Phoenix Care (Sussex) 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?	Requires Improvement

Summary of findings

Overall summary

About the service:

Phoenix Care (Sussex) provides personal care to people living in their own homes in the community. It provides support to older people and younger adults with physical disabilities, learning difficulties, sensory impairments and mental health needs. At the time of the inspection 18 people were receiving personal care.

People's experience of using this service:

Opportunities to continuously learn, improve and innovate were not always evident as quality assurance systems had not been fully embedded. This included gathering feedback from people, staff, relatives and professionals about their experiences of the service to drive improvement.

The service had been operating for one year and people and relatives were very positive about their experiences to date. People told us that the service was very professional, and they felt confident with the care and support from staff.

People told us they felt safe and knew who to contact if they had any concerns. Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place. One person told us, "The staff do an absolute first-class job and I look forward to them coming. They talk through everything with me, I feel confident, happy and safe."

People received their medicines safely and on time. Staff were trained in administering medicines. People knew what their medication was for and told us they felt reassured by the support with their medicines. People were protected by the prevention and control of infection. Staff wore gloves and aprons when supporting people.

People were supported to maintain their health and had support to access health care services when they needed to. People were supported to maintain a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received kind and compassionate care. People and relatives told us that staff treated them with kindness and we observed friendly interactions. One person told us, "The staff are very nice, and I feel cared for."

People received person centred care that was responsive to their needs and people and relatives knew how

to raise a complaint.

Rating at last inspection: This was the first inspection of Phoenix Care (Sussex) since it was registered by the Care Quality Commission (CQC) on 10 May 2018. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led when registering.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was well-led. Details are in our Well-Led findings below.	**Good**
Is the service well-led? The service was not always Well-led. Details are in our Well-Led findings below	**Requires Improvement**

Phoenix Care (Sussex) Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This comprehensive inspection was carried out over two days by one inspector.

Service and service type:

Phoenix Care (Sussex) is a domiciliary care service, which provides personal care and support services for a range of people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff and people would be available to talk to us.

What we did:

Before inspection:

•We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
•We reviewed notifications we received from the service about important events.
•We looked at Information sent to us from other stakeholders, for example the local authority and members of the public.
•We sought feedback from professionals who work with the service, including health professionals and the local authority.

During the inspection:

•We spoke with four people who use the service, two relatives, the registered manager, the care field supervisor and three members of staff.
•We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
•We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

•People told us they felt safe and staff made them feel comfortable, and that they had no concerns around safety. Systems were in place to ensure staff had the right guidance to keep people safe from harm.
•Staff had access to guidance to help them identify abuse and raise concerns in line with the providers policies and procedures to the local authority.
•Staff received safeguarding training and knew the potential signs of abuse. Staff told us, they would document any changes in the persons physical appearance or behaviour. Staff were confident to call the emergency services if the person needed medical attention or if a crime had been committed. Staff told us they would update the registered manager to share concerns and report action taken.
•One person told us, "Excellent, staff do everything. They check my doors and windows and that appliances are off in the evening." A relative said, "I do feel they receive safe care and they are very good at communicating in writing and verbally, for example my grandfather choked on a bit of cucumber and the staff stayed with him until I was able to arrive."

Assessing risk, safety monitoring and management

•Risks to people were assessed and their safety was monitored and managed to support people to stay safe.
•One member of staff told us, "I check the person's environment to look for any risks to carrying out support for the person. For example, trip hazards and wires." Risks associated with the safety of the person's home and equipment were identified and known to staff. For example, home appliances and what to do in the event of a fire.
•Care plans and risk assessments were on an electronic system, which enabled staff to have instant access to the person's information by using an app on their mobile phone.
•Care plans detailed people's individual risks and gave clear guidance to staff highlighting how the person should be supported to minimise the potential risk such as , how to support people with catheter care needs. Risk assessments included ways to reduce risk such as, guidance for staff to follow infection control procedures, wear gloves and aprons and monitor the person for signs of infection and report any concerns. The registered manager told us that the electronic care planning systems allows the service to match people with catheter care needs with staff that have completed training in catheter care.
•One relative told us, "The staff are quick to identify a water infection."

