

Phoenix Medical Advice And Repatriation Limited

Phoenix Healthcare & Recruitment

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 5 and 6 March 2015. At the last inspection on 29 July 2014 we asked the provider to take action to make improvements in how they provided care to people and how they supported staff to carry out their role. Improvements had been made in all areas.

At the time of this inspection the manager had been in post for six weeks and was in the process of applying to the commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The manager was aware of areas of the service that needed improvement and was working towards making those improvements.

People were protected from the risk of harm as staff had been trained to identify signs of abuse and knew how to respond to concerns. People's relatives told us they felt safe using the service. Risks identified in the care planning process were recorded and staff were able to describe how they kept people safe. Where concerns were raised about the conduct of staff the provider took appropriate action to keep people safe.

People's relatives told us staff were punctual and reliable. They turned up on time for visits and there were no missed calls. The provider was taking action to install a new computer system which will help them monitor the times of visits and the whereabouts of the staff.

People's relatives told us and documentation showed people's medicines were administered safely. They told us they trusted the staff who provided care as they had been trained to deal with the specific needs of each person. Care plans were kept up to date and communication was maintained between the office staff and the families to ensure any changes were recorded and appropriate action was taken.

We have made a recommendation about assessing people's ability to make decisions about their care and giving consent. People with complex health needs were supported by trained staff in maintaining their food and fluid intake. Staff knew who needed specific support with regards to food and drinks, and the importance to people's health and welfare. When changes occurred to people's health staff knew how to respond appropriately.

People's relatives told us staff treated the people they cared for with kindness and compassion. They told us they valued the staff and had a good relationship with them; they felt able to raise concerns or issues with the provider. People or their relatives were involved in the needs assessment completed before care commenced and in approving the final care plans and risk assessments. Care plans were monitored and updated when changes occurred. Staff spoke confidently about the needs of the people they were caring for and understood how to protect people's dignity and privacy. They were also aware of how to support people to raise concerns or complaints.

People told us the service was well managed. People's relatives told us the provider and the staff treated people with respect. They felt the person was cared for in a way that valued them as an individual. The manager was accessible to staff and had already implemented changes to increase staff motivation and to acknowledge the work they did.

Summary of findings

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 safe.

The relatives of people who used the service said they said they felt the person was safe when receiving care.

Staff knew how to identify and protect people from abuse. The provider had assessed the risks to people and where possible these had been minimised to protect people from harm.

Good



Is the service effective?

The service was mostly effective.

Staff had received training and understood how the Mental Capacity Act 2005 applied to their role. However, assessments of people's mental capacity had not always been completed. This meant it the provider could not be certain the individuals were consenting to the care they were receiving.

People's relatives told us they were involved in how care was provided to people, and were asked about the person's preferences and choices. Staff were trained to meet people's individual needs. Assessments were completed prior to care being provided and reviewed regularly to ensure care was appropriate.

Requires Improvement



Is the service caring?

The service was caring.

People's relatives told us they thought the staff were caring. They felt listened to by staff and they were treated with kindness.

Staff showed people respect and protected their privacy and dignity. They supported people to remain as independent as possible. Where people had requested regular staff this had been provided.

Good



Is the service responsive?

The service was responsive

Care was tailored to each person's needs. Care plans were reviewed regularly. Staff responded appropriately and promptly when people's health needs changed to ensure people's health was maintained.

Where people or their relatives had made a complaint the provider responded appropriately and in a timely way.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People told us they had confidence in the provider, because the service met their expectations. Staff felt supported. The provider regularly engaged with people to ensure the service was safe and effective.

The culture of the service encouraged staff and people to make suggestions as to how the service could be improved. The provider recognised and rewarded staff for the work they carried out.

Phoenix Healthcare & Recruitment

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 March 2015 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service. Staff are often out during the day and we needed to be sure that someone would be in to answer our questions and provide

information. Phoenix healthcare provide domiciliary and nursing care to children and adults in their own home. At the time of our inspection they were providing care to 15 people.

The inspection was carried out by one inspector. Before the inspection we reviewed all the information we held about the service. This included previous inspection reports and notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We spoke on the telephone to five relatives of people who use the service. We interviewed three staff and spoke with a further five staff on the telephone following the inspection.

We examined care documentation for four people and records related to staff recruitment, training, quality assurance audits and policies and procedures.

Is the service safe?

Our findings

During our last inspection in July 2014 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we found improvements had been made in all these areas.

People's relatives told us they felt the service they received was safe. One relative explained this was because the staff fully understood the medical needs of the person they were caring for. Another told us it was because staff were reliable and turned up for visits on time.

