

Phoenix Care Services Limited

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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 Care Services is a domiciliary care agency that provides care and support to adults in their own homes. At the time of inspection, 32 people used the service. The service provided support for people in tasks such as cooking, shopping, general domestic tasks and personal care.

People who receive a service include those living physical frailty or memory loss due to the progression of age. The agency also provides services to people living with dementia and people with mental health needs.

The service had a registered manager, who was present on the day of the inspection visit. 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 and associated Regulations about how the service is run.

People were protected from avoidable harm. We saw that staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

There were sufficient staff to keep people safe and to ensure that visits were completed within the agreed times. There was robust recruitment procedures in place to ensure that staff were safe to work with vulnerable people.

Staff had written guidance about risks to people health and safety and how to manage these. Risk assessments were in place for a variety of tasks like personal care, activities and the environment and were updated frequently.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 was followed. Staff assumed people had capacity to make decisions regarding their care, unless documentation was available to provide information that they do not.

People were happy with the support they received for example personal care and meal preparation. Changes in people's health care needs and their support was reviewed when required. If people required input from other healthcare professionals, this was arranged for them by staff.

People were supported by staff to maintain and improve their health and well-being. Staff supported people to have regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place and training to meet people's needs. Staff received regular supervision.

Positive and caring relationships had been established between people who received care, their families and the staff. We were told by people and their families that the staff interacted with people in a kind and

caring manner.

People, their families, staff and other professionals were involved in planning people's care. We saw that people's choices and views were respected by staff. People's privacy and dignity was respected.

People received a personalised responsive service. Staff ensured that they supported people in ways that was their preferences and wishes and they were adhered to. People were supported by staff to maintain or to develop their daily living skills to promote their independence.

The care plans were person centred and contained clear, detailed information telling staff what support people wanted and how they wanted it.

The service was well led. The service listened to people, their families, staff and Social and Health professional's views. The management welcomed feedback from people and acted upon this if necessary. The registered manager actively sought, encouraged and supported people's involvement in the improvement of the service by asking them to provide feedback formally by completing an annual quality check or informally during visits or telephone conversations. There were robust procedures in place to monitor, evaluate and improve the quality of care the service provided. The registered manager was passionate at introducing ways to improve the service.

The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

The registered manager promoted an open and person centred culture within the service.

Staff were motivated, dedicated and aware of their responsibilities in supporting, protecting and caring for people. Records for checks on health and safety, and medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people.

The registered manager understood the requirements of CQC and sent appropriate notifications.

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.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. The service completed full recruitment checks to make sure that staff were suitable before they started work.

Where the service administered medicines this was done safely and people received their medicines when they should. People told us that the staff ensure that their medicines were stored and disposed of safely.

Risks were assessed and managed; individual risk assessments provided clear information and guidance to staff.

Is the service effective?

Good ●

The service was effective.

People confirmed that they had consented to the care they received. Procedures were in place to ensure people's legal rights were upheld and staff received guidance on the Mental Capacity Act 2005.

Care workers were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs promoting health care.

Is the service caring?

Good ●

The service was caring.

People were well cared for. They were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a way that was respectful, caring

and positive way.

People were supported to be as independent as possible.

People, families, staff, social and health professionals were involved in planning care.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and based on people's personal wishes and preferences. Changes in people's needs were recognised and appropriate, prompt action taken, including the involvement of external professionals where necessary.

Assessment and care plans were focussed on the individual needs and wishes of people. A system was in place to review the care people received that included consultation with them.

Systems were in place to make sure people's complaints and concerns were investigated and resolved.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a service which had a strong management structure.

The registered manager was always looking for ways to improve the quality of the service.

People's and staff views were sought and acted upon. People were encouraged to shape the direction of the service.

There were robust quality assurance systems in place to monitor and improve care and safety to people.

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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.

This inspection was announced and took place on 15 September 2016 and was conducted by one inspector.

