

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

About the service

Phoenix Care Services Ltd (Phoenix) is a domiciliary care agency providing personal care to people living in the local area. The service provides support to older and younger adults who live with physical, health and mental health related support and care needs. At the time of the inspection there were 8 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People were supported to remain safe and well and according to their individual wishes, preference and needs. People told us they felt safe with staff. There were enough trained staff to provide care to people. Staff were able to provide safe support to people around their individual risks, needs and medicines. New staff were recruited safely.

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 complimented by people and their relatives for their caring, compassionate and kind attitudes. One person said, "[Staff] talk as we go along and check if I am happy, if I am honest, they take all my troubles. I tell them and they cheer me up." People felt respected, listened to and involved in their care. People knew how to raise complaints and concerns and felt communication with the management team was good.

People's care was planned in a personalised way, involving them and their representatives. People were asked for their consent for care and support, and they had their own tailored care plans in place. People's needs around their nutrition, hydration, health and social support were recognised, discussed and addressed appropriately. The managers were highly involved in people's care and ensured if people's needs changed, support was offered to access other health and social care services timely.

The management team had good oversight of the safety and quality of people's care, supported staff and promoted a positive, friendly culture in the service. The managers completed a range of audits and checks and made improvements to their governance systems and processes, as well as care planning and record keeping since the last inspection. The agency worked well with health and social care partners and within

the local community.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 September 2020). We had previously carried out an announced fully comprehensive inspection of this service on 11 and 12 June 2019. At the inspection in 2020 we only reviewed two key questions, safe and well led to establish that the provider had met the breaches of regulations found during our previous inspection. The provider had met the previous breaches of regulations and these key questions were rated good at the time. However, the overall rating for this service had remained requires improvement. We carried out this inspection to review all the key questions and ratings.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Phoenix Care Services Ltd

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 1 inspector and an Expert by Experience. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager, the care coordinator and care staff.

We reviewed a range of records. This included multiple people's medicines records and care documentation for 4 people. We looked at 1 staff file in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality monitoring records, staff training as well as policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people from abuse and neglect. People and their relatives told us they felt safe with staff. One person said, "I was nervous at first but I didn't need to be, I feel very safe with them." A relative of a person told us, "I feel my [relative] is 100% safe with the staff, which means I can relax."
- Staff received training and support to speak up if they had any concerns about people they supported. Staff told us they knew what and when to report to the management and felt listened to. They gave us examples on how management acted on their concerns and supported them to protect people and share information with other agencies, including the local authority.
- The provider had clear safeguarding and whistleblowing policies in place. Where needed, they worked with other social care and healthcare professionals to protect people.

Assessing risk, safety monitoring and management

- People's individual risks and needs were assessed and addressed in their care plans. People and their relatives told us they were happy with how staff supported them.
- Staff knew people's individual risks and were able to share with us what they would do to ensure people's safety and well-being. For example, how they would immediately seek support from management if people's needs had changed and their support needed a review to prevent them being at risk of harm. The management team were able to explain to us how they acted to ensure one person received safe and suitable support and staff were supported to provide it.
- People's care plans addressed risks around their daily living activities, mobility and risk of falls, home environment, skin and personal care needs.

Staffing and recruitment

- People received care as planned and there were enough staff to attend care visits. However, some people commented they would prefer to adjust the timings of some care visits or have more relaxed visits as at times it could feel rushed. We fed this back to the registered manager who took action to review this with people in light of their individual needs and experiences.
- No care visits were missed and the management team monitored staff attendance every day. There were suitable arrangements in place to ensure people still received care if staff were not able to come at short notice. The management team communicated with people in case of any unforeseen events which could impact on their visits. One person told us, "[Staff] have never missed a call in all the time I have had them." A relative of a person said, "[Staff] are very reliable, my [relative] had another agency before who were very poor, Phoenix are so much better."
- People told us they felt their needs were met during the visits and they knew the care staff who visited

them. One person said, "Their visits are usually for 45 mins to an hour, we can't rush (due to specific health condition of the person). If they have some spare time when everything is done, they will sit down and have a chat with me." Another person told us, "I usually have the same carer but if they can't make it and its someone else they let me know."

- New staff were recruited safely. They had to undergo an application and interview process and completed pre-employment checks. The provider carried out reference and ID checks, as well as Disclosure and Barring Service (DBS) check. DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely; Preventing and controlling infection

- People were supported safely to take their medicines as prescribed when needed and their independence was respected. One person told us, "I sort my medicines out from the blister pack but the carers put my pain patch on and change it when it's due." A relative of a person told us, "[Person] has her tablets in a blister pack and the carers help her get them out."

- Staff were trained and competency assessed to support people with their medicines. People's care plans provided staff with information on what medicines people were taking and what other support around ordering and collection of medicines they needed. Staff completed electronic records when supporting people to take their medicines.

- The provider had a clear medicines management policy in place. Not all PRN ('when required') medicines directions were recorded in line with this policy. However, this was immediately corrected by the care coordinator on the day of the inspection and did not impact on people's support as staff knew how and when to offer these medicines which was recorded in people's electronic care records.