All staff had received training in how to safeguard adults and children. Each staff member received a copy of the safeguarding policy and procedure in the agency workers handbook when they commenced employment with the service. They know how to identify indicators of abuse and how to respond if they were concerned about people's welfare. Where safeguarding concerns had been raised with the provider, these had been dealt with appropriately.

When new packages of care were provided to people a thorough assessment of their needs took place. From this the provider could assess how many staff were required to meet the person's needs. Relatives and staff told us there were enough staff to meet the needs of the people they cared for. The registered manager told us they had increased the number of trained staff available to work with individuals, which assured them there would be cover available if regular staff were absent. Relatives told us there had been no missed calls and staff were punctual and reliable.

Prior to the care being delivered and following the initial assessment a care plan and risk assessment were written. These were discussed with the person or their representative to ensure the information was correct and they were in agreement with how the care was to be provided. Identified risks and how they were to be

managed were documented. Relatives and staff told us these were reviewed regularly. Documentation verified this was happening. Staff were aware of the specific risks associated with the care to individuals and how to respond in emergencies. The registered manager had devised a log to record accidents and safeguarding incidents. This included a corrective and preventative record to enable the provider to evaluate incidents and prevent a reoccurrence. At the time of the inspection this had not yet been implemented. The registered manager believed this would enhance their learning and improve the service on offer.

People's relatives told us medicines were administered safely and as prescribed. All staff had been trained in the administration of medicines. One person's risk assessment guided staff to the checks to be completed when administering the medicines, for example checking the expiry date. The manager told us about an occasion when a staff member checked the prescribed medicines of a person against the medicines dispensed by the pharmacy. They found there was a difference which had the potential to make the person seriously ill. The staff member took immediate action to protect the welfare of the person and prevent any further injury. Records verified this had happened.

Each person's medication administration sheets which recorded how much of each medicine was given, by whom and when, were checked by the lead nurse. The registered manager told us they planned to implement a medicines audit to check how medicines were being received, stored and administered more accurately.

The service operated safe recruitment procedures. Staff files contained Disclosure and Barring Service (DBS) checks, references including one from previous employers and application forms. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

Is the service effective?

Our findings

During this inspection we spoke mainly to relatives of people, this was because the person being cared for was either a young child or they were unable to speak with us. Their relatives told us they believed staff were trained to meet the specific needs of the person being cared for. They described staff as being professional, experienced and where appropriate they understood the medical needs of the person being cared for.

During our last inspection in July 2014 we had concerns staff were not always trained to meet the specific needs of people. During this inspection we found this had improved. Staff received on line training in areas relevant to their role, for example, health and safety, complaints and conflict resolution. The registered manager told us they were introducing workshops for staff to compliment the on line training. Specific training for the staff who cared for people with complex health care needs for example, basic life support had been completed. This meant staff were provided with the training required to meet people's individual needs.

During our last inspection in July 2014 we had concerns about the provider and staff's understanding and implementation of the Mental Capacity Act 2005 (MCA). During this inspection we found this had improved. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. During this inspection we found staff were able to demonstrate an understanding of the act. All staff received training in MCA and the Deprivation of Liberty Safeguards. Documents showed where a relative held power of attorney attempts had been made to obtain evidence of this. We were told some people lacked the capacity to make some decisions for themselves, however, mental capacity assessments had not been completed. This meant the provider could not be sure if these individuals were consenting to the care they were receiving, or what decisions they could make for themselves. When we spoke to the registered manager about this, they had

identified this as an area that required improvement. Records showed where a person lacked the capacity to consent to their care, the provider and the person's relatives were acting in the person's best interest.

During the last inspection in July 2014 the provider did not have a restraint policy in place to guide staff and practice. During this inspection we read the provider's had a handling and physical restraint policy. The registered manager told us they were going to do improve this by including more detail and clearer guidance for staff.

One relative told us they had been involved in the selection of the staff. Once the formal interviews had been completed the candidate was brought to the house to meet the family. The family felt this was important, as they were able to feedback to the provider who they felt would be best placed to care for their relative. One relative told us they had experienced problems in the past with a staff member who was not well matched to the family. The staff member had been removed from the care package and the family were now much happier. This meant the provider took appropriate action to ensure staff were compatible with the people they were caring for. The registered manager told us they gave consideration to the individual needs of people and how best they could match that to the staff within their team. For example, for younger adults they were considering younger staff, who would be more comfortable with the lifestyle of the person being cared for.