We gave 48 hours' notice of the inspection because the registered manager is often out supporting staff or providing care and we needed to be sure they would be present during the inspection.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications. A notification is information about important events which the provider is required to tell us about by law.

We contacted the local authority quality assurance, safeguarding team, local hospitals, The NHS Pro Active care team who work with people with long term conditions and other organisations to ask them for their views on the service and if they had any concerns.

During the inspection we used a number of different methods to help us understand the experiences of people who used the service for example we conducted a random telephone survey of the people who use the service their family members, care staff and health and social care professionals. We also reviewed completed quality assurance documents. We spoke with four people, four relatives, three staff members, the registered manager and the deputy manager.

We reviewed a variety of documents which included three people's support plans, risk assessments, four weeks of duty rotas. We also reviewed health and safety records and quality assurance records and looked at a range of the provider's policy documents.

We asked the registered manager to send us some additional information following our visit, which they did.

The service was last inspected on 2 December 2013 when no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe when they received care and that staff were "Lovely and took their time". One relative told us that their family member was "So happy with their carers as they are always happy to help us". Staff told us that they knew the registered manager would act on any concerns they raised.

We were told by relatives that there "always seems to be enough staff on duty" to provide care and support. One person told us that they never had to wait for anyone to come and help them, they said "We always get the same person but when they go on holiday we are always covered there is a lot of carers at the service."

There were sufficient staffing levels deployed to keep people safe and support the health and welfare needs of people. When people were asked if they thought there were enough staff one person said, "Always enough for me." A relative said, that the staff are "Always punctual." "We have never had a time when nobody turned up."

Staffing levels were calculated to ensure people received care and support when they wanted it, and staff had enough time to care for people without having to rush. We asked people if staff stayed the full time agreed in their care plans. One person said, "Yes, definitely sometimes longer." Staffing rotas showed that levels of staff over the past four weeks matched with the calculated support levels of the people that used the service. The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care. They understood that if they took on too much without having staff in place, this could impact on the safe care of the people they looked after and supported.

Staff knew what their responsibilities were in relation to safeguarding. All staff, including office staff, had received training in safeguarding and knew what to look for and do should they suspect abuse or if they had concerns. A care worker told us they were clear about what action they should take and could approach the registered manager who they felt would act on any concerns they raised. The registered manager had notified us of safeguarding incidents when they occurred and took appropriate action to ensure that people were protected. This included liaising with the local authority safeguarding team to ensure incidents were investigated appropriately.

There were clear, current policies in place that care workers were aware of which detailed the agencies that should be contacted in the event of a safeguarding concern. These policies included a whistleblowing policy which staff knew about should they need to use it.

Risks to people health and safety were well managed to keep people safe. Assessments were undertaken to assess any risks to people, and to the staff who supported them. These included environmental risks I.E frayed carpets, appliances the carers may use, pets and any risks due to the health and support needs of the person. Risk assessments included information about the actions care workers must take to minimise the chance of harm occurring. We were told by one member of staff that, "Risk assessments are essential to safeguard our customers from harm".

Risks were analysed and rated by the registered manager as high, medium or low. Where risks were identified management strategies would be developed to help reduce these. Examples of such included staff numbers and the use of specified equipment such as hoists and slide sheets.

Where risks had been identified these were cross referenced with care plans. For example one person's risk assessment covered their mobility and this reflected the notes made in their care plan about how they should be transferred and how their mobility was sometimes reduced due to their health needs. Another person was identified as being at risk of self-neglect which meant their health needed to be monitored. There were clear guidelines in place for care workers to follow and action had been taken to ensure their health was maintained. The person had capacity to make decisions for themselves care workers had clearly explained about the risks involved to them about their care. The risk assessments we looked at clearly demonstrated that they were reviewed in line with the registered provider's policy.

