

Prime Life Limited

Phoenix Park Care Village

Inspection report

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Ratings

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

Summary of findings

Overall summary

Phoenix Park Care Village is purpose built and is situated on the outskirts of Scunthorpe. The home provides care and accommodation for up to 146 people. There are three units, Hilltop, Overfields and Fairways.

Hilltop predominately provides care for older people. Some people have nursing, dementia, mental health or challenging behaviour needs. The ground floor accommodates a mixture of people some with nursing needs. The first floor accommodates people who all have nursing needs. There were 59 people living in the Hilltop unit at the time of our visit.

Overfields predominately provides care for younger adults who have complex care needs relating to their mental health. There were 34 people living on this unit at the time of our visit.

Fairways is a 35 bedded unit. Mainly for men with mental health needs and challenging behaviour needs. This unit opened on 17 July 2018. There were 13 people living on this unit. Altogether there were 106 people living at the service at the time of the inspection.

Phoenix Park Care Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were two registered managers' in post due to the size of the service. A registered manager is a person who has registered with the CQC 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.

Minor issues were found on the first day of the inspection. These were regarding medicines 'as required' protocols that required reviewing or implementing for eight people and there were minor issues with unsecured gloves and cleaning fluid found in two areas. These issues were corrected immediately by the management team. Staff were provided with supervision and further training during the inspection to make sure these minor issues would not re-occur. We found no further concerns in these areas over the next two days of the inspection.

People were protected from harm and abuse. Staff knew how to recognise and report potential issues. Safeguarding issues were reported and acted upon. Incidents and accidents were monitored and investigated. Risks to people's wellbeing were assessed, monitored and addressed to maintain people's

health and safety. Staff were aware of how to support people if they displayed challenging behaviour.

There were enough skilled and experienced staff to meet people's needs. Staff undertook training in a variety of subjects had supervision and an annual appraisal to maintain and develop their skills.

People had maximum choice and control over their lives. Staff supported people in the least restrictive way. Policies supported this practice. People were involved in making decisions about their care and support.

People's dietary needs were assessed and monitored to ensure their dietary needs were met.

Staff provided people with caring, kind and compassionate care and support. Staff provided appropriate reassurance and support if people became anxious, upset or displayed challenging behaviour. People's privacy and dignity was protected. Information was provided to people in a format that met their needs, in line with the Accessible Information Standards.

An assessment of people's needs took place. People were not accepted to live at the service if their needs could not be met. People's needs were reassessed as their needs changed. Staff understood people's preferences for their care and support. Complaints were investigated and this information was used to improve the service. End of life care was provided for people.

The management team were open and transparent and operated an 'open door' policy. Quality assurance checks and audits were undertaken to monitor the quality of service provided. The provider asked for feedback from people living at the service, their relatives, staff and visiting health care professionals. Feedback received was acted upon to maintain or improve the service. The provider continued to look at how the service could be improved. There was now a clinical nurse lead working at the service to further develop the care and support provided to people. Confidential information was held securely.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Phoenix Park Care Village

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.

The inspection was unannounced on day one and three. It took place on 7, 8 and 15 November 2018. On day one it was undertaken by four 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. On day two four inspectors were present and on day three one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information submitted in the PIR along with other information we held, including statutory notifications which the provider had submitted. Statutory notifications are pieces of information about important events which took place at the service, for example, safeguarding incidents, which the provider is required to send to us by law. We looked at the notifications we had received and reviewed all the intelligence we held to inform our planning of this inspection.

During our inspection we looked at a variety of records which, included 13 people's care files, six staff files, staff's training, supervision, appraisal and recruitment documentation. We inspected everyone's medicine administration records (MAR) on Hilltop and Fairways and four people's on Overfields. We looked at records relating to the management of the service including policies and procedures, quality assurance documents including checks and audits, staff rotas, complaints and compliments. We spoke with the two directors and their support manager, with the two registered managers, three team leaders two nurses, six care staff and the cook. We spoke with the clinical nurse lead and trainer, working on behalf of the provider. We spoke with 18 people living at the service and with seven relatives who were visiting to gain their views. We also asked the registered managers to send us further information following the site visit. This was provided within the given timeframe.

We asked the local authority commissioning and safeguarding teams for their views prior to our inspection. We also contacted Healthwatch (a healthcare consumer champion) to ask if they had any feedback to share about this service.

Some people living at the service were living with dementia and could not tell us about their experiences. We used a number of different methods to help us understand their experiences which included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported appropriately by staff and provided us with evidence that staff understood people's individual needs and preferences.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People told us they felt safe with staff. One person told us, "I do feel safe and at home." Another said, "Yes, I feel safe with staff". A relative we spoke with told us their relation was safe and well cared for at the service.

