

Phoenix Medical Advice And Repatriation Limited

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Inspection report

Elsinore House
43 Buckingham Street
Aylesbury
Buckinghamshire
HP20 2NQ

Tel: 01296422499

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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

This service is a domiciliary care agency. It provides personal and nursing care to older adults, younger disabled adults and children, living in their own homes in the community. At the time of our inspection 19 people including 14 children and five adults received a service. Some children and adults had complex health care needs. Some staff worked with both children and adults.

This announced inspection took place on the 8 and 9 October 2018. During our previous inspection in September 2017 we found several breaches of the regulations, this was because records were not always up to date and accurate. Risks had not always been identified or minimised. There were not always sufficient numbers of trained staff available to meet people's needs. The staff did not always practice in line with the requirements of the Mental Capacity Act 2005.

We also found the provider could not be assured staff had the competence or skills to carry out specific tasks. This was because the staff were not always tested or observed. People complained to us about the poor communication they experienced with the office staff. This had caused some distress. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; safe; effective; responsive and well-led to at least good. During this inspection we found improvements had been made in all areas.

At the time of this inspection there was no registered manager in place, however a candidate had applied to the commission to be registered and was completing the registered manager's application process. 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.

People's relatives told us they believed the service was safe. Risk assessments had been completed for care and the environment. Where risks were identified these had been minimised. The risks to people and staff were regularly reviewed. Trends were identified and action taken to prevent a reoccurrence where possible. Care plans gave guidance to staff on how to reduce risk and included people's needs and preferences. People's needs were assessed prior to receiving care.

Staff received an induction which included training. They received support through supervision and appraisals. Specialist training was provided to ensure they could meet people's individual needs. Competency assessments took place to ensure staff were meeting the required level of skills and knowledge.

Staff received training in how to identify signs of abuse. Records showed appropriate action had been taken when concerns were raised. This helped protect people from harm. Safe recruitment systems were in place to minimise any risk that unsuitable staff were employed to work with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's relatives told us the staff were supportive and described them as "Brilliant", "Gentle" and "Very good". People's healthcare needs were met through the involvement of external professionals and the co-operation of Phoenix staff.

People or their relatives were involved in the planning and review of their care. Regular contact was made with people to ensure they were happy with the delivery of care and to discuss any changes that may have been required.

Where people had communication difficulties, staff were trained to ensure their ability to communicate was enhanced. People were assisted to remain as independent as possible and staff understood how to protect people's privacy and dignity. People received support to participate in their chosen lifestyle. The provider ensured information was made available to people in a format they understood.

The provider's complaints policy set out how people could make complaints and these would be taken seriously. Where a complaint had been made, this was followed through and used to drive improvements in the service delivery.

There was an open culture of communication, and staff supported each other. Quality assurance checks and feedback from people, relatives' staff and professionals was used to drive forward improvements to the service.

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 were protected from the risks of abuse as staff were suitably trained and policies were in place to safeguard people.

Risks were identified and minimised. Risks were regularly reviewed to keep people safe. This reduced the risk of people receiving inappropriate and unsafe care.

Is the service effective?

Good ●

The service was effective.

People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Staff understood the Mental Capacity Act 2005 and how this applied to their role.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with senior staff.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

People's dignity and privacy was respected and promoted.

People could communicate with staff in a way that was meaningful to them. Systems were in place to encourage effective communication with people.

Is the service responsive?

Good ●

The service was responsive.

Systems were in place to provide people with individual needs the support they needed in an inclusive way.

People knew how to raise concerns. When people had raised concerns, these were dealt with quickly and appropriately.

People participated in activities at home and in the wider community. This encouraged inclusion and protected people from social isolation.

Is the service well-led?

The service was well led.

The managers, senior staff and the director of the service provided effective leadership and management.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary.

Staff told us the management were supportive and they worked well as a team. There was an open and honest culture which enabled a positive working environment.

Good ●

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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.

On 5 October 2018 an expert-by-experience carried out telephone calls to people or their relatives. Two people's relatives provided us with feedback, although we did contact other people, this was who was available and willing to speak to us at the time. 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 8 and 9 October 2018 two inspectors visited the provider's office to carry out the announced inspection. We gave the provider notice of the inspection to ensure somebody would be available to assist us with our questions. During our visit we spoke with the director and the service manager for adults and adult lead nurse. We conducted telephone interviews with a nurse and five care staff. We reviewed various records of care including six people's care plans. We also examined documents related to medicines, namely medicine administration records (MAR) charts. We reviewed records related to service audits, the employment and support of staff and the operation of the service.

Prior to the inspection we reviewed the information we held about the service, this included notifications we had received from the provider. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We did not request a Provider Information Return (PIR). 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 covered these areas during our inspection.

Is the service safe?

