

Phoenix Care Wakefield Ltd

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Inspection report

Unit 3, Thornes Office Park
Monckton Road
Wakefield
West Yorkshire
WF2 7AN

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Tel: 01924377148

Website: www.phoenixcarewakefield.co.uk

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 inspection visit took place on 17 September 2018 and was announced. This was because we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to talk with us.

Phoenix Care Wakefield is a domiciliary care service, which provides personal care for adults who live in their own homes. The home care service is based in Wakefield, West Yorkshire. Not everyone using Phoenix Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. The service currently supports 62 people in the community receiving a regulated activity.

At our last inspection in May 2017 we rated the service 'requires improvement'. We found three breaches of regulation. Following the inspection, the registered provider sent us an action plan detailing the improvements the planned to make. At this inspection we found the improvements had been made and the previous breaches of regulation satisfied. We have rated Phoenix Care Wakefield as 'good'.

At the time of our inspection a registered manager was in post. 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 felt safe, happy and supported by staff from Phoenix Care. People were very happy with the service and the support they received. They had confidence in the staff who supported them. They told us staff were familiar to them and knew them well.

Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Safe and effective recruitment practices were followed to help ensure all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of staff available to meet people's individual needs.

There were plans in place to help staff understand and meet people's needs. Staff were trained and their competencies were assessed in the areas where people required support. This included personal care, moving and handling and medicine administration. Staff had regular supervision with their line manager to ensure their development and performance was reviewed and support was in place for them to understand their roles and responsibilities.

Staff understood how consent should be considered in line with the Mental Capacity Act 2005. The

registered manager understood the requirements of the law and what action to take if they became concerned about a person's ability to make decisions for themselves.

Staff understood people's dietary requirements and people were offered choices in the meals and drinks staff prepared for them.

People were involved in planning their care and determining how they wished to receive support. They spoke highly of the care they received and of how staff would assist them with additional tasks if necessary. People's care was reviewed and updated in line with their needs and wishes. Where people could benefit from additional support, referrals were made to other healthcare professionals.

People and relatives told us they thought the service was well managed. People felt able to contact the management team or staff if they had concerns and said they received a quick response.

Systems had been implemented so that the quality of service provided could be closely monitored, to ensure people were receiving the care and support they required. These were in the form of audits and surveys. Records showed that people had been asked for their views about 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 told us staff made them feel safe. Staff were knowledgeable about safeguarding and how to report any concerns.

Sufficient numbers of robustly recruited staff were available to meet people's individual support needs.

Risks to people's well-being were assessed and people were supported to take their medicines safely.

Staff used personal protective equipment when delivering personal care.

Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their role. New staff were supported to complete an induction and all staff were supported through regular supervision.

Staff understood how to obtain people's consent. The principles of the Mental Capacity Act 2005 were being followed.

Where required, people were provided with support to eat a healthy balanced diet and maintain good hydration.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring when delivering care and support.

People and their relatives were involved in planning and reviewing the care and support they received.

Care and support was provided in a way that promoted people's dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in a personalised way and this was led by the registered manager and the provider.

Detailed guidance was made available for staff to enable them to provide person centred care and support.

There was a complaints procedure in place and people knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided and drive improvement.

People and staff were positive about the registered manager and how the service was run.

Staff felt supported by the management team.

The provider and the registered manager had clear values which were echoed by staff.

Phoenix Care Wakefield

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 September 2018 and was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection was undertaken by two adult social care inspectors and one assistant inspector. The assistant inspector spoke with people who used the service and their relatives by telephone.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people over the telephone about their experience of the service and three relatives. We spoke with three members of staff, the nominated individual and the registered manager.

We looked at care documentation relating to seven people, medicines administration records, four staff personnel files, staff training records and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

At our previous inspection in May 2017 we found three breaches of regulation in this domain. These areas concerned a lack of detail to care plans, staff recruitment and issues regarding medication. Following the inspection, the registered provider gave us an action plan detailing the improvements they planned to make. At this inspection we found improvements had been made and the previous breaches of regulations satisfied. At this inspection we have rated this key question as 'Good.'