Staffing and recruitment

•There were enough staff to support people to stay safe and meet their needs. People told us, staff visit at the agreed times and how they never felt rushed during their care call. One person told us, "Sometimes I

rush them to get to the next person, but they don't rush me at all."
•Staff told us that changes to the rota were communicated by phone or electronically and that the office was very prompt at responding and informing staff about any changes to the rota. One member of staff told us, "The rota is managed well, very flexible and I will talk to the manager if there are any changes needed."
•Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
•Staff recruitment folders included, employment history checks, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector such as disclosure and barring Service (DBS).
•New staff completed an induction, this included a competency checklist to ensure staff were safe and competent to work with people.

Using medicines safely

•The provider ensured the proper and safe use of medicines by staff who were trained and competent to do so. Staff received regular training to ensure their practice remained safe.
•Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. There was guidance for administering medications 'as and when' required.
•We checked the Medicine Administration Records in a person's home and found these were correctly recorded. One person told us, "They give me my medication and record that I have taken them."

Preventing and controlling infection

•People were protected from the risk of infection. People told us that staff always used Personal Protective Equipment (PPE) such as gloves and aprons and we observed this in practice. One person told us, "Yes, they put their gloves on before they do anything."
•Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes. One member of staff told us, "If someone had diarrhoea and sickness I would use protective clothing and use disinfectant to clean the area and equipment. Wash my hands, record and report to the manager. Contacting the GP and family If appropriate."

Learning lessons when things go wrong

•The registered manager told us, "Through the electronic system staff are able to complete an incident and accident form. The office is alerted so that the registered manager can respond appropriately."
•Staff understood their responsibilities to raise concerns, record incidents and near misses. Staff told us, they would contact the manager straight away and complete an incident report form. One member of staff told us, "Following an incident or accident the person will be re-assessed if they have had a fall for example, to ensure the person is safe and look at how the situation can be prevented. Involving other professionals where appropriate."

Good

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

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

•The registered manager carried out a pre-assessment before people received care from Phoenix Care (Sussex). This assessment helped to form the person's care plan and to understand their care and support needs, including their background, interests, hobbies and preferences.
•Staff provided us with examples of how people wanted to be cared for, including the choices they were making around their daily routines and personal care.
•Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these.
•People used technology to support their independence. Some people had access to technology such as tablets and mobile phones to keep in touch with friends, family and communicate with the service. Some people had other assistive technology such as a 'care pendent'. This meant that people could remain in their own homes, with the knowledge that they always have somebody to help them in an emergency.

Staff support: induction, training, skills and experience

•Staff completed a comprehensive induction and training programme and had access to online courses through the 'Care Skills Academy'. An online training academy which is endorsed by Skills for Care.
•The registered manager had good systems to monitor training to ensure staff training was up to date and they received regular refresher training. Staff received training in key areas such as, moving and handling, safeguarding, medication, catheter care and health and safety. The registered manager told us, "I carry out spot checks to check staff competency and if a member of staff did not have a particular skill, training would be accessed to support them."
•People told us they thought staff were knowledgeable and skilled. One person told us, "Very professional and very experienced. I had a sore on my leg and the staff were quick to respond with cream and then checked to see how it was healing."
•Staff received regular supervision and told us they felt supported. One member of staff told us, "I receive supervision every 3 months, I am given time and feel valued. If I have any questions I am always able to contact the manager."
•Where staff had not been meeting the requirements of their role, disciplinary procedures were in place, so issues could be addressed promptly, and plans put in place to improve their practice.

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

•People were supported to eat and drink enough to maintain a balanced diet. Where people needed

support with eating and meal preparation, this was detailed in their care plan. One member of staff told us, "I record what the person has eaten and drunk. I offer people choice by looking in their fridge and offer options. I will highlight foods that need to be eaten within the expiry date. Offer healthy options and cook meals such as porridge or spaghetti bolognaises and fish pie."
•One person told us, "Staff ask me what I want from the fridge and then they prepare it for me."
•Staff knew to report and record any risks to people's malnutrition and dehydration and seek appropriate advice from the GP to ensure staff supported people effectively.
•We observed staff supporting people to eat and drink with care and compassion. When leaving care calls, staff ensured people had a hot and cold drink to hand.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

