

Phoenix Professional Home Care Limited

Phoenix Professional Home Care

Inspection report

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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 caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 30 July & 3 August 2015. This domiciliary care service is registered to provide personal care support to people living in their own homes. At the time of the inspection the service supported 48 people.

There was a registered manager in post at the time of our inspection. 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 were not actively involved in decisions about their care and support needs. There were no formal systems in

Summary of findings

place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had not received mental capacity or DoLS training.

This was a breach of Regulation 11: Need for consent. You can see what action we have told the provider to take at the end of the report.

People were not always supported to take their medicines as prescribed. Records showed that medicine management systems in place were disorganised and required improvement. We found discrepancies on medicine administration record charts and there was no system for receiving medicines in to the service.

People told us that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home care service.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place but information detailing how people wished to be supported and how they were involved in making decisions about their care was limited. People participated in a range of activities both in their home and in the community and they received the support they needed to do this. People were able to choose how they spent their time and what they did.

Staff had good relationships with the people who they cared for. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The manager was accessible and made visits to people using the service to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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?

This service was not always safe.

People were not always supported to take their medicines as prescribed. Records showed that medicine management systems in place were disorganised and required improvement.

People felt safe and comfortable in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Requires improvement



Is the service effective?

This service was not always effective.

People were not actively involved in decisions about their care and support needs. The manager and staff were not aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice.

People received personalised care and support but there were no records in place relating to people's preferences and people's likes and dislikes.

Staff received training to ensure they had the skills and knowledge to support people appropriately.

People's physical and mental health needs were kept under regular review.

People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Requires improvement



Is the service caring?

This service was caring.

People were encouraged on a day to day basis to make decisions about how their care was provided.

There were positive interactions between people receiving care and support and staff.

Staff had a good understanding of people's needs and preferences but there were no written records detailing people's needs.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Good



Summary of findings

Is the service responsive?

This service was not always responsive.

Care and support was delivered in a way people chose but this information was not detailed in a care plan which put people at risk of not receiving care in the way that they wanted.

People were listened to; their views were acknowledged and acted upon.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Requires improvement



Is the service well-led?

This service was not always well-led.

Records relating to the day-to-day management of the service were not always up-to-date and accurate. Care records did not accurately reflect the level of care received by people.

The manager monitored the quality and culture of the day to day service and responded swiftly to any concerns or areas for improvement.

People using the service, their relatives and staff were confident in the manager. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Requires improvement



Phoenix Professional Home Care

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 30 July and 3 August 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people

using the service. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people in their own homes, one family member and seven members of staff including care staff and management.

We spent some time observing care to help us understand the experience of people who used the services.

We reviewed the care records of six people who used the service and five staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People did not always receive their medicines as prescribed by their GP. For example; one person was prescribed medicine to be administered twice a day and the medicine administration records (MAR) showed that it had been administered once a day for a period of four weeks. There was no explanation in the care notes, MAR sheet or care plan that this medicine had been reduced to once a day by the GP.

Medicine management systems in place were disorganised and required improvement to ensure people were not at risk of receiving unsafe care and treatment. For example; medicines were not checked when they were brought in to people's home which meant people and staff did not know if the medicine delivered was accurate until the start of the medicine cycle.

Medicine audits were in place but the provider did not identify errors on the MAR sheets. For example; some medicine was required to be administered twice a day but had been signed for administered four times a day which resulted in people being at risk of unsafe care and treatment.

People felt safe with the carers who supported them. One person said "I am safe, I know all the staff" The service had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse

if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care service. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

People thought there was sufficient staff available to provide their care and support. Each person was individually assessed and a care package was developed to meet their needs. Some people required two staff to support them at all times and other people one person. We saw that the staff rota's reflected people's needs. Staff said "There is always two carers on this visit and if someone was ill then the manager would come and support us; we are never left short staffed." Throughout the inspection we saw there was enough staff to meet people's needs.

Is the service effective?

Our findings

Although staff were acting in the best interest of people and consent was sought on a day to day basis; they did not understand their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. They had not received any training on the Mental Capacity Act (MCA) and people who used the service who lacked capacity to consent had not had an assessment of their capacity. Families had not been involved in making best interests decisions.

For example; a person living with dementia who required full support with all personal care needs, was not able to consent to the care and support given to them. There were no MCA assessments in place and best interests decisions had not been made following the correct procedures or involving the relevant professionals and family members.

This was a breach of Regulation 11: Need for consent. Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3)

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on dementia and equality and diversity. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member who was currently on their induction told us “The induction is good; I am shadowing staff who know people well.” New staff gained the knowledge about peoples preferences and what care and support they required from experienced staff members; however, the written plans of care contained minimal information and did not cover how people preferred to be supported which resulted in new staff relying heavily on verbal information.

