Inspection Report

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

Phoenix Care At Home Limited

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Tel: 01271816577

Date of Inspection: 26 February 2014

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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
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Phoenix Care at Home Limited
Registered Manager	Ms. Carol Earner
Overview of the service	Phoenix Care at Home is a small domiciliary care agency that provides personal care and support to people in their own home. It only covers the area of Braunton and surrounding villages.
Type of services	Domiciliary care service Rehabilitation services Supported living service
Regulated activity	Personal care

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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 unannounced 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 26 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We visited the registered office having given short notice as the agency is small and we wanted to ensure there would be staff available to speak to. We looked at four care plans and care files in detail. We also looked at staff training records, policies and procedures and records relating to how people were being supported to take their medications.

We spoke with eight people who received a service and with three relatives of people who received a service. Everyone we spoke with were complimentary about the care and support provided. Comments included "I have no complaints, they are first class." One relative said "They are very good, they understand what needs to be done and get on, it gives me a peace of mind."

We found that care and support was being well planned in a person centred way ensuring the needs and wishes of people were fully considered and detailed within their care plans.

Staff supported people appropriately with their medications as they had clear policies and procedures in place and received regular training to ensure they were competent.

We spoke with four staff who confirmed the agency provided good support and training to ensure they could do their job safely and effectively. We saw training records and staff supervisions supported this.

We found the agency had a robust complaints process and always investigated any concerns or complaints promptly with people being responded to in writing as well as verbally. People we spoke with said they felt any concerns they raised would be listened to and acted upon.

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.
Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with eight people who received services from the agency and with three relatives. All without exception said staff who supported them always gained their consent before carrying out any personal care or other tasks. One person said "The staff who come are lovely, they always check I am okay and if I am happy with everything. They always explain what they are doing and they write in their book what they have done."

We looked at four care plans and care files in detail whilst at the registered office. We saw in the care files, people who used the service were asked to sign to say they consented to the agency sharing information with other care providers if needed. There were also consent forms for people to agree for support workers to assist them with their medications, where this had been identified as a task needed. This showed the service had records to demonstrate people had given consent to various aspects of their care and sharing of records.

When we spoke with staff, we heard examples of where they ensured consent was gained from individuals in all aspects of delivery of care and support. For example one person told us about how a family member had given care staff specific requests about care needs, but the person receiving the care did not lack capacity. We heard the care plan and what care was being delivered was always discussed with the person as well as family. This showed before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff working at the agency were aware of where people they supported lacked capacity. The manager understood how to involve significant people to ensure if decisions were needed about care and treatment a best interests meeting would be set up. We heard about an example of where a persons needs had increased and they had become more vulnerable. This had been discussed with their GP and local

safeguarding team to ensure the right people were involved to make decisions about the persons future care and support needs. This showed the agency understood and worked in a way which ensured people who lacked capacity still had their rights upheld. This was in accordance with legal requirements.

Care and welfare of people who use services ✓ Met this standard

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

People we spoke with or their relatives express a high level of satisfaction with the care and support received from the agency. Comments included "I have no complaints, they are first class." One relative said "They are very good, they understand what needs to be done and get on, it gives me a peace of mind." People said they usually knew in advance who would be coming and care staff usually arrived on time. Where there was a known issue and the care staff were running late, we heard from people they were informed in advance. People said they normally had the same care staff. One person said "My care staff has been the same for years, she is like family. I look forward to her visit and she knows how to help me. They even call the GP if I need it."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People we spoke with confirmed they had a care file in their home with up to date information about their care needs. We heard how people had been involved in the development and review of their care plans. We saw care plans provided a high levels of detail and were written in a person centred way. This ensured care staff knew people's preferred routines and the best way to support people.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw care files included any identified risks in respect of the environment care and support was being provided in. Where an issue had been identified, such as dark driveway, measures had been put in place to minimise risks to care workers and people they cared for. We also saw risk assessments and plans in respect of safe moving and handling. Where specialist equipment was needed, we saw the agency had sought the advice of a local occupational therapist. Where people had been identified as being at risk of developing pressure sores, a plan of care had been implemented to ensure care staff were vigilant of condition ofpeople's skin. Any redness to vulnerable areas of skin were fully documented and community nurses were contacted for assessment and advice. This showed the agency ensured care and support was delivered with due care to people's safety and welfare.

