

Phoenix Professional Home Care Limited

Phoenix Professional Home Care

Inspection report

39 High Street
Corby
Northamptonshire
NN17 1UU

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28 June 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service:

Phoenix Professional Home Care is a domiciliary care agency. The service provides personal care to people living in their own homes in the community. At the time of our inspection 31 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found:

People continued to be cared for safely and with compassion. Staff were appropriately recruited. There were enough staff to provide care and support to people to meet their needs. Medicines systems were well organised, and staff managed people's medicines safely.

Staff had access to the support, supervision and training they required to work effectively in their roles. Staff supported people to have a healthy balanced diet. People's support was overseen by a wide variety of health and social care professionals. People had prompt access to healthcare support when needed.

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

Staff were caring, person centred and had built up trusting relationships with people. People were treated with kindness, dignity and respect and staff spent time getting to know them and their specific needs and wishes.

People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. Information was provided to people in an accessible format to enable them to make decisions about their care and support. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff. People that used the service and their relatives had the opportunity to feedback on the quality of the support and care provided. Any required improvements were made in response to people's suggestions. There were effective systems in place to monitor the quality of the service and drive improvements.

Rating at last inspection:

The last rating for this service was good (published 20 December 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Phoenix Professional Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Phoenix Professional Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted health and social care commissioners who commission care from the provider and monitor the care and support that people

receive. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three people's relative. We also spoke with four members of staff that included the registered provider, and three care and support staff.

We looked at various records, including care records for six people who were using the service. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were not appropriately safeguarded against the risk of being cared for by unsuitable staff because the provider's recruitment procedures were not consistently followed. For example, in one staff file we were unable to find any references. The registered provider told us that they had obtained two telephone references, but these had not been recorded.
- Two application forms had not been fully completed and there was no employment history for the two staff members. On one application form there was a note to 'see CV'. However, there was no CV in the file. We brought this to the registered provider's attention. She contacted the staff member and they sent their CV to the service during our visit. We asked about the second application form and were told that the staff member had not undertaken any work at the service. However, records showed they had completed shadow shifts with an experienced staff member.
- One staff member had left the service in 2015 and then returned in 2019. The provider had not updated or completed new employment checks to ensure their suitability to work with the people who used the service.

This was a breach of Regulation 19 (2)(a)(b) (3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

- There were sufficient numbers of staff at the service to support people safely. We received positive feedback about staffing levels. One person said, "I always get my calls at the time I want, and I get to see the same carers, which is important to me."

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People and their relatives told us they were happy with the staff that provided their support. One person said, "I'm happy with the carers. They look after me and make me feel safe." A relative commented, "I have peace of mind. I know [family member] is in safe hands."
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if needed. We saw that information about how to raise a safeguarding was readily available. One member of staff told us, "I would go to the manager without hesitation and I have confidence she would deal with it appropriately."

Assessing risk, safety monitoring and management

- People's risks had been assessed and risk management plans provided staff with the information they needed to manage identified risks. For example, for people at risk of falls or where people's behaviour may pose a risk.
- Risk assessments were up to date, accurate and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.
- Staff understood plans in place to manage risks to people as the information they gave us about how they managed people's risks matched the information contained in people's care plans.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines as prescribed. One person told us, "I get my tablets when I need them and always on time."
- The provider was following safe protocols for the administration and recording of medicines. Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Medicines administration were regularly checked, and audits were in place to ensure compliance. Any discrepancies identified in audits were followed up with staff to improve practice.

Preventing and controlling infection

- Staff received infection control training and there was an infection control policy.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.
- People using the service confirmed staff followed infection control systems when providing personal care and when handling food.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses.
- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. These were then shared with staff at team meetings and through one to one supervision meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out assessments of people's needs before they began to use the service and regularly reviewed them to ensure people's needs could be fully met.
- The assessment tool showed that all aspects of a person's needs were considered including the characteristics identified under the Equality Act, and other equality needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs. One person said, "The carers are well trained. They always get my care right."
- Staff told us, and records confirmed, they completed an induction and ongoing training relevant to their role. A member of staff said, "The training is very good. When I first started I did a lot of shadowing until I felt comfortable to work alone. I found that very helpful."
- Staff told us, and records confirmed, that staff received support through one to one supervision. Staff received a spot check of their practice to ensure they were providing care to meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us their meals were either prepared by themselves or with support from the staff. One person said, "The carers help me with my meals and they always give me a choice."
- Care plans documented people's preferences and any requirements they had with food and drink. One staff member told us, "We support [name of person] with their meals. I did food hygiene training, so I know how to prepare food safely."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked in partnership with other agencies and health and social care professionals to maintain people's health. For example, other care providers, GP's and district nurses.
- Staff were aware of what action to take if people were unwell or had an accident. One staff member told us, "I have called the doctor for [person] when they were poorly. I've also called out the district nurse for someone. I always let the managers know."
- People's care records contained information about people's medical history, their current needs, and the healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating health.