Following recruitment new staff were introduced to the person they were caring for by a senior staff member. The new staff member was shown all the areas of care they needed to be familiar with. This was then documented as completed. Following this they were offered the opportunity to shadow more experienced staff. Induction training and training specific to the needs of the people they were caring for were completed. For example, dementia care. The registered manager told us staff had not received supervision as often as was required by the provider. In part this had been a result of the changes in management over the last year. The provider's policy stated staff should receive supervision every three months. Records showed the registered manager had planned to supervise all staff in the days and weeks following the inspection. Staff told us they felt supported by their line

Is the service effective?

managers. They were able to discuss their concerns with the senior staff and felt they were listened to. Regular phone calls to staff members and visits to the homes of people enabled staff to feel supported in their role.

Where changes were required to the care, relatives were asked for their consent before care was changed. This was recorded on the care plans and risk assessments.

Where staff were responsible for ensuring people received sufficient nutrition and fluid they had received training. For example percutaneous endoscopic gastrostomy (PEG) feeding. This type of feeding is used where people cannot maintain adequate nutrition orally. Records showed their input and output were monitored to ensure the person's health was maintained.

Where staff were required to support people with food, they knew how to offer nutritional choices of meals as well as considering the person's health needs and personal preferences. Where concerns related to diet were identified people were referred to the GP or a dietician. All staff received training in food hygiene. Risks associated with poor diet and low intake of fluid was recorded on people's

care plans and risk assessments. One relative told us how staff monitored the person's fluid intake. They encouraged the person to drink to try and prevent recurring urine infections. Staff knew the importance of both monitoring the person's intake and taking appropriate actions if symptoms of infection developed.

People's relatives said if the staff were concerned about a person's health they would report their concerns to them or in a critical situation the emergency services. Staff were aware of the need to monitor people's health and wellbeing and to report any concerns to both the family and the provider. They understood the need for urgency when someone was seriously unwell and knew how to prioritize their actions. People were supported to attend medical appointments and staff were knowledgeable about people's health needs.

We recommend that the service seek advice and guidance from a reputable source, about how to assess people's mental capacity regarding decision making and consent.

Is the service caring?

Our findings

People's relatives spoke positively about the staff's caring attitudes. Staff were described by one relative as "A great bunch of ladies, very warm and chatty, they make you feel relaxed." Another said "They are very caring and they listen to what I have to say." A third reported "The staff do well, they are really good carers. They don't see it as a job. They treat my child as a child rather than a medical need, it makes a huge difference."

People's relatives told us they felt their views were listened to, and included in the care planning process. Information was shared between the staff and relatives, and discussions on the best way to care for the person took place. Where a person's needs changed, staff responded appropriately to safeguard the person, relatives told us staff showed real concern for people's welfare.

When we discussed with staff members how they provided care to people, they were able to demonstrate a clear understanding of people's needs. They knew what people liked and disliked and the importance of their relationship with the person. This was something the relatives had observed and valued. People's relatives said staff always encouraged people to make choices and encouraged participation in their care. One relative said the staff member asked their child if they would like to do something rather than telling them.

Relatives and staff told us care plans were reviewed regularly. Relatives were involved in the review of care and felt comfortable to raise concerns or address issues that had arisen. Documentation verified this had happened.

Staff were aware of the need to protect people's dignity and privacy. One staff member told us they protected a person's

dignity by offering choices and respecting the person's preferences. Another said they would talk to the person, explaining what they were doing and ensuring they were comfortable. Relatives confirmed staff treated people and their families with respect, giving regard to the other family members and showing consideration to working in someone's home.

Staff treated people with kindness. One relative told us their child had received a small Christmas present from the provider. They said "It was a little gesture that meant a lot. [Named person] is not just a number they are special children that need looking after and this meant a lot to us." Another relative told us how the staff spoke to the person meant they got positive responses. Instead of being told to do things they were asked. The staff member working with this person told us it was important to be gentle in their approach and to show respect by not forcing them to do things, but encouraging them.

Through discussion with both the families and the staff it was apparent that care was viewed as a team effort. Families praised the staff for their commitment, professionalism and caring attitude. They observed staff encouraging people to be as independent as possible and offering stimulation and support. Staff respected the homes and lifestyles of the people they were supporting, sharing information with families and responding to people's needs. Staff told us how they prompted people to be as independent as possible, for example one person required support to have a shower. The staff member prompted them to wash themselves rather than do it for them. One relative told us they held a handover meeting with the staff coming on or off duty to ensure information was kept up to date and concerns could be dealt with.

Is the service responsive?

Our findings

People's relatives and the registered manager told us prior to care commencing an assessment of the person's needs took place; this involved family members where appropriate. A care plan and risk assessments were written and shared with the person or where appropriate with their relatives. Once an agreement had been reached and the consent of the person or their representatives had been gained to the details in the care plan, then care would commence.