Risks were identified and thoroughly assessed. For example, one person had restricted mobility and their risk assessment included, a description of the sling type and size to be used, who was at risk, what could go wrong and specific directions for staff to follow. A risk calculator was then used to identify the risk rating and how often the risks should be reviewed. All care plans we looked at contained information to promote staff awareness on a range of risks. For example, falls prevention, scalding and the signs, symptoms and actions of a stroke. The risk assessments were monitored, reviewed and refreshed as people's needs changed. Staff shared information with the office and other members of the team, when risks to people were identified so that their care plans could be updated. The agency had a process to record any accidents and incidents.

People received their medicines as prescribed and electronic records were maintained of medicines administered. The electronic recording system reminded staff to administer medicines before leaving the person's home. Care visits were planned to ensure there were sufficient gaps between medicines being administered. Protocols were in place instructing staff when to offer people their 'as and when required' medicines. Staff were supported to understand their responsibilities to administer medicines safely and their competency was checked. Staff were trained to safely administer medicine and had access to regularly updated guidance that was based on the National Institute for Health and Care Excellence (NICE) guidelines.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable people.

Each person we spoke with told us they felt safe when receiving care. People made comments which included; "I am happy with everyone, if I ask them for anything they sort it", "All of the staff are lovely, I have no qualms" and "I feel safe."

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in how to recognise signs of harm or abuse. Safeguarding information and relevant contact numbers were displayed within the office for staff to use if they needed to. One member of staff said; "I would report anything that I suspected shouldn't be happening with our clients or our colleagues."

There were enough competent staff to carry out people's visits and keep them safe. The management team

were able to provide additional cover when needed. People had a regular staff team and spoke highly of the staff who supported them. One person commented; "They [staff] are always here on time and I am happy with the care." Most knew who was visiting them and when the visit would take place. Although one person said, "Different carers come all the time but this does not worry me." The provider used a mobile monitoring system which staff logged in and out of during each visit. The system raised an alert at the office if staff were late arriving or leaving a visit. Staff told us they had enough time at each visit to ensure they delivered care safely. Staff said they had enough time to travel between visits. There were processes in place to audit the visit times in order to investigate any late visits.

Arrangements were in place to deal with unforeseeable emergencies. The registered manager had a plan of the action to be taken if events such as severe weather conditions and staff shortages affected the visiting schedule. Visits to people who may be at risk were prioritised. Staff understood their responsibilities to raise concerns, record safety incidents and near misses. The registered provider had systems in place to investigate any such instances and to report them internally and externally, where appropriate.

Staff followed procedures to prevent and control the spread of infection. Staff received food hygiene and infection control training. Staff told us they always had access to personal protective equipment [PPE], such as disposable gloves and aprons and wore PPE when providing care and preparing food. Relatives said they had observed staff, "Wearing gloves and aprons as well as washing their hands regularly." One relative whose family member was susceptible to infections said, "Staff with even a cold ensure they wear masks if needed to prevent [relative] getting an infection."

Is the service effective?

Our findings

At our previous inspection in May 2017 we rated this key question as, good. At this inspection we have continued to rate this key question as, good.

People's care needs were assessed prior to the care package commencing. This included assessing people's needs with regards to their hearing, speech, continence, mobility, washing and dressing. The registered manager explained when people enquired about the care packages, they would visit them and complete the assessment while discussing their care needs. This meant people had an opportunity to find out more about how the service may be able to meet their needs.

Staff were provided with induction and mandatory training, based on the 'Care Certificate Common Standards' (CCCS). The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

The induction included completion of a workbook based on the standards of CCCS. Staff training was a mix of on-line and classroom based learning depending on its nature. It included person centred care, moving and handling, record keeping, first aid, mental capacity, dementia and basic life support. A staff member who was new to the service said, "The induction was good and intense." Staff also said they, "had to wait until they were fully trained before going out." New staff shadowed more experienced staff as part of their induction and did not work alone until they were confident and comfortable in doing so. Random spot checks were conducted by the registered manager to monitor progress of new staff. One person said, "The manager has been out twice to visit me and check on staff."