•People were supported to maintain their health and relatives told us they were regularly updated if there were changes in their family member's health and wellbeing.
•Staff's knowledge of people and their good working relationships with other professionals ensured they received treatment in a timely way, reducing the risk of any further complications to their health. One professional told us they engaged with Phoenix Care to support a patient with mouth care due to severe dysphagia associated with a progressive neurological condition. The health professional told us, "The registered manager had a good understanding of the importance of mouth care and was providing adequate mouth care before I intervened. The registered manager was happy to attend training with me to learn more about the techniques and products. They were responsive to advice and training and as a result the patient's quality of life and risk of chest infections has reduced as a result."
•People were supported to live healthier lives and had access to healthcare services and support to receive ongoing healthcare. Referrals to and visits from healthcare professionals were found in people's care files with detailed guidance for staff on how to provide care and support following advice from district nurses, physiotherapists and GP's.
•One member of staff gave an example, where they suspected one person had a urine infection, they recorded the persons symptoms and got a urine sample to the GP which confirmed they did.

Ensuring consent to care and treatment in line with law and guidance

•The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
•We checked whether the service was working within the principles of the MCA. Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
•Staff had a good understanding of MCA and were aware of their responsibilities to enable person-centred care. One member of staff gave an example, where one person had an out of date sandwich in the fridge (by one day), the staff member explained the risks to the person. As the person had full capacity they chose to eat the sandwich. The staff member recorded the conversation and respected the person's wishes.
•The providers policies and systems in the service supported this practice.

Good

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

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

•People were treated with kindness and were positive about the staffs' caring attitude. We received feedback from people and relatives which supported this. One person told us, "They are all so good and I have not got a bad thing to say as I am very lucky to have them."
•Staff had developed positive relationships with people and we observed friendly and warm interactions at care visits between the staff and people. One relative told us, "The staff are kind and caring because they are approachable and cheerful. Staff always make sure he is comfortable, and they never rush him, giving him the time and space."
•Staff spoke affectionally about the people they supported and knew people well, which supported them to meet their needs.
•People were supported to maintain their identity and personal appearance, in accordance with their own wishes. For example, one person told us, "They get me washed and help me to look smart, they ask me how I feel."
•Staff knew people's preferences and used this knowledge to care for them in the way they liked. One member of staff told us, "I read the person's care plan to understand their needs. I have conversations and talk about photo's in the person house to trigger memories."
•Staff had a good understanding of equality, diversity and human rights and people's differences were respected. One member of staff told us, "I take one lady to church and follow what people want to do, I respect their wishes and decisions." A relative told us, "Grandad has a strong faith and staff will respect him and engage in conversation."

Supporting people to express their views and be involved in making decisions about their care

•People were able to express their views and were actively involved in making decisions about their care, support and treatment, as far as possible.
•One person told us, "They talk to me like a human being, I am involved in all decisions".
•People and relatives were involved in developing their care plans and felt included in decisions about their care and support, involving other care professionals, such as GPs and specialist nurses, where possible.
•Relatives and people spoke highly about communication from the office which enabled them to be fully involved and understand the decisions made about their care.
•Staff adapted their communication to overcome communication barriers with people. One member of staff told us, "I find out which is the person's best ear and sit on their hearing side. I speak clearly and in a lower tone. I hold things up close to people, so they can choose."