Our findings

During our previous inspection in September 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records related to the risks associated with care and protocols related to people's health were not always up to date, accurate or accessible. We found the care plans and risk assessments had lacked detail, and did not cover all areas related to the care being provided. We also found Medicine Administration Records (MAR) charts were not designed or completed in line with good practice guidelines.

At that time concerns had been raised with us about insufficient numbers of staff being made available to care for people. We asked the provider to act to make improvements to the maintenance of care records and the staffing levels, and this action had been completed.

At the time of the current inspection there were care staff vacancies of two 24-hour day seven days per week live-in carer, and one six hours a day for four days each week vacancy. Recruitment had been made for the live-in vacancies. On-going recruitment was still underway to fill the other vacancies.

Since the previous inspection the provider had introduced a register for missed visits. This recorded any late or missed visits by staff to people. It identified the reason for the missed visit and the action taken. We could see the number of missed calls had increased from eight in May 2018 to 13 in September 2018. The director told us they were introducing an electronic call monitoring system (ECM). This would inform them of the whereabouts of staff and the timings of visits. The director told us, with the increase of staff numbers and the ECM they envisaged the number of missed or late calls would be minimised.

People's relatives spoke positively about staff attendance telling us in one case, the staffing levels were to be reviewed imminently. They told us staff turned up on time and stayed for the expected duration of the visit. For one relative, when a staff member was late arriving they were informed beforehand by the office staff.

Risks related to care were recorded in care plans. Some risk assessments, were in all care plans, for example manual handling. Other risk assessments which were relevant to the person and their needs were clearly recorded. For example, checking a stoma site for signs of infection. (A stoma is an opening in the abdomen that allows waste to exit from the body, rather than going through the digestive system.) Information related to risks were up to date, detailed and accurate.

We reviewed medicine risk assessments, which identified hazards, how these might cause harm, which existing control measures were in place and additional control measures to use if necessary. We reviewed the provider's medicines management policy and medicine administration records (MAR) charts. We saw that guidance was in place for as required (PRN) medicines. This referred to the National Institute of Health and Care Excellence (NICE) guidelines which cited the need for 'Robust processes in giving time-sensitive or when required medication'. However, PRN protocols were not in place. This was immediately rectified and following the inspection, the provider sent us a copy of the PRN protocol they had introduced for people.

Care staff and nurses administered medicines with three levels of support: assisting with medicine; administering medicines; administering medicines by special techniques for example, via a percutaneous endoscopic gastrostomy (PEG) feed. A PEG is a feeding tube through the skin and into the stomach to give the nutrients and fluids as needed.

The provider's policy stated that 'All Care/Support staff will receive training in the Administration of Medication within their initial joining period as part of the Company's Mandatory Training and Induction Programme. The training consists of two parts, the delivered training and an assessment of competency.'

We spoke with staff who told us this took place, records verified this. Where one staff member's records showed their competency had been cancelled another date had been put in place to follow this through. Staff were knowledgeable about the safe administration of medicines and procedures such as disposing of medicines that were "dropped or refused" by returning to the pharmacy and where and how this was recorded.

People's relatives told us they believed they were receiving a safe service. Staff received training and understood how to identify indicators of abuse. They were aware of how to report concerns. The service had a safeguarding policy in place. The provider also had a copy of the multi-agency agreement protocol for each of the local authorities in the areas covered by their service. Staff understood their responsibilities with regards to safeguarding people. Records demonstrated the provider had documented safeguarding concerns and the actions they had taken. One record was minutes from a meeting between a staff member and a lead nurse. The lead nurse subsequently contacted the local authority and a social worker had been allocated to support the family.

Environmental risk assessments were in place alongside risk assessments related to the care provided for people. For example, the environment of people's homes to ensure safe working practices could take place. Staff received mandatory training in infection control to ensure people and themselves were protected against the risk of illness.

Where accident or incidents had taken place, records had been maintained. These were reviewed by senior staff to identify trends. One staff member told us it was important to "Report in a timely manner to the line manager" in the event of any accident or incident. Staff we spoke with were aware of whistleblowing. A carer told us this meant raising "Something concerning" and told us there was a "Procedure for reporting this". They could tell us what this involved. This meant the systems were in place to support staff to raise concerns.

Is the service effective?

Our findings

During our previous inspection in September 2017 we found a breach of Regulation 11 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans did not include mental capacity assessments, and there was no evidence staff had followed best interest decision making on behalf of people who lacked the capacity to make decisions for themselves. We also had concerns people were placed at risk as the skills and competency of staff had not always been assessed and some training was not up to date.