Staff were receiving regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they had. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

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 told us staff asked for their consent before providing care. One person said, "Yes, they explain what they're going to do. They always get my permission." People's consent to receiving a service was recorded and the service was working within the principles of the Mental Capacity Act 2005 (MCA). We saw evidence staff were aware of the MCA and best interests decision-making process when people were unable to make decisions themselves. Staff had received appropriate training in the MCA. The registered manager was aware

they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection, or Office of the Public Guardian.

The service worked with other organisations and professionals. They had received support from the local authority quality assurance team to introduce person centred care planning tools. These tools were in place at the time of the inspection, and the management team had plans to develop these further. Staff liaised with health and social care professionals to ensure effective care and support was provided to people. This included working with social workers, occupational therapists, physiotherapists and people's GPs. This ensured people received the right support and equipment to enable them to live independently or referring people for further advice and assistance.

People had care plans that contained health, nutrition and diet information requirements. Staff monitored people's food and drink intake, as required. Staff advised and supported people to make healthy meal choices whilst acknowledging their right to choose what they wished to eat. One relative said that during the hot weather they asked the office to make sure care staff were encouraging fluids to avoid dehydration and all staff did this well.

Is the service caring?

Our findings

At our previous inspection in May 2017 we rated this key question as, good. At this inspection we have continued to rate this key question as, good.

Everyone we spoke with expressed their satisfaction with the quality of care and support they received. People were supported in a kind and compassionate manner. They complimented the caring attitudes of staff. One person told us, "For care I'd give them ten out of ten." Another person said, "All the staff are so lovely." Relatives also told us how happy they were with the care and support their relatives received from Phoenix Care. One relative told us, "I believe that in this area, this company is the best as [relative] gets the care they need, we cannot fault them."

Staff talked positively about their work and spoke about people with warmth and affection. One staff member told us, "I love my job, it's brilliant." Staff embodied the caring values of the service, one staff member said, "We often get positive feedback from the people we care for and their relatives. They tell us they are pleased with the care received."

People told us staff were friendly, patient and discreet when providing care for them. One person told us, "Staff respect my privacy and dignity when assisting me to shower." People told us they felt comfortable with the staff that visited and staff did not rush them. One person told us, "I am happy with everyone, if I ask them for anything they sort it." A relative commented, "All carers have a good relationship with us."

People and their relatives were involved in the planning of their care. One person said, "I am involved in my care planning, I can access this when I want." "A relative told us, "Communication is good and we have had a review with them recently and everyone was involved and it was positive." Care plans contained information, for staff to be able to understand people's needs, likes and dislikes and provided care and support in line with their wishes. We found that staff demonstrated they knew people well and cared about whether they were happy or not. Staff knew how individuals communicated and gave people the time they needed to make choices about their support.

Staff supported people to maintain their independence. People told us staff encouraged them to do what they could for themselves. One person told us, "I am more independent now since I have been getting help from the carers." Another person told us, "They don't take over, staff encourage me to be as independent as I can be, they let me keep my independence."

The service had an equality, diversity and human rights (EDHR) policy in place. The registered manager told us the service supported people without prejudice. They said, "All staff need to be open and without any bias are prejudice." Staff received training in EDHR when joining the service, and were required to sign to confirm they understood the policy. A relative said that the staff were all, "respectful." Care plans recorded important information about people's relationships with others and those important to them.

Is the service responsive?

Our findings

At our previous inspection in May 2017 we rated this key question as, good. At this inspection we have continued to rate this key question as, good.

People received care that was individual to them, personalised to their needs and was very reliable. People told us they were satisfied with the care. One person said, "I'm happy with the staff, they are very helpful."

People told us they were involved in planning and adapting their care to meet their needs. People and their relatives, where appropriate, were involved in the assessment of their needs, before they began receiving care and support from the service. This was followed by regular care plan reviews in people's homes to check the agreed care arrangements were appropriate.