- The management team were aware of some instances of staff not being able to complete the medicines records timely on some occasions due to technical issues. They were able to explain how they ensured people had received their medicines and took action to support individual staff. However, we raised with the registered manager these instances were not always clearly identified within the provider's medicines audits. The registered manager rectified this immediately and provided us with written evidence of how they acted on the feedback.

- Staff knew how to protect people from the risk of infection and received appropriate training and support around their competencies in this area from their managers. Where needed, staff supported people to maintain a clean and hygienic home environment.

Learning lessons when things go wrong

- The management team reviewed any feedback from staff and information around changes in people's needs or incidents and accidents which happened outside of care visits. There were no incidents or accidents which occurred during people's care, but lessons were learnt from past events.

- For example, the registered manager identified the need for staff to be more aware of what medicines people were taking and why. This information was added to people's individual electronic care plans.

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 our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People's needs were assessed with them and their representatives before staff started providing their care and support. One relative told us, "I was and am fully involved in my [relative's] care plan along with [their] social worker and OT (occupational therapist)."
- The management team visited people, discussed their needs, wishes and preferences with them and their advocates and formed suitable care plans with them. People's care plans included information around what support they needed, who else supported them with activities of daily living and their individual preferences, lifestyle choices and wishes in a respectful manner.
- The provider was not specialising in supporting people with learning disability and autistic people. However, some people they supported lived with learning disabilities and/or autism as their additional need and this was reflected in their care and support plans in an individualised way. Staff supporting them received appropriate training in learning disabilities and other specialist areas of need relevant to those people. The provider was not intending to start supporting people with learning disabilities and autistic people as a specialism for this service. However, we signposted the provider to the relevant national guidance.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were competent for their roles. One relative commented, "[Staff] know what they are doing and in fact I have learnt how to do a few things from them. Because they know what they are doing, it's lifted a weight off of me."
- Staff received training and support relevant to their roles. One staff member said, "It is going really, really well. I have always had the support [from managers]." Staff completed training in both general social care skills and specific areas of people's needs. For example, staff were trained in moving and handling, falls prevention, nutrition and hydration, diabetes or dementia awareness, supporting people with their continence needs and around their skin care, or sepsis awareness. The management team completed spot checks of staff practice and supported staff via supervisions.
- New staff completed a period of induction and training before they started supporting people on their own. They worked alongside one of the managers or senior staff and then were observed by their mentor before completing the training. Staff induction aligned with the Care Certificate which 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.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to eat and drink well if they needed it. One person told us, "If my [relative] isn't going to be back for a meal, I only have to ask and [staff] will make me a sandwich." Another person said, "I take what I fancy out of the freezer and [staff] cook it for me." Staff alerted people's families and healthcare professionals if people were at risk of malnutrition.
- Staff supported people to have access to drinks of choice. One person said, "The carers leave bottles of water out for me as that's what I prefer as I don't drink tea or coffee. They always make me at my request either a ginger or mint tea for breakfast." A relative of a person said, "I keep bottles of [soft drink] around and [staff] always check [person] can reach them."
- Staff supported people to access healthcare and social care services, including emergency help when needed. People's relatives told us they were informed, for example, if GP input was needed due to suspected infection. A relative of a person said, "The communication between us as a family is excellent, they contact us if they have any concerns."; and gave an example of recent communication around a health need.
- Staff supported people to access specialist health services when needed. For example, they worked well with community nurses or specialist healthcare services supporting one person.

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.

- People and their relatives told us they were involved in their care and asked for choices, which were respected by staff. Staff received training around mental capacity and the management team were knowledgeable around the need to gain people's consent for care and support.
- All people supported at the time of the inspection could consent for their own care verbally or in writing and some had legal representatives in place. The management team ensured they included information on people's legal representatives in their care records.
- When people needed simplified communication to be able to make their own decisions, this was facilitated by the management team. The provider had a clear policy around mental capacity and understood what could constitute restrictive practice.

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.

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Supporting people to express their views and be involved in making decisions about their care

- People were treated by staff with kindness, compassion and understanding. One person told us, "[Staff] talk as we go along and check if I am happy, if I am honest, they take all my troubles. I tell them and they cheer me up." Another person said, "The carers are very kind, I am proud of them."
- The management team promoted a caring and friendly culture in the the service. People's comments included: "The carers general manner is caring, they always ask how I am and I feel they are really interested."; "The carers are lovely and so sweet, there hasn't been any I haven't liked"
- Staff treated people as individuals and recognised their emotional support needs, individual personalities and interests, helping people to feel valued. One person said, "It's like having a friend in to chat when they are here." A relative told us, "When [staff] are dressing [relative] I can hear a good deal of banter going on and a lot of chat about [certain subject of interest] which my [relative] loves."
- People and their relatives told us they felt involved in their care. One person said, "Yes I have a care plan, the manager and someone else from the office came over at the start and went through it with me." A relative of a person said, "Following [person's needs changing], I was fully involved in drawing up their care plan"

Respecting and promoting people's privacy, dignity and independence

- People's independence, choices and dignity were respected by staff. One person said, "[Staff] are always talking to me as they do things and asking if everything is ok." Another person commented, "I need support [with certain task]. I [do] what I can manage and although they are there, they discretely look away and then assist when I need it."
- People told us their dignity and privacy were protected by staff when they received support with personal hygiene. A relative of a person confirmed this, "Throughout all their personal care they are so respectful and just treat it as normal, all the intimate things [staff] need to do for them."
- People were encouraged to remain independent with what they could do for themselves. One person gave an example, "I do get my own tablets out and though it would be quicker for [staff] to do, they know I want to do it."