We asked the provider to act to make improvements to ensure their practice was in line with the requirements of the Mental Capacity Act 2005. We also required the provider to ensure staff training and competence was assessed and up to date to ensure people's safety. The necessary actions had been completed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff told us they had undertaken training in MCA and the accompanying Deprivation of Liberty Safeguards (DoLS). We discussed this subject with staff. A nurse referred to the five principles of the MCA. A staff member told us one should "always assume capacity". Where appropriate a mental capacity assessment had been completed. Documents related to Enduring Power of Attorney (EPA) were in place for one person. This enabled the provider to be aware of who had the legal authority to act on the person's behalf in making decisions related to their private affairs

During this inspection we found staff spoke positively about the training offered by the provider. A staff member told us "It's very good." They had undergone an induction programme and "A full training package". Another staff member told us they were assessed in practical training such as moving and handling "You have to do it properly for you to be signed off." People's relatives told us they felt the staff were well trained and knowledgeable about their role.

Training completed by carer staff was provided face to face and online. This included including basic life support, moving and handling, infection control, food hygiene, adult and children safeguarding and The Mental Capacity Act (MCA 2005). A staff member told us "We do refresher training every year." Another told us "They (Phoenix) do keep training up to date."

Care staff had also undertaken training on specific care interventions required by the person they supported, for example "suctioning". (Suctioning is used to remove mucous secretions and foreign material from the mouth and throat.) Training was delivered by the lead nurse. Another staff member had been

trained in tracheostomy and colostomy care with a nurse. Competency assessments were in place to ensure staff had the skills and knowledge necessary to carry out their role.

Staff also referred to 'shadowing' as part of their training. They worked alongside a more experienced staff member to learn good practice and the necessary skills. The director told us that supervision took place every four months. Records and staff verified they had received regular supervision. Supervisors also carried out "Spot checks" to assess the skills of the staff. Records showed and staff verified that annual appraisals took place, this assisted staff in their personal development.

Where people required assistance with their nutrition and hydration this was provided by staff. We saw a feeding regime devised by a dietitian for a child with a PEG (percutaneous endoscopic gastrostomy) in situ for all hydration and nutrition. The child had 'nil by mouth' due to an 'unsafe swallow' and reflux (stomach acid travelling up towards the throat). We saw in one person's records how their choice of meals was an important aspect of their care and their independence. It stated, "Carers to ensure they promote independence for [named person] by allowing him to make his own choices about meals." Where people required special diets in line with their needs, religion or culture these were provided.

Professional involvement for GP or speech and language therapy was documented in the care files. Care records also demonstrated people received input from health and social care professionals including; community paediatrician; neurologist and surgeon; opticians; mental health teams and occupational therapists. This helped people to remain as healthy and comfortable as possible.

Is the service caring?

Our findings

People's relatives described the staff's attitude as "Brilliant, they are very nice and gentle and quiet and considerate" and "Very good." One relative had concerns about the competencies of the office based staff. This was because staffing rotas did not seem well organised, as on occasion two staff had arrived for work when only one was needed. The director told us this was something they were positive the new call monitoring system would be able to resolve.

People's relatives told us about their involvement in the care provided and their relationship with Phoenix Medical Advice and Repatriation Limited staff. They told us how staff treated people with respect and consideration. Their comments included "If they [people being cared for] didn't want something done, they [staff member] would come to me instead of proceeding. They [staff] talk to them [people] as if they are people which is what I expect. Another relative told us, "When she [staff] cleans them [people] she doesn't strip them down and is very gentle with them. They are happy with her and they recognise her and smile."

People's relatives told us they felt listened to by the care staff, one told us they did not feel listened to by the office staff. Another relative told us how they had made a complaint to the company about a staff member and they were reassured the staff member would not be returning to care for the person. They felt this had been resolved well.

We were told by people's relatives that staff went the extra mile to help them. They gave us examples. One told us "If I ask them to stay an extra 10 minutes they will because they are kind people ". Another told us "In the morning they won't rush off which helps me. "

There are nine characteristics protected under the Equality Act 2010. These are: Age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The service was provided to people from a range of diverse ethnic and cultural backgrounds. The provider had a policy on equality and diversity. This was explained with staff during their induction. Records showed many people using the service had protected characteristics related to their age, gender, race, religion and disability. Areas such as dietary considerations and lifestyle preferences had been explored with people or their family members and documented. This supported staff to treat people as equals and ensure their care was appropriate to them as individuals. Consideration was also given to the cultural and religious needs of staff which allowed them to participate in religious festivals throughout the year.

The service was striving to ensure people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place by the NHS from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Communication was an important aspect of the care being provided.

The provider made information accessible using large print or different languages if required. They were also

prepared to provide picture versions or braille if this was needed. One person used sign language to communicate, the director told us they were considering staff completing training in this area to improve staff's communication skills with this person. One relative told us "They [people] can't do sign language but there is a lot of eye contact. They look at what they want. The carer [staff member] is learning from them, and he gives me feedback."