We looked at care plans and saw these were 'person centred' and gave staff information about people's care needs, routines and preferences. This enabled staff to support people in the ways they preferred. Care plans were written in a respectful and positive way and included information about the tasks people could carry out independently as well as the care they required. People we spoke with confirmed staff supported them in line with their own preferences and as written in the care plans. One person told us, "They [staff] do things just as I like it."

Where people had health conditions, there were details on care plans about any support staff needed to provide. For example, supporting people with medicines to help relieve any symptoms or pain. Records contained information on people's medical history to assist staff in looking for any signs or symptoms that may suggest the person needed medical support.

The Accessible Information Standard (AIS) is a framework put in place 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. The registered manager was aware of this framework and told us none of the people they supported needed information in different formats such as large print or different languages.

People told us they felt they had regular opportunities to feedback their views about the care they received. Records showed the registered manager carried out home visits to seek feedback from people using the service and their relatives. People said communication was good from the office. People told us, "I receive monthly letters that are useful and it tells me what carers are coming."

We looked at how complaints were managed. People told us they knew how to make a complaint because this information had been shared with them when they started to use the service. All people we spoke with told us they had no cause to complain and would feel at ease to approach the registered manager if they had a concern. Records confirmed there had been no complaints received. One relative commented, "They are absolutely brilliant and if there were ever any issues these would be sorted immediately or at most within a few days."

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'requires improvement'. We found there were weaknesses in the systems and processes for assessing and monitoring the quality of the service. This was a breach of Regulation 17 (Good governance). At this inspection we found improvements had been made, the previous breach satisfied and have judged that the rating is good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 who used the service and their relatives told us they thought the service was well managed. They said communication was good and they felt well-informed. One person told us, "The manager does calls when staff are on holiday which is good." People and their relatives all described the management of the service as open and approachable. One relative said, "Communication with the office is good, I would recommend them to anyone."

The service had a clear vision to deliver quality care and this was described by staff when we spoke with them, showing that the registered manager had communicated their vision to all staff in the service. The ethos of the service was supportive, and this was evident through the relationships on display in the office environment we observed. Staff supported each other, and the managers supported the care staff and each other. Comments from staff included; "The company are good to work for, there is a good work ethic and there are no issues." And, "If we need anything we just ask and they [managers] get it." One person told us, "The carers tell me they like their work and that Phoenix Care is a good place to work."

The service had a structure in place where the nominated individual, registered manager and operations manager had clear responsibilities. During the inspection the office team were able to respond promptly and positively to our questions and provide answers to our queries. The registered manager was open throughout the inspection process and forthcoming with information when we requested it. They showed knowledge of their responsibilities as a registered manager of a service that provided regulated activities.

There was a clear quality assurance process for gathering feedback from people and ensuring the quality of care provided was meeting the expectations of people and the standards the service set. This included telephone calls, surveys and face to face feedback during spot checks when checking staff competencies. Written feedback responses included, "Thanks for all your care and compassion," "You go the extra mile," and, "Wonderful care staff."

We looked at quality assurance records and how performance of staff was managed. We found systems were robust and working well although the nominated individual told us they were constantly looking for ways of further improving the systems used. They had recently invested in an electronic monitoring system which would benefit staff in ensuring they had the most up to date and accurate information. It also allowed

the management team to scrutinise aspects of performance such as, punctuality, visit log recording, visit duration and medication auditing.

Records containing confidential information were kept securely in lockable cabinets in a lockable office. Staff and managers spoke of the importance of keeping information confidential and safe.

The provider had an out of hours on call service that people told us they were aware of. This enabled people and care staff to be able to contact a manager in an emergency when the office was closed. For example, on bank holidays, weekends or on an evening. Care staff we spoke with confirmed there was an out of hours service.

The provider had a whistle blowing policy that care staff were aware of and knew when they could use it to highlight concerns in the service or risks to people.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check appropriate action had been taken.

We found the provider had a close working relationship with the local council and constantly reported to funding authorities if there was a need to increase people`s visiting times. The most recent contract monitoring report carried out by the local authority was positive.