On the first day of the inspection we found some minor shortfalls. We found medicine protocols for 'as required' medicines required reviewing or implementing for eight people. In response to our findings, these protocols were reviewed for everyone living at the service by the management team to make sure they were accurate and complete. We found a person with diabetes required more information to be put in their care plan and risk assessment about the control of raised blood sugar levels. There was a laundry cupboard door that had not been closed securely where gloves and cleaning fluid was kept. Staff were reminded to make sure this was shut properly. We also found a box of gloves and bottled cleaning fluid at the back of a cupboard under a sink unit in one lounge. These items were removed. These issues were quickly and thoroughly addressed and staff were immediately provided with further training and supervision during the inspection to prevent any re-occurrence of these issues which, helped to protect people's wellbeing.

Staff were provided with the provider's medicine management policy. People's allergies were recorded to inform staff and health care professionals of any potential hazards. Staff used medicine administration records (MARs) to record prescribed medicines taken.

A programme of maintenance of the buildings and equipment took place. Checks on fire, water, gas and electrical safety occurred to promote the health and safety of all parties.

The provider provided leaflets for staff and visitors called 'promoting safeguarding awareness'. Safeguarding and whistleblowing (telling someone) policies and procedures were in place. Staff undertook training about how to protect people from harm and abuse. Issues of a safeguarding nature were reported to the local authority and to CQC. A member of staff said, "I would report issues straight away."

Risks to people's wellbeing were identified, for example, malnutrition, slips, trips, falls and displaying challenging behaviour. Staff understood the risks present for each person in their care. They were able to tell us how the risks were managed to promote people's health and safety without restricting their freedom of choice.

Staffing levels were monitored along with people's dependency. Extra staff were provided to support people on a one-to-one basis, to take people to appointments or undertake activities. We observed people's needs were met in a timely way. Recruitment procedures remained robust.

Infection prevention and control measures were in place throughout the service. Staff were provided with gloves and aprons.

The management team monitored accidents and incidents that occurred. These were investigated, advice was sought from relevant health care professionals and action was taken to prevent any further re-occurrence. There was a business continuity plan in place to advise staff of the action they must take if an emergency occurred.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

People told us they received effective care and made their own choices about the care and support they received. People said, "The staff are here to help support me", "The staff give me choices of food, about activities and what I want to wear" and "Staff work hard, it is easy to build up a professional relationship, they do their hardest to look after us. They are totally approachable and well trained."

Staff had the skills and knowledge they required to support people. There was a comprehensive induction and training programme in place for staff. There was a new clinical nurse specialist employed at the service and a trainer employed by the provider attended at any time to support staff with practical hands-on training and tutorials. Staff told us, "We undertake a lot of training. We had really good training regarding dementia, undertaking a 'virtual dementia tour'. We were put into their shoes and did tasks with our hearing and sight impaired. This really opens your eyes up to this condition." Staff were supported by having regular supervision and annual appraisals. Staff meetings occurred to address any issues and enable them to raise their views. Performance issues were addressed by supervision and further training which, improved the care provided to people.

Staff were deployed to work in certain areas of the service, but could cover all units. Staff developed good working relationships with people and provided person-centred care whilst monitoring people's health. Staff contacted relevant health care professionals for help and advice if people's needs changed to maintain their wellbeing.

People's dietary needs were assessed and monitored and their food allergies and special dietary needs were recorded. People were encouraged to have a balanced diet. Staff assisted, prompted or encouraged people to eat and drink with patience and kindness. Concerns were reported to health care professionals so that people's dietary needs could be met. A person told us, "The food is good."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People were encouraged to make their own decisions about their care and support. Where people lacked capacity, care was provided in their best interests following discussions their relatives and with relevant health care professionals. This helped to protect people's rights. Staff told us they gained consent from people to provide care and support and gave people choices. A member of staff said, "We give people choices and act on what they say."

All areas of the service were monitored and adapted to meet people's needs, including those living with dementia. Pictorial signage was in place. Work had been undertaken to improve the facilities provided and this was on-going. There was a new French Café. Sensory lights and skylights had been fitted to improve the light available. There were games rooms for people to use. The environment met people's needs.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People told us staff were kind and caring and their privacy and dignity was respected. We received the following comments, "The staff are very good. I am looked after well by them", "The staff are very caring, [Name] is like a daughter to me" and "The staff are kind and caring." We observed people looked well cared for throughout the service.