Respecting and promoting people's privacy, dignity and independence

•People's privacy was protected. Staff gave examples of how they respected people's privacy by ensuring they closed the door when supporting with personal care and used people's dressing gowns and towels to maintain their dignity.
•Care plans provided guidance to staff to promote people's independence and they had a good understanding of the importance of supporting people to remain independent. One person told us, "They support me to be as independent as possible for example, they encourage me to do up my shirt buttons."
•People's private information was secure. Care documentation was held confidentially, and sensitive information was stored securely in the office which was locked when staff were not present.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People received personalised care that was responsive to their needs. People, their relatives and healthcare professionals were involved in developing and reviewing care plans. One relative told us, "I was involved in the care plan and they asked all the right questions."
•Assessments were carried out before providing personal care and people's preferences, needs, goals and interests were recorded to ensure staff knew how to deliver person-centred care. For example, people's care plans outlined the tasks that needed to be completed at each visit.
•Care plans reiterated the importance of asking people if there was anything else they required during the care call. We observed this in practice. One member of staff told us, "I always try to leave the person satisfied and they don't see me as a stranger. I want people to feel comfortable with me going into their home, I do this by being smiley, ask questions about how the person's day is and how they are doing."
•The registered manager told us how they make sure that staff work in the same areas to ensure that people have the same core group of staff. They told us, "This supports people and staff to know each other well and that staff build a good understanding of the person's routine, their needs, likes and dislikes and how they like things done. It also means that staff can recognise any changes in the person."
•People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
•People told us that they felt staff knew them and their history. We observed one member of staff talking to a person about their family and when they were next due to visit.
•People were encouraged and supported to pursue their interests and hobbies, and these were detailed in people's care plans. For example, one person's care plan detailed that they enjoyed watching television and spending time with their husband. It also detailed the days the person wanted to be supported with shopping and going to a local coffee shop.
•One member of staff told us, "I take lots of people out for coffee and support one person who is very anxious about leaving their home due to their dementia. The person has got use to me and recognises the colour of my car and now feels comfortable to go out for a coffee with me once a week."
•The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
•People's communication needs were identified, recorded and highlighted in people's care plans.
•One member of staff told us, "Most of the people I support communicate well, but I adapt my behaviour for example, if someone is hard of hearing I ensure they can see my face, or I write things down for them."

Improving care quality in response to complaints or concerns

•People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary.
•People had a copy of the complaint's procedure in their home. One person told us, "I would speak to the manager, but I have not had to make a complaint as they are wonderful."
•Complaints were managed and responded to openly and in a timely manner. Since the service began in May 2018 the registered manager had received one complaint about a carer. They dealt with the complaint, apologised to the person, following up with an acknowledgment letter outlining the outcome of the complaint. The person told us, "They didn't see the carer again and felt the complaint was handled well."
•The registered manager used the information to identify lessons learnt to minimise similar situations taking place again.

End of life care and support

•There was no one using the service who was at the end stages of life, however staff had received end of life training to support people to have a comfortable, dignified and pain-free death.
•People's wishes for resuscitation was recorded and known to staff. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

•Quality assurance systems had not been fully embedded to ensure feedback from people, relatives and professionals was gathered about their experiences of the service in order to drive improvement. Feedback was gathered from people when they started using the service and at a six-month review, however there was no process to seek people's views on an ongoing basis. There was no process to gather feedback from professionals. The registered manager was aware this needed to be addressed and this is an area of practice that requires improvement.
•The provider had not established a process for staff to come together as a team to discuss ideas, practice and raise queries. While staff had regular supervisions which they found helpful, there was no opportunity for staff to feedback or influence the running of the service. The registered manager had established regular meetings with the care field supervisor, but agreed decisions were not documented and therefore any actions arising were not tracked and monitored to ensure continuous improvement. The registered manager was aware this was an area of practice that required improvement and had an action plan to address it.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

•The service was a family run business and had been in operation for one year. The registered manager was also the provider and placed high value on providing good quality care. One member of staff told us, "The registered manager is very open and treats everyone fairly. Very accommodating." Another member of staff told us, "When I first started I supported a person who was very poorly, the manager shared their knowledge and experience with me and was very hands on."
•One person told us, "They provide a good service and they care. Staff always going at my speed and check in to see that I am happy." A relative told us, "I think the service is well run, I know the manager and met the manager a few times since."
•The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

regulatory requirements

•Staff understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles. They were held to account for their performance where required.
•Each staff member was given an 'employees manual' which included key information, policies and procedures to support staff in understanding their role and responsibilities. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
•The registered manager understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents or events that took place at the service.

Working in partnership with others

•Staff worked in partnership with people, relatives and other organisations to ensure people's needs were met. Staff worked closely with a range of professionals and community organisations, such as GP's and district nurses. For example, the registered manager, noticed that one person had had a couple of falls over a two-month period. They spoke to the family who arranged for the person to visit the GP and a referral was made to the falls team.
•The registered manager told us how they had made strong links with another local domiciliary care agency to work in partnership to coordinate and arrange care for one person who was being supported by both services.
•The registered manager kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC) and government initiatives.