We spoke to staff who all confirmed that they were aware of the risk assessments and where they were located in the care plans. One staff member told us that they were reviewed on a regular basis and when required if a change to a person was identified.

All incidents and accidents were recorded appropriately and reviewed regularly. The registered manager told us that by reviewing the records they would be able to identify any themes or patterns. Once this was completed any action that required to be taken would be written up in order to prevent them reoccurring. The registered manager demonstrated the process the service undertook when reviewing these incidents and accidents to ensure that people are supported in a safe and secure environment. We looked at the reviews the manager had completed in the care plans they were clear and demonstrated patterns and risk were highlighted and where possible they were minimised. We reviewed the incidents and accidents records which were up to date and demonstrated that appropriate reviews had been completed by the registered manager.

Equipment used whilst providing care in people's home such as hoists were regularly checked to ensure they were safe for people to use. The registered manager carried out audits of the equipment to make sure they were maintained. They ensured that service contracts and certificates were kept on file to show appropriate safety checks had been completed.

People's medicines were managed, administered and disposed of safely. People had their medicines stored in their own properties. One person told us how they liked their medicines administered and what support they needed from staff. This was reiterated in their medicine administration record (MAR) charts and their care plan. They told us that they had their medicines when they needed them and that staff always knew what to do to when they "Helped" with their medicines. There were guidelines in place for 'as required' (PRN) medicines such as some pain relief, which enabled staff to know what signs they should look out for as to when to administer the medicine. Staff had all completed training for safe handling of medicines. The registered manager and care workers training records confirmed that this was done annually.

People were kept safe because there were robust systems in place to ensure that staff employed were recruited safely. Staff recruitment records contained information to show that the provider had taken the necessary steps to ensure they employed people who were suitable to work with people in their own homes. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Is the service effective?

Our findings

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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.

The registered manager and staff had an understanding of the MCA including the nature and types of consent. Staff understood people's right to take risks and the necessity to act in people's best interests when required. People told us that staff always asked for their consent. One person told us that all the staff ask, "How I want things done" and they will ask if they are "Doing things the way I want", which they described as being "Very refreshing."

People were supported by staff who had the knowledge and skills required to meet their needs. One person told us that the staff were "Definitely knowledgeable." A second person said the care staff were "All very good" and have "Helped us in all sorts of ways".

One relative said the way the "Training person" from the office had worked with the care staff to use the hoist to enable them to work with their family member was "Exceptional and so respectful".

People told us that staff were "Well trained and just seem to know what to do". We spoke to a healthcare professional who regularly placed people with the service. They said that the staff were "So well trained" and more importantly they were "dependable." A relative told us that their family member had "So much faith" in the staff and the way they look after them especially in the "Discreet way they deal with their personal care". They also said the relief the whole family felt that their family member was being so well cared for when they were not there to support themselves.

Staff we spoke with were knowledgeable about people's care needs and received training to support them in their role. Training records detailed all staff were up to date with their mandatory training, which included topics that were specific to the people they were supporting. For example there was dementia awareness training, dignity in care, risk awareness and eye and ear drop competency. A healthcare professional told us that the care that they had witnessed when they were visiting people at the same time as the care staff from the service was "Very effective" and "Professional".

We were told by one care worker that they had "Great" training from the start of their employment. They said that initially they, "Shadow an experienced member of staff" until the manager was happy with their abilities. The registered manager confirmed to us that prior to new staff working on their own, they must shadow existing staff. This was to observe the care and support given to people and spend time getting to know them.

Another member of staff told us they received "Exceptional" training and that it was completed before they

were asked to carry out a task. One member of staff said there was "Lots of training" and it was done in the office or at people's homes depending on what they were doing. They gave us the example of hoist training was always done at the persons home using their hoist to ensure that everyone were happy and "Comfortable."

The registered manager told us that all staff undertook the appropriate induction and training to support their own professional development . We looked at the staff training matrix which detailed that the staff received all relevant training and updates when they were required.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. The registered manager told us that in addition to one to one and group sessions they also included formal and informal spot checks of staff when supporting people in their own homes.