Ensuring consent to care and treatment in line with law and guidance

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. We checked whether the service was working within the principles of the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Staff understood the importance of supporting people to make choices and maintain their independence. People told us their consent was always gained by staff before carrying out any care.
- The registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were caring and made them feel that they mattered to them. One person told us, "I enjoy it when the carers come. They are like my friends." A relative commented, "The carers treat [family member] so well. They are really caring and treat [family member] as an equal."
- Staff developed meaningful and caring relationships with people and understood their needs, preferences and cultural requirements such as faith and spiritual needs. One person told us, "I have a really good relationship with [name of carer]. We have a laugh and a bit of banter."
- Discussions with the staff demonstrated they had a caring attitude towards people and had a good awareness of providing person centred care, in meeting people's individual preferences.
- We saw compliments received from people and relatives who had used the service. One read, 'Thank you all for your care, compassion, support and professionalism. Without you I am sure my [family member] would have been hospitalised.' Another read, 'I feel like I know them [staff] like friends. Love them all.'
- Staff told us they enjoyed their job and reflected pride in their work. One said, "I enjoy my job so much. I like the relationships you build with people. I get a lot of job satisfaction."
- Staff had training in equality and diversity and the service was ready to admit new people from all backgrounds and cultures.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions about their care and support. This was achieved through regular reviews of people's care and spot checks to observe staff practice and to gain feedback from people about their care.
- We saw that people's care was regularly reviewed and changes were made to when their needs changed, and when their preferences changed. One person told us, "They always ask me if I'm happy with my care."
- Staff understood the importance of promoting equality and diversity. One relative told us, "[Relative] likes things to be done in a certain way and the carers make sure their care is how they like it."
- Through our discussions, we noted that arrangements were in place to meet people's personal wishes and diverse needs. For example, care plans contained information about people's religious beliefs and their personal relationships.
- Staff supported people with every-day decisions such as helping them decide what to wear and how-to co-ordinate clothing so that they looked 'smart,' which people told us was important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were always respected. For example, they described how staff

ensured curtains and doors were closed when providing their personal care.

- People confirmed the staff promoted independence. For example, ensuring people were encouraged to do as much for themselves as possible.
- All staff signed up to a confidentiality agreement. Electronic care records were password protected and information about people's care was only shared with people's consent and on a need to know basis.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to them receiving a care package and information from the needs assessment was used to develop a care plan.
- Care plans considered people's preferences for how they wished to be supported. This included cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- People told us they received good quality care that met their needs. One person said, "The carers are brilliant. I get very good care. I can't fault them." A relative commented, "We are very happy that [family member gets excellent care. We don't have any concerns and have peace of mind."
- We saw that care plans had been kept under review, to make sure they reflected people's current circumstances. The registered manager told us, "We review the care plans regularly or when there are any changes." This helped ensure staff provided appropriate support to people.
- People's communication needs were identified so information about the service could be provided in a way all people could understand.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager stated that information for people, for example about the complaints procedure, could be made available in different formats, such as easy to read.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was available to people using the service.
- People said they felt comfortable to make a complaint if they needed to. One person told us, "I would talk with [name of registered manager] if I wanted to make a complaint. I wouldn't feel uncomfortable about it."
- We saw that the service had not received any complaints; however, there were systems in place to respond and investigate complaints when needed.

End of life care and support

- At the time of our inspection the service was not providing any end of life care to people.
- The provider had policies and procedures in place to meet people's wishes for end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question remained Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives.
- People and their relatives told us that the registered manager and staff knew people well and were available to them. One person said, "[Registered manager] is very good at their job, she's an experienced manager and she's recruited good people. She's very approachable."
- The registered manager worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of their care. They had a good relationship with all who used the service and were very approachable.
- Staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "[Registered manager] is a good manager, she has an open-door policy and she always makes time for us."
- The atmosphere in the office was calm and staff responded quickly to people using the service when the phoned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required. One member of staff told us, "We are very well supported, and this is the best company I've ever worked for."
- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. For example, they undertook regular spot checks of staff providing care to ensure people were receiving good quality care.

- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and bulletins to keep staff up-to-date with any changes.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback about the service was captured through regular contact with people and their relatives. One relative told us, "I am asked for my views regularly."
- The most recent satisfaction surveys showed that people were exceptionally happy with the care they received.
- Team meetings took place regularly to communicate updates and enable an exchange of information and learning. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Continuous learning and improving care

- The provider had developed their training provision to ensure it fully met people's and staff needs. Staff spoke positively about the training they received. One member of staff said, "The training is good. If we feel we need any different training, we only have to ask."
- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- Records showed the involvement of a wide variety of health and social care professionals in planning and reviewing people's care.

Working in partnership with others

- The service worked in partnership with other healthcare providers to support care provision. For example, GP's, district nursing staff and dieticians.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People were not appropriately safeguarded against the risk of being cared for by unsuitable staff because the provider's recruitment procedures for robust recruitment of staff were not consistently followed.</p>