There were arrangements in place to deal with foreseeable emergencies. Care files always contained peoples' emergency contact details, next of kin contact details and any allergies. People's medication was listed so if they needed to go for emergency treatment

this list could go with them.

People who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards. Staff provided care and support in people's own homes, but had received training in understanding the principles of the Mental Capacity Act and safeguarding people's rights.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to the recording of medicine. Where people had been assessed as needing support to take, or prompt to take their medications, this was clearly identified on their care plan. Staff had a clear policy and procedure to follow which stated only medications clearly labelled as being prescribed for the person were to be administered. Where topical creams had been prescribed, body maps were used to inform staff where cream should be applied.

We spoke with four staff about the training and support they received to complete the task of supporting people with their medications. Staff told us they completed comprehensive training and recently had received an update as part of their staff meeting. This was to look at creams and generic medications frequently prescribed to people they cared for. This meant people were protected as staff had up to date training about the types of medicines used and their side effects.

We heard how as the agency was small the two managers also provided care and support to people. Staff competencies were checked during spot checks when the managers were completing care rounds. We heard how this also involved observing staff practice and checking records were accurate and up to date. Staff received feedback about their practice via one to one meetings with their supervisor. This included how well they were completing the task of supporting people to take their medications.

We looked at the records relating to people receiving support to take their medication four files held at the office. We saw the records were well maintained with no gaps. These showed medications were prescribed and given to people appropriately.

People we spoke with confirmed care staff supported them to take their medications appropriately. One person said "yes they get the tablets out of the packet for me and make sure I have a drink so I can swallow them. They always ask if I have taken it and then they write it down in the file."

Staff were aware of what to do if people had missed their medication or the wrong tablets had been given at the wrong time. We heard how the managers liaised with the GP practice to ensure people's medication was reviewed. This meant the agency had systems

in place, which ensured people had the right medication at the right time.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we spoke with who received a service from the agency said the staff were caring and professional. One person commented "they know what they are doing, this is a good agency."

Staff received appropriate professional development. We saw from records at the agency registered office, staff received core training in all aspects of health and safety to enable them to do their job effectively. For example staff received training in moving and handling, infection control, basic food hygiene, protecting vulnerable people, safe management of people's medication and first aid. Staff we spoke with confirmed there were training opportunities and that they received one to one supervision sessions from time to time. These were to discuss how their work was going and if they had an issues or training needs to address. This showed staff were supported to carry out their responsibilities with caring for people using the service.

Staff were able, from time to time, to obtain further relevant qualifications. We heard how some staff were happy to gain basic training in key health and safety areas, but did not wish to do other training, whilst others were keen to progress to obtain further qualifications. We heard how some care staff obtained further qualifications then moved onto do nurse qualifications or work as healthcare assistants within the NHS.

We heard from the manager, how the agency was keen to make sure staff had good quality training. For example new staff had an induction programme which met national guidelines on care and gave new staff the opportunity to shadow more experienced staff before working on their own. This meant people were cared for by well supported, suitably trained and experienced staff.

Complaints ✓ Met this standard

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

People were made aware of the complaints system.This was provided in a format that met their needs. Every person who received a service from the agency was provided with a care file with key information about who to contact in the agency. This also included how to make any concerns known or make a formal complaint. Everyone we spoke with said they had received a copy of their care file, which contained information about how to make a complaint. People we spoke with said they would be confident to make any concerns known. One person told us they had made minor points to the office about their care had this had been resolved very quickly.

People were given support by the provider to make a comment or complaint where they needed assistance. The agency used surveys to gain people's views about the care and support they received. The agency also reviewed care plans with people and/or their family on a regular basis. We heard how this was also a time when the manager checked if people were satisfied with their care package and whether they had any issues or concerns.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People we spoke with said they would be able to make any concerns known. One person said "They are so approachable, of course I would be able to talk to them if I had any concerns."
This meant people were confident in giving feedback, safe in the knowledge it would be taken seriously and acted upon.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw where complaints had been documented, the provider had recorded how they had investigated the complaint and then what actions they had taken to resolve any issues identified. Where people had expressed concerns about particular care staff, for example not completing all tasks on the care plan, the care staff were formally written to to ensure they read and understood the care plan. People who raised concerns were always informed of outcomes via a letter. This ensured the provider had a good audit trail showing how people had been communicated to and what had been done to resolve any identified issues.

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.

Contact us

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