Relatives confirmed their relations were well cared for and their relation's privacy was respected. Relative's told us, "The level of professional, yet compassionate continued care exceeds by far the level of care I was able to provide. I am so grateful [Name] is very comfortable" and "Staff close the curtains and shut the doors before providing personal care. They also knock on the bedroom door."

Staff had positive relationships with people and treated people with kindness and compassion. We saw if people became unsettled or needed assistance staff attended to them to reassure and support them. Staff communicated with people appropriately in a suitable way that met their needs. Staff knelt and gained good eye contact or used gentle appropriate touch to help to reassure people. People held friendly banter with staff which, they enjoyed.

People's preferences, likes and dislikes for their care and support were recorded and this information was kept under review. Staff told us they had time to read people's care records which, included information about people's life and work history and family. This helped staff converse with people and engage with them.

Staff we spoke with told us they enjoyed supporting people throughout the service. One member of staff said, "I love working here." Staff covered each other's absence and annual leave to maintain continuity of care for people. People's privacy and dignity was respected. Staff knocked on people's doors before entering and provided personal care in people's bedrooms or in bathrooms. People confirmed they were addressed by their preferred name.

The provider complied with the Accessible Information Standards. People's communication needs were recorded and were known by staff. Information was provided to people in a format that met their needs. Advocates were available to people (independent representatives) to help people raise their views about the service.

Equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in people's care files. People received care and support which reflected their diverse needs in respect of the nine protected characteristics of the Equality Act 2010. We saw no evidence to suggest that anyone who used the service was discriminated against.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People told us staff responded to their needs. We received the following comments, "Staff would get the GP for me if I was not well", "I had poorly legs and could not hardly walk. The doctor came to see me and sorted this out. I feel much better now" and "I talk to staff about what is bothering me and I feel better. Getting things off my chest helps me."

People's needs were assessed by staff before they were offered a place at the service. Information was gained from the person, their family, from the local authority, discharging hospital (if relevant) and from health care professionals. Discussions were held about if the person's needs could be met. and people were not admitted if their needs could not be met. Staff used the information gained at the assessment to create person-centred care plans and risk assessments detailing people's holistic needs. This including their physical, emotional and psychological needs. People's likes, dislikes and preferences for their care and support were recorded. Staff were aware of this information which, helped them meet people's needs effectively. People's care records were updated as their needs changed.

People told us staff got the doctor for them if they were unwell. Staff knew people in their care well and understood if they were not themselves. When this occurred help and advice was sought from relevant health care professionals and staff acted upon what they said to maintain people's wellbeing. Staff contacted family members if this occurred to keep them informed. Staff acted upon the feedback provided to maintain people's wellbeing.

There was a complaint policy and procedure in place. This information was provided to people in a format that met their needs. Issues raised were investigated and the outcome was shared with the complainant. People told us they would complain if necessary. One person said, "I would raise a complaint." Another person said, "If anything was bothering me I would have no hesitation talking with the staff." Complaints received were used to improve the service.

A range of activities were provided for people throughout the service. These reflected people's preferences and hobbies.

End of life care was provided at the service. Staff were supported by health care professional to make sure people received a dignified, pain free death. We saw compliments had been received from people's relatives about the end of life care provided to their relations.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led.

People told us the service was well-led. We received the following comments, "The home is well led by very good staff", and "I like how the service is run, I am asked for my views."

There was an open and transparent culture. The directors of the service, registered managers, senior staff and staff team understood the vision and values of the service. All parties worked to address any issues swiftly. They worked to ensure effective care and support was provided to people. People using the service and staff were valued for their diversity.

The management team had an 'open door' policy in place and an on-call system so people, their relatives or staff could gain help and advice at any time. Feedback received was welcomed by the management team, learning from the feedback received was shared with staff to improve the service. We found suggestions and advice was welcomed and implemented immediately during the inspection.

Resident and relative's meetings took place along with informal discussion with people to gain their views about the standards of care delivered and other elements of the service. Surveys were sent to people and the feedback received was positive.

Managerial staff meetings took place daily and regular staff meetings occurred to help to monitor the service provided. Minutes of staff meetings were provided to staff who could not attend to keep them informed. Staff told us they felt supported, valued and listened to by the management team.

Quality monitoring checks and audits were undertaken on all aspects of the service. This included, people's care records, accident and incidents, staff training and recruitment processes. Minor issues found were thoroughly and swiftly addressed.

The management team liaised with other services and health care professionals to make sure people received the care and the support they required. The registered managers were supported by a team of senior staff and the directors of the company visited regularly. They looked at how improvements could be made to keep up with good practice ideas and developments in the care sector. For example, a clinical lead nurse had been appointed to help support the staff and develop their skills.

We found data was held securely, computers were password protected to ensure confidential information was protected.