People told us how happy they were with the support they received from the care staff and this included assistance to eat and drink. One person told us "They prepare my lunch for me and when they can they sit with me and chat." Another person said "They help me up in the morning with my breakfast and drinks and always ask if there is anything else I need they are very helpful." Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and any drink that they want. People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing.

People were supported to maintain and improve their health and wellbeing. Support plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, nurses, opticians and audiologists.

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. People told us that the staff were caring and very willing to help and go "That extra mile." One person told us they were treated with kindness and respect by the staff who supported them and that they were all "Very professional and charming." Another relative told us that they felt the staff were very caring and attentive to the people they supported. They knew the people they looked after and involved them in making decisions about their daily lives.

A relative told us that "We normally have the same people, which is good. I am more than happy with the support they give us." Another relative told us that their family member had an "Exceptional carer" "She is brilliant. She is caring and makes us feel so supported and respected." They said that their family member who receives care has developed a good "Working relationship with the carer which takes all the stress out of their condition."

One person who received care from the service told us that staff "Gave them confidence" and were very "Reassuring" when they supported them. They also told us that all the care staff that they have had engaged with them in a friendly way and asking their opinions and encouraging them to become involved in activities that were happening around them. They also told us that the care their family member received from the staff was "Second to none".

A health care professional told us that they felt that people were helped to maintain their independence by a caring and "Supportive and have been a great help in keeping the person at home for as long as they have". They also told us that the staff appeared very well trained and were thoughtful when they supported people with their care.

A social care professional told us that the care staff demonstrate "Considerable care and understanding towards the people they support." and they have "Built up a trusting and knowing relationship." The continued to say that the service is very professional in all their dealing with external agencies and the people they support.

A member of staff told us that they had received training in ensuring that the people they support are treated with dignity and that their independence should be reinforced when they are working with them. Staff told us that they had received guidance during their induction in relation to dignity and respect and their practice was assessed when members of the management team completed spot checks in people's homes. The registered manager told us that the service would always try and support people with dignity and not to reduce people's independence but to "Reinforce what people could do." We saw in one care plan guidance to staff in preparing washing facilities for the person but to only encourage them to take care of their own personal care.

People were supported to express their views and to be involved in making decisions about their care and support. The service completes annual care reviews which includes the people who received care their families and health and social care professionals to discuss the care being provided. The registered

manager told us that they always ensure that people are given "A voice" to discuss their care and support. A relative told us that the service had involved them when their family members care package started and they have always been invited to all the reviews that had happened since they started to support them. People or their relatives were encouraged to sign their care plans to confirm they had been involved and that they are in agreement of the care and duties they would supply.

Is the service responsive?

Our findings

People received personalised and responsive care that met their needs. Care and support was planned in partnership with them. One person told us that when their care was being planned initially a member of the management team spent time with them before starting their care finding out about their preferences, likes, dislikes, times of the service and any relevant information.

One relative told us that the plans were developed by the manager and then they came back to agree the plan. They told us they were asked to sign their agreement of the plan on behalf of their family member who could no longer sign due to their physical frailty. A member of staff told us that "Information they had in the plans included instructions on how people would like to be assisted with their personal care and how people would like to be supported with my daily living skills so that I can maintain their own home".

The care plans were person centred and focussed on the individual needs and wishes of people. They had been written in such a way that took the staff member through each task. For example, one person's plan detailed how they would like staff to support them with their care in an ordered way. For example they took their medicine first, then would have personal care and then call the staff into the bathroom to assist them with areas they could not do. The plan was written to support the person's independence as it stated what the person could do and what support they needed from staff.

Care plans clearly specified what people liked to do for themselves. They focussed on the individual needs and wishes of people. For example, one person's care plan noted that they had health issues that at times could impact on their mobility. The care plan detailed that care should be carried out at a speed that depended on the person's health at each visit.