Documents reflected the physical and mental health needs of people. This was from information gained from professionals, people and their families. This guided staff in how to care for the person appropriately. Care plans reflected people's choices and preferences. Staff were knowledgeable about how people wanted their care providing. For example, one person was supported to walk around their home, whilst staff reminded them of what each room was used for and relayed stories about their family. Another staff member told us how they offered choices of three meal options at dinner time, and offered choices about where the person would like to go for a walk.

People's relatives and staff told us care plans were reviewed regularly. Documentation verified this. People's relatives said if the care needs of the person changed they would contact the provider's office. One relative told us "If I ring with a question, they are straight on to the issue. They don't talk to me like I am stupid, but a person". Another

person told us they could contact the office staff at any time to discuss any issues or changes in the way care needed to be provided and the response had always been positive and supportive.

Care plans reflected activities people enjoyed, one staff member told us how they supported a person to go to football matches and attend a day service. A relative told us how staff read books and sang songs to their child, because this provided stimulation and this is what the child enjoyed doing.

Care was focussed on each individual and designed to meet their specific needs. Some people had complex healthcare needs. Staff were trained and understood how to meet their needs. Support and advice was available from the senior staff. Relatives trusted the staff to make the right judgements, because they felt they were competent and had received the relevant training.

Three relatives told us they had made complaints to the provider. All of them said the provider responded quickly and appropriately, and they were satisfied with the outcomes. Each person was given a copy of the complaints procedure when they started receiving care from the provider. All staff had a copy of the complaints procedure in the agency workers handbook. Staff knew how to support people to make complaints and how to respond if people were unhappy with the service. The registered manager told us there had been no complaints received since they started in their role.

Is the service well-led?

Our findings

During our previous inspection in July 2014 we had concerns about the way the service was managed. During this inspection in March 2015 we found improvements had been made.

The relatives of people told us the provider communicated with them in an open and transparent way. They were comfortable talking to staff and discussing how care was provided. One person's relative told us the provider could improve on their communication. They were concerned information wasn't shared with the families during the staff changes that had occurred within the agency, this meant they were unsure who to contact when they wished to discuss their relatives care. They told us now the staffing had stabilised they were much happier with the support and communication with the provider was good. Other people's relatives told us they had a good relationship with the staff who provided the care and the staff in the office. This had a positive impact for the people being cared for, as there were no obstacles to discussing issues as they arose.

Since the last inspection in July 2014 the provider had employed a manager specifically for the homecare section of the service and one for the rest of the business. Prior to this, one manager had managed the whole business. This meant the new homecare manager could concentrate on ensuring the service met the needs of the people who used it. The manager had informed the Care Quality Commission of significant events that had happened in the service as required. They had responded to requests for information in a timely way. Along with the director they had a clear understanding of the areas needed for improvement, and documentation showed they had discussed and were planning how to put these improvements in place.

Support for staff had improved since our last inspection. Supervision and team meetings had been scheduled for all staff. Staff told us management were approachable, helpful and supportive. One staff member described their line manager as someone who went out of their way to help them. Another staff member described the provider as being "lovely to their staff." All staff spoke positively about the support they received from the provider. Staff told us

they received regular phone calls from their line manager to ensure they were ok and to give them an opportunity to discuss any concerns. They told us they valued these discussions.

A newsletter had been issued to all staff to inform them of the staff changes and to update them on current practices. The provider also shared information through social media websites such as Facebook and Twitter to staff, people using the service and the public. Support was available to the manager from the director, who was present each day to offer advice and assistance. Workshops were available to staff to enhance the online training and to improve and support staff member's learning and skills.

The provider had introduced a new initiative to recognise and reward staff performance based on feedback from people who used the service. One staff member would be awarded a certificate and a voucher every three months. The aim was to recognise the hard work of staff and for the provider to show their appreciation.

The provider had in place a mission statement which included their values; however, this was out of date. The manager told us they were aware the contents were out of date and planned to improve the statement to include values related specifically to the homecare sector of the business.

Questionnaires were sent out to staff and people who used the service for comments on the quality of service. One staff member told us they did not respond to it as the questionnaire was not anonymous. At the time of the inspection only a few of the people using the service had responded, which meant a full evaluation could not be made. 54% of staff had responded to the staff questionnaire. Information was being collated and analysed. The director and manager planned to evaluate the information and draw up an action plan to address any issues.

Staff understood their responsibilities with regard to their roles and their accountability. Where staff members did not perform in line with expectations the provider took appropriate action. Documentation verified this.

At the time of the inspection the provider was investigating a new computer software system. Their aim was to improve their records, data management system and enable them to monitor staff attendance when visiting people.