

Phoenix Gold Home Care & Support Limited

Phoenix Gold Homecare

Main Office

Inspection report

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14 June 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Phoenix Gold Homecare Main Office is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection there were 21 people in receipt of the regulated activity of personal care.

Everyone who received support at the time of our inspection 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

Risk assessment and risk management plans required improvement to ensure staff were always provided with up to date information on how to mitigate risks to people. Recruitment processes needed to be improved to ensure staff were always recruited safely. There were sufficient staff to support people safely with their scheduled care calls. Staff had received training in safeguarding and knew the actions to take to keep people safe. Overall, people's medicines were managed safely. The provider had infection control policies and procedures in place to guide staff on how to reduce the risk of infections.

People were not always supported to have maximum choice and control of their lives and staff didn't always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support the assessment of people's mental capacity to determine how and when best interests decisions were made. Staff received induction and training in their role. The service worked with health and social care professionals to improve outcomes for people.

The provider had improved governance systems since our previous inspection and had introduced new auditing systems. However, governance systems were not always effective in identifying areas of improvement such as recruitment procedures and risk management. Staff spoke positively about leaders at the service.

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

Rating at last inspection

The last rating for this service was good (published June 2019). At this inspection this rating has changed to requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the

service has changed to requires improvement. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of the full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Phoenix Gold Home Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Phoenix Gold Homecare Main Office

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. The inspector visited the office location on 14 June 2022. The Expert by Experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. CQC does not regulate premises used for domiciliary care; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post who was also the provider.

Notice of inspection

We gave the service more than 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 sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a Provider Information Return (PIR) prior to the inspection; but did not submit this to CQC before our inspection visit. The provider told us they did not recall receiving CQC's request for information. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We asked the registered manager for the information contained in the PIR during the inspection visit. We used all this information to plan and conduct our inspection.

During the inspection

We spoke with one person who used the service and four people people's relatives. We spoke with, or received email feedback from, five members of staff including a senior care worker, the director (nominated individual), provider and registered manager.

We reviewed a range of records. This included three people's care records and medication records. We reviewed two staff member's recruitment records to establish safe recruitment procedures were being followed. We looked at a variety of records relating to the management of the service, including policies and procedures.

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 changed 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.

Assessing risk, safety monitoring and management

- Staff were supported to provide risk-based care and referred to care plans for how best to provide people's care. Risk assessments were completed for people, such as those identified at risk of epilepsy and diabetes. However, we found people who had a catheter did not have risk management plans in place to instruct staff on spotting the signs of catheter related risks. Following our inspection visit risk assessment and risk management plans for catheter care were updated.

Staffing and recruitment

- Recruitment procedures required improvement to ensure potential new staff were always of good character before they started work at the service. For example, staff did not always have a reference from their last known employer, in line with the provider's own recruitment policy, before commencing work at the service. We found one member of staff only had a single character reference and no reference from a previous employer. However, the provider's recruitment process also included checks to ensure staff who worked for the service had no criminal history, through the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us there were enough staff employed at the service to meet people's scheduled care calls. The care planning rotas confirmed there were enough staff to meet people's scheduled calls. People said carers turned up mostly on time, and if they were occasionally running late, there was a good reason for it such as traffic.
- Staff confirmed they felt there were enough staff to complete scheduled care calls and that they usually arrived at people's home on time, and stayed for the scheduled amount of time. One staff member commented, "I think there could be one or two more relief staff (to cover for sickness) but there is no pressure to work extra hours. The manager is very fair with the shifts."
- Recruitment was ongoing to ensure safe staffing levels were maintained. During the COVID-19 pandemic there had been staffing pressures placed on the service, due to staff isolation and sickness. Where necessary the registered manager, director and senior care workers kept their skills up to date and helped complete care calls.

Using medicines safely

- People received their medicines as prescribed by trained and competent staff. Staff recorded on medicine administration records (MAR) when people received their medicines. Where people were prescribed topical medicines such as creams for their skin, the application of creams were recorded on a separate Topical Medicine administration record (TMAR).

- Staff practice was observed by supervisors, following medicines training, to ensure they knew how to administer medicines safely.
- Regular medicines audits were conducted, at the end of each month, to ensure people received their medicines as prescribed.

Learning lessons when things go wrong

- The registered manager knew what to do to investigate any issues and to learn from them. For example, where mistakes were made in the recording of medicine administration or medicine was given incorrectly, the management team investigated such incidents and discussed these with staff to learn lessons.
- Accidents and incidents were recorded and reviewed to identify any patterns or trends. Where required, further investigations and actions were taken.
- Where investigations into accidents or incidents occurred, the provider shared learning from investigations with staff in meetings and briefings.

Systems and processes to safeguard people from the risk of abuse

- Overall, people's relatives told us they felt their relation was safe when care staff supported them. One relative told us they felt their relation was, "Very safe. After she had a fall, they [the registered manager] increased the number of care visits. They are very vigilant and supportive and re-enforce safety all the time."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take if people were at risk of harm. One staff member said, "I am confident to raise concerns with my manager. My concerns have been heard and acted upon in the past."
- The management team understood what needed to be reported to us and the importance of keeping people safe and protected. The provider had referred allegations of poor practice to the local authority and to CQC, they had taken action to investigate where needed.