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; End of life care and support; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was personalised and respected their independence, lifestyles and relationships. People were able to ask staff to support them with additional tasks when they needed it. One person said, "[Staff] often do extra odd jobs if I ask, like post a letter, fill the kettle up with water as I find it rather heavy. They know it's hard for me to bend so always pick the post up on the way in"
- Staff understood people's individual struggles and challenges and supported them in personalised way. For example, staff knew how to help one person when they got distressed and upset. A relative also commented, "It's a hard job and [person] isn't always easy and they never get annoyed." People's care plans were personalised and included information around a range of their individual needs and preferences.
- The management team knew people and their preferences well and coordinated their care to ensure staff were aware of their individual needs. For example, they supported people themselves first and provided full feedback to staff including an opportunity to 'shadow' individual support prior to the staff member going to provide care to the person on their own.
- People were encouraged to discuss their advanced care wishes and what support they would like to have if they became very unwell. Staff did not provide care to anyone at the end stages of their lives at the time of the inspection. However, we saw compliments around how staff supported people receiving end of life care in the past. Staff also received end of life care training.
- Not all people required support to maintain relationships or to go out. Where this was needed, staff included those needs in people's care. One person said, "The staff I have are really lovely and all of them appear so happy, they sit on the settee with me after things are done and we have a laugh." Staff also explained how they supported another person to attend their healthcare appointments when needed and to keep in touch with their family.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibilities in relation to Accessible Information Standard and was able

to explain how they provided simplified communication to people around their care plans or how they would be able to address needs of people with specific ways of communicating and protected characteristics.

- People's communication and sensory needs were described in their care plans and staff knew how to support them.

Improving care quality in response to complaints or concerns

- The provider had clear process in place which enabled people and their representatives to raise any complaints and concerns they had about their care. The management team recorded complaints, action they took to resolve them and how they responded to people.
- One relative said after a person complained around a staff member, they were offered a solution and apologies from the management. People and their relatives told us they would raise complaints with the registered manager if needed but many issue had been resolved before reaching a complaint, as the communication with management team was going well.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team had clear understanding of their responsibilities and good oversight of the quality and safety of the care people received. For example, they implemented a range of auditing tools and logs which enabled them to regularly check key areas of the service. The provider informed CQC of the different events in the service when required.
- The changes to the record keeping systems, auditing structures and level of oversight of the service which were implemented since the last inspection improved the service. For example, people's care records and plans were now available for staff electronically, so any changes could be communicated quickly.
- The managers had clear systems to monitor care visits attendance and to act on any concerns. We saw they logged information they received from staff and people and ensured appropriate action was taken timely to address any changes or concerns.
- The managers carried out a range of checks and audits. These included care plan, medicines audits, staff practice spot checks, complaints and consent audits. Some improvement actions had been identified before the inspection around elements of one person's care plan being out of date. At the time of the inspection the management team consulted other healthcare professionals involved in this person's care to update the care plan. We received evidence of completion of this work shortly after the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team were highly involved in people's care and promoted good culture in the staff team. People said this positively impacted on their experience of care. One person said, "They care, really care about me and want to help." Another person said, "The good care I get means I can stay at home."
- Staff took an interest in people and valued them as individuals. One person said, "I feel cared for and listened to." A relative of a person told us, "[Staff] care both for my [relative] and for me." Staff helped people's families in difficult situations, organised and delivered food or helped with small housekeeping tasks when they recognised a need to offer support.
- Staff felt proud working for the provider. One staff member said, " [The provider] have been absolutely amazing. They are a good company. It is one of the jobs the more you do it, the more you enjoy it."
- The provider understood their duty to be open and transparent when things went wrong. Although there were no incidents or accidents since our last inspection, people and their relatives told us the communication with the agency was open and honest.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team engaged people and their relatives and listened to their views as they made themselves available to speak with and hear from people on a regular basis. One person said, "[The registered manager] has phoned or texted from time to time to ask how things are going." Another person said, "I know [the care coordinator] at the Phoenix office well and I can phone her if I need anything." A relative told us, "The communication I have with the agency is excellent, I feel I can ask anything."
- Staff felt supported and listened to, able to raise any issues or ideas with the management. One staff member said, "We do have supervisions, they are (useful), [the managers] let you speak if you are worried about anything, and they help with anything." Staff had a range of ways they communicated with the management on a day-to-day basis.
- The provider worked well with other health and social care services and linked with the local community. For example, they worked very closely with specialist healthcare teams around people's care needs changing. Staff approached local retailers and community organisations to both seek additional support for people and offer help to the local community where they could.