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. There was detailed information concerning people's likes and dislikes and the delivery of care. Care was given in accordance with these preferences. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink.

Staff had carried out assessments of people's needs annually. This assessment was regularly reviewed and updated as and when people's needs changed. The assessment contained the relevant information needed so that the correct support could be provided by staff.

People were encouraged to give their views and raise concerns or complaints. People and their relatives told us they were aware of the formal complaints procedure and that they were sure that the agency would address concerns if they had any. One person told us, "I would speak to the office directly if I had any concerns." Another person told us that they knew who to complain to but that they had "Nothing to complain about so far." A relative said, "I would ring the office straight away they will always sort things out." One social care professional told us that they had always found that the staff were always "Polite and friendly on the phone and they do respond when you raise an issue or concern."

There was a comprehensive complaints system in place in which the registered manager had overview of all the complaints and to drive improvement. The agency's complaints process was included in information given to people when they started receiving a service. We saw that there had been no complaints about the service since the last inspection.

Is the service well-led?

Our findings

People and staff said that there was a positive culture at the service. One person told us that the care they received was "Made better by the relationship between them, the staff, the office and the registered manager". Another person told us, "You can phone the office any time no matter what the problem is or even if you just want to chat." One staff member told us that the registered manager was "Helpful and answers any queries and really supports us."

People also said that communication with the office team and staff was good. One person told us that they felt that all the staff who work for the service were very "Attentive" and that "You really feel like they listen and care." A second person said, "Always someone there on the other end of the phone" who can help and will listen. The registered manager and the office staff have been a "Great point of contact for requests for carer."

There was an open and positive culture which focused on people they supported. The registered manager and the office team interacted with people with professionalism, care and respect. One staff member told us, "I love it here that is why I came back after a break." Another staff member of staff told us that if "I am ever stuck I can call the office for help and I know if I need it the managers will come out to support me."

The registered manager had ensured that there were robust systems in place to monitor and improve the quality of care and safety to people. They told us that people were included in how the service was managed. The registered manager contacted people by phone to ask how things were going with respect to peoples care. The registered manager and senior staff from the office made regular visits to people's homes to review the quality of care the service was providing. One person said, "We get visits from the office to make sure everything's alright." The staff regularly asked people what they thought about the service and if everything was okay. Relatives were also asked for feedback on how the service was run and how they thought their family members were being supported. One relative told us that they provided feedback to the service on a regular basis, they told us that it gave them an opportunity to "Compliment the staff for the wonderful job they do".

The service formally checked on the quality of the service by asking people to complete an annual questionnaire. We looked at the analysed responses from the last survey which were positive about the care and staff provided by the service. We saw that in one of the questionnaire the person requested a change to timing of their care visit but retaining their care worker. The manager responded that they would look into a change when the member of staff had a vacancy. We were told that the change was made as soon as the service could manage it.

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as health and safety, and medicines. In addition the registered manager and team leaders also carried out unannounced spot checks to see that people received a good standard of care. The registered manager also told us that other way the service uses to continually improve the care they provided. This was to

ensure that staff were supporting people in a caring and effective way following safe working guidelines. The care staff also confirmed that the manager would visit them when they are supporting people in their own homes. One member of staff told us that this was done in order to check that they were working within the care plan and that the "Quality" of care was what the people expected from them.

The registered manager had established links with other care providers and health professionals. The service has provided on-going support to ensure that the persons needs have been met. This ensured that the service kept up to date with best practice to support people with their care and support needs.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the office, so they would know what to do if they had any concerns. Staff confirmed that they knew how to access the information about whistle blowing in the office.

They had also completed the Provider Information Return (PIR) when it was requested, and the information they gave us matched with what we found when we carried out this inspection. For example the PIR detailed the training staff received, we saw that staff training log matched the returned document.