Preventing and controlling infection

- People and their relatives told us staff always wore personal protective equipment (PPE) such as masks and gloves when they were in their home.
- Staff received training in how to prevent and control infection, and how to safely put on and take off PPE.

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 previous inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The policies and systems in the service did not support the assessment of people's mental capacity to determine how and when best interests' decisions were made. People who lacked the capacity to make all of their own decisions, were not assessed by the provider about which decisions they could make themselves, and which decisions needed to be made in their best interests. This meant there was a risk people were not always involved in making decisions about their care, where it was possible they could.
- People were not always supported to have maximum choice and control of their lives. Records showed people were asked to consent to their own care and support and some people had signed their consent. However, we found some consent forms had been signed by family members rather than the person receiving care, which did not demonstrate people had been involved in decisions relating to their own care.
- The registered manager confirmed no one using the service were currently subject to any restrictions to their liberty under the Court of Protection.
- Staff had received training in the MCA as part of their induction and understood the importance of involving people in day to day decisions about their personal care.

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

- People's health and support needs had been assessed by the provider or the local authority commissioning team before they received support from the service. This assessment enabled the registered manager to decide whether the service could meet each person's personal care needs.
- Information gathered from these assessments was used to develop care plans in line with current best practice guidelines.

- Formal reviews of care took place regularly and if people's needs changed, to ensure people received the correct level of support.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.

Staff support: induction, training, skills and experience

- Staff received induction training to give them the skills and knowledge to support people safely. Staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager was able to provide us with up to date information about the training staff had received to fulfil their role.
- Staff received regular meetings with their supervisor to discuss their performance and training needs.
- Staff received on-going training to continue to meet people's specialised needs. For example, diabetes training to give staff an understanding of certain health conditions for those people they supported with the health condition. The registered manager told us about planned training for catheter care, to improve staff knowledge around how to manage and mitigate risks for people who had a catheter.

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

- Where required, staff ensured people had enough to eat and drink. Preferences were recorded in care plans to guide staff on how to support people with their nutritional needs.

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 with other health professionals in order to meet people's specific needs including dieticians and occupational therapists.
- People were supported to access healthcare in their community, where this was part of their agreed care package.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our previous inspection we found improvements were required to ensure the provider had full oversight of the quality and standard of care. At this inspection we found governance systems continued to require improvement, as the provider and registered manager had not identified the areas of improvement we found during our inspection visit.
- Staff recruitment procedures needed to be strengthened, to ensure each employee had reference checks in place to establish they were of good character, in accordance with the provider's policy, before they started work at the service.
- Effective systems were not in place to assess the capacity of people who received care and support and make decision in their best interests in accordance with the Mental Capacity Act 2005 (MCA). Following our inspection visit the provider introduced mental capacity assessments, to assess the support people needed, where they lacked the capacity to make all of their own decisions.
- The provider had failed to respond to CQC's requests for information in the form of the provider information return. During the inspection visit we provided the registered manager and provider opportunities to share information about their service, which would have been included in previous requests for information.
- Registered managers and providers have a responsibility to inform us (CQC) about any significant events such as serious injury, deaths and allegations of abuse. At the time of our inspection there was a system to report all such incidents to CQC in a timely way.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work which helped to ensure they provided the care and support at the standards required by the provider.
- Regular audits were carried out in order to oversee the quality of the service. Where improvements were identified, improvement action plans were put into place, to ensure actions were taken to make the changes needed.

Continuous learning and improving care; Working in partnership with others

- Following our inspection visit and feedback the provider and registered manager acted promptly to ensure immediate improvements were made to their service.
- The provider worked with other health and social care professionals. This further supported people to access relevant health and social care services. One relative told us, "They [staff] tell me if there's any

change." This communication helped to ensure the right support was in place.

- The provider had effective systems in place to record accidents and incidents, investigate and share learning from them.
- Staff were kept up to date with changes in the service, government legislation, and changes to people's support needs, through regular local teams' meetings and staff briefings.
- The provider had a policy to manage and respond to complaints and concerns. In the twelve months prior to our inspection visit the provider had recorded complaints and their response in their complaints log.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was clear about their main focus, to deliver good outcomes to people. They explained the quality of care provided was what mattered most, and they continued to improve their service to meet these values. One person told us, "They [staff] are very professional and very considerate. If they move things, they will always put them back. They need to do that because I'm blind. They [staff] are always asking if they can do anything else."
- People and their relative's feedback was sought through quality assurance checks and surveys. One person said, "They [managers] are always asking if I am satisfied."
- The registered manager and provider sometimes delivered the care so took the opportunity to check with people how they felt about the service.
- Regular staff meetings reviewed whether people's care packages were meeting their needs, or if people's support needs had changed. Staff told us they felt listened to and valued at work. One staff member said when supporting people and learning lessons, "I can go by a care plan but managers also listen to feedback from carer and the client's needs."
- There was an effective on-call system in place which ensured that there was always someone for staff to contact if they had any concerns.
- Staff knew about 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.

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 provider and registered manager understood their responsibilities under the duty of candour regulation. 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.