Training was delivered by e-learning sessions and the providers mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Staff had received training on specific conditions from district nurses. Staff we spoke with were positive about the training received.

People’s needs were met by staff that received supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the service, including permanent and ‘bank’ members of staff. The meetings were used to assess staff performance and identify ongoing support and training needs. Staff said “We have formal supervision but we also call in the office on a weekly basis to speak with the manager so we view this time as supervision as well.”

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged around peoples own daily activities. People had time and space to eat in comfort and at their own speed and liking. People were relaxed at mealtimes and had made choices about their own menu. People were supported with shopping for groceries and were able to choose the food they wanted.

Staff were knowledgeable about people’s food preferences and dietary needs, they were aware of good practice in relation to food hygiene. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. However, care plans did not contain detailed instructions about people’s individual dietary needs.

People’s healthcare needs were monitored. Care Records showed that people had access to community nurses and GP’s and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

Staff understood people's needs, preferences and choices and took these into account in the way they offered care and support to each person. They had formed good relationships with people using the service and a relative said "Wonderful staff, they always treat [my relative] with kindness."

The provider sought consent for us to visit people in their homes and on the day of our visit, staff explained the purpose of our visit and ensured they consented to us being there. We saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. One person said "I have lovely staff that come and help me and today we are going out for lunch."

Staff and management sought and respected people's views about their preferences regarding the gender of the staff that provided their care. People told us that their views were taken into account and that they were cared for by regular staff that knew them and the way they liked to be cared for.

People were cared for and were supported to make decisions about their personal appearance, such as their choice of clothing. People had access to aids and adaptations to support their independence and mobility.

People's views were sought and acted upon and we saw that staff gave people time to talk and that their conversations were not rushed.

Their privacy and dignity were respected and staff made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. Staff understood the importance of respecting people's rights and people were supported to dress in their personal style.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. There was information on advocacy services which was available for people and their relatives to view. No-one currently using the service used an independent advocate but staff we spoke with knew how to refer people and gave examples of when people may be referred in the future.

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. However, after the assessment the information was not used to form the basis of a detailed care plan that contained information on their previous life history, values and interests. Care plans did not contain detailed information for staff about how people liked to be supported and how to meet people's assessed needs.

Although care plans were reviewed on a regular basis they did not reflect each individual's current needs. The manager told us when any changes had been identified the care staff were informed of this either by phone call or when they called in to the office.

Staff we spoke with knew people's support needs and confirmed they were given updates by the manager if anyone's needs had changed, but this was not recorded anywhere and care plans were not updated with this information.

People were encouraged and supported to follow their interests and were involved in a variety of social

opportunities. Staff supported people with planning trips and ensured appropriate staffing was available and risks had been assessed. One person told us about trips out to bingo and meals out and said the staff were great company and "I wouldn't want to change the staff I have, they do everything I ask them to do."

Staff spent time with people and responded quickly if people needed any support. They were always on hand to speak and interact with people and we observed them checking that people were comfortable and asking if they wanted any assistance.

When people started using the service they and their representatives, they were provided with the information they needed about what to do if they had a complaint. There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to.

Is the service well-led?

Our findings

Staff worked well together and as a team were focused on ensuring that each person's needs were met. They told us that the manager was passionate about ensuring people could live the life they wanted to live which was in line with the service's visions and values.

The manager was clear that people should receive good care and support and ensured the staff delivered this, however the records relating to people's care needs did not reflect this. Staff told us that they could not rely on care plans to guide the way they supported people and instead relied on information based to them from other staff. This meant that people were exposed to the risk of inconsistent and inappropriate care. The manager responded immediately to our feedback and showed us a draft care plan that they planned to put in place for all people using the service.

Policies and procedures for the service were in place but the manager did not always put these in to practice. For example; there was a policy for what to do if staff received a 'no response' from a person when they arrived to deliver their care. This stated that every person will have an individual 'no response plan of action'; however these had not been developed for anyone using the service at the time of our inspection. Staff and the manager were confident they would know what to do and who to call but there was no records to evidence this or to ensure that staff contacted the correct people.

Communication between people, families and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. The manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the manager was very approachable and proactive.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were generally happy and content and we saw letters and cards from relatives that complimented the standard of care that had been provided.

Records relating to the day-to-day management of the service were not always up-to-date and accurate. Care records did not accurately reflect the level of care received by people. Records relating to staff recruitment, and training were accurate and up to date. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>How the regulation was not being met:</p> <p>The manager and staff were not aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Regulation 11 (1) (3).</p>