Is the service responsive?

Our findings

People's care plans were person-centred and reflected their cultural, social and health needs. They were clear and comprehensive. They provided the guidance needed to meet the person's needs, including specific health care needs. Staff training needs and skills were stated, as were details of the care team involved and the pattern of support hours provided, including a monthly staffing rota.

Care plans were based on the 'activities of daily living model' with sections such as 'breathing', 'communicating' and 'eating and drinking'. Care plans contained an element of personalisation. The director told us the service planned to enhance this aspect through the introduction of a person-centred profile to the care plan. We saw that a document had been devised for this purpose.

Records showed and people confirmed their involvement in the provision of care. One person's relative told us "They [staff] are very good with updating it [care plan]." We saw that care plans had been reviewed in the six months prior to our inspection.

People were supported to participate in their chosen lifestyle. One staff member told us how they offered a person a range of activities such as "Going out for coffee, to shows or the cinema". Another staff member told us how they supported a person to visit National Trust properties. Records showed one of the children being cared for enjoyed bike games, bowling, trampolining and visiting the local parks.

Staff needed to be trained and competent before they could care for people. If they were not able to work it sometimes proved difficult to provide additional staff with the level of skills and knowledge necessary. We spoke with the director about this. They told us they were aware of the concerns and had acted to improve the situation. This took the form of employing new staff including care and nursing staff and by introducing three care coordinators. Two out of the three vacancies had been filled, with the third due to commence. Their role was both office based and to provide care support hours where necessary.

The provider had a complaints policy and procedure. A complaints log recorded the nature of the complaint and what action had been taken to rectify the situation. We discussed with the director how the record could be improved by giving clearer and more detailed information regarding the action taken. It would then be clearer what actions would be necessary to prevent a reoccurrence. One person's relative was unclear who to complain to, whilst another told us they were confident to raise any concerns immediately. All complaints we reviewed had been dealt with in line with the provider's complaints policy.

One person's relative told us they had the opportunity to feedback on the quality of the service through questionnaires sent to them by the provider. The provider also carried out quality monitoring home visits, and telephone calls. This enabled people or their relatives to discuss any aspect of the care being provided.

Is the service well-led?

Our findings

During our previous inspection in September 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who used the service, their relatives and staff told us that communication was poor and had led to both staff and relatives feeling distressed.

During this inspection we examined how the provider had acted to improve this situation. Systems had been put in place to record messages passed to the office staff. When actions were completed this was recorded and passed to the manager for their overview. Senior staff were then able to trace information and any actions that had been taken and by whom.

The provider could demonstrate how they had implemented further training for staff following a complaint about poor communication. A communication log between the care co-ordinator and the person receiving care or their representative had been introduced. This ensured information regarding which staff would be supporting a person was shared with the relevant individuals. With the introduction of the new electronic rostering package, issues with staff rosters should be minimised.

There were mixed responses from staff and people's relatives about whether communication between the service and people had improved. Comments included "It's been a struggle but things are now knitting together...It's got a lot better." Another staff member told us "Sometimes there is miscommunication." A relative told us "Nothing has changed and the office don't listen to the families." They did not feel anything had improved by way of communication. Another relative told us they were satisfied with the level of communication, they told us "They [office staff] seem to be good, the manager will call me every two weeks to see if everything is ok."

The director was aware of the need to continually improve communication with people and their representatives. Work was ongoing in this area. It was apparent people and staff had felt the benefit of the work completed so far.

Internal meetings were held to identify, plan and address concerns, issues and developments. Staff told us they felt supported by senior staff. One staff member told us the lead nurse for paediatrics was "really supportive". Another told us "I do now." Most staff we spoke with told us that senior staff were approachable. A staff member told us they found senior staff "Very supportive, very approachable".

Quality audits had been completed regularly in the areas of accidents and incidents, complaints, care plans, visits, training, supervision and competency checks. The service had brought in an external consultant to assist with reviewing information from the quality audits and putting together an action plan of improvements. The improvements were evident during our visit.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other

'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

The management were familiar with the requirements of the duty of candour and could clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised at this service. We discussed with the director how training for staff in this area would improve their knowledge and skills. Records showed there was an honest and open culture within the service, and records clearly stated what action by whom had taken place when things had gone wrong.

The provider acknowledged the contributions of staff to the service through an award ceremony. A party was held and individual achievements were rewarded. Newsletters were also sent out to staff, highlighting any changes within the service.

It was clear to us that learning from the previous inspection in September 2017 had taken place. Overall there had been improvements in all areas. Some required more work for example, communication, however this was acknowledged by the director. Systems had been introduced to ensure the service was meeting the requirements of the regulations, and further improvements were planned. This demonstrated the provider's intention for continuous improvements in the service for people and their families.