don't just leave you. And they're all very pleasant." Staff told us, "If people make a complaint we pass it on to someone higher like one of the seniors, and if they can deal with it, they do, and if not it will go to [Registered Manager]." One relative told us, "They have listened, acted upon any concerns, they are diligent, it is a good service. The key message is they do a good job."

The registered manager told us that sometimes people had 'grumbles' and she worked to try to listen to people and address these. The provider had a complaints policy in place. One complaint had been made in relation to one person's medicine, as staff had been unable to get this, however this was obtained the following day. Another person told us they had written to the provider with some concerns previously and were awaiting a response.

Good

Is the service well-led?

Our findings

People told us they were very happy with the management of Accord Housing Association Limited at Phoenix House. One relative told us, "The manager is absolutely fine, supportive, co-operative and accommodating when we needed to increase the care package." Other positive comments about the management included, "[Registered Manager] is good, I always talk over problems with them" and "I think speaking for myself only, it's well run. I don't have any concerns."

The management team consisted of the provider, the registered manager and senior personal assistants. The service started at Phoenix House at the end of February 2016, having replaced a different care provider. The registered manager told us this created some challenges at the start, however they felt that these were settling now. For example, the registered manager told us how people now came into the office more to talk with staff more which was positive.

The senior personal assistants told us about their role, "We do reviews and spot checks and observations and supervision of staff. We identify any training needs and [Name] is allocated to do the training. They check the training 'matrix' regularly."

Staff told us they felt supported by the management team. Comments included, "[Registered Manager] is good, I have worked with them since I started," and "You can go to them with anything, they are really supportive, they will always try and help and if they do not know something, they will find out for you."

Staff told us what it was like to work at the service, "It is a very relaxed atmosphere and a happy place to work." They told us the registered manager was approachable and came in on weekends if they were short staffed. Other staff comments included, "It's homely, everyone gets on, if you are stuck, you can go to someone else for help they are quite team orientated here." "I love working here I have been here five years I have never thought of leaving, the staff team and management team are really good. You can go to any of the seniors, they are all really approachable."

Staff told us the registered manager was accessible, one said, "Yes most of the time and if they are not here, they will say you can give me a ring and if it's an emergency they will come back." The provider operated an on-call system so a manager could be contacted by staff in the evening and at weekends if further assistance was required.

Staff were supported with one to one meetings. One personal assistant told us, "We discuss if I have any concerns, or need any help with anything, they tell me what I am doing right or wrong, and ask if I need further training. We cover the whole spectrum really." For experienced staff, meetings were held every three months, and for new staff, they were monthly. Appraisal meetings were held annually and gave staff the opportunity to discuss their goals and development needs.

Observed practice of personal assistants was carried out by senior staff to identify any areas for improvement and provide feedback. We saw for one staff member this was carried out in January 2017. One

personal assistant told us, "The team leaders go into flats and observe you working. They go in before so we don't know they are in there. They see if you ring the doorbell before you go in and how you interact with the resident. We get feedback, they do the form and you read it and sign it. The residents sign as well to say they are happy with you." From a recent observation it had been identified that clinical waste bags required removing more frequently from flats.

Staff meetings were held around every two months and gave staff a formal opportunity for discussion. In March 2017 we saw staff had discussed health and safety, safeguarding, complaints and punctuality. One personal assistant told us about something that had improved from the meetings, "During the handovers on the evening shift, staff finish at 9.15pm but the handover ran over to 9.40pm and had a knock on effect for public transport, so an agreement was information was put in the handover book and it would be the seniors responsibility to handover. This has worked much better and staff are much happier."

Satisfaction surveys offered people and relatives the opportunity to feedback any issues they may have. Recent feedback had been around some calls being late, and the registered manager told us this had encouraged a conversation with people around the timings of their calls. The management team completed telephone monitoring to gain feedback from people. On one person's care record in February 2017 it was recorded they had fed back that staff were reliable and treated them with dignity.

'Customer' meetings were held and gave people the opportunity to discuss any concerns they had. People told us, "We have meetings every two months and I thanked the staff very much for taking care of me when I was unwell," "Yes, we do have meetings. I haven't been to any, but I was reading about them in the minutes" and "We have meetings and we had one the other day - it was very useful."

The registered manager held these meetings in conjunction with the estate manager. Minutes from the January 2017 meeting showed discussion had taken place about the reduction of agency staff and also complimenting the care team. In March 2017, 20 people attended and comments include, 'The residents feel they are well supported by the care staff and gave lots of positive comments'.

The manager told us they felt supported by the provider with one to one support. The provider used some quality checks to make sure the service was meeting people's needs. The provider completed audits of the service in areas such as data protection and against the areas we inspect, safe, effective, caring, responsive and well led. Other audits had been completed in relation to safeguarding and to check staff while working at night.

The registered manager told us about their plans for the service. They told us now the staff team had settled, they were going to look at having 'champions.' These would be staff dedicated to certain areas, such as diabetes or dementia. This would give the staff member the opportunity to enhance their knowledge and pass on information to the other staff, and to benefit the people at the service. This was going to be discussed in the next team meeting so staff could express an interest in this if they wished.

The registered manager told us the challenges of the service had been around supporting different people with care who had higher level care needs. They also told us when they had started at the service, staff morale had been low, however this was now improved and that the staff team were 'good' and 'very open'.

The local authority commissioners had visited the service about one month ago. The registered manager told us they had not identified any issues.

The manager understood their responsibilities and the requirements of their registration. For example,

information such as serious injuries, deaths and safeguarding concerns. We were aware that we had not been informed of some incidents involving the Police with one person at the service, the registered manager assured us these notifications would be made.