

Phoenix Care & Support Services 24/7 Ltd

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Inspection report

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17 March 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 14,15,17 and 20 March 2017. It was carried out by one inspector.

Phoenix Care & Support Services 24/7 Ltd is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided personal care and support for 16 people.

There was a registered manager 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 were positive about the care and support they received. They told us staff treated them with kindness and we saw people were comfortable with staff in their homes. Staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet those needs. They were motivated to provide the best care they could and told us they felt supported in their roles. They had received training that provided them with the necessary knowledge and skills to do their job effectively. Staff kept accurate records about the care they provided.

There were enough safely recruited staff to ensure people were supported in ways that met their needs. People were mostly supported by live in staff and told us this worked well. People were positive about the care they received and told us the staff were friendly and compassionate. Staff treated people and each other with respect and kindness throughout our inspection. We saw they were supported to make choices and these choices were respected by the staff.

People felt safe. They were protected from harm because staff understood the risks they faced and how to reduce these risks. Staff knew how to identify and respond to abuse; including how to contact agencies they should report concerns about people's care to. People's medicines and creams were administered safely.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood changes in people's health and shared the information necessary for people to receive safe care. People chose and when possible prepared their food with support from staff.

Management were committed to making continual improvements to the quality of care. There were systems developing to ensure this as the service grew.

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 were at a reduced risk of harm and abuse because staff understood the risks they faced and knew how to recognise and report abuse.

Staff were recruited safely and there were enough live in staff to ensure people were supported by someone with appropriate skills.

People received their medicine safely.

Is the service effective?

Good ●

The service was effective. People, relatives and staff were confident that the staff had the skills and knowledge they needed to meet people's needs.

Care staff worked in partnership with people and health professionals to ensure people's health needs were met.

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and acted in their best interests when necessary.

People were supported to choose their food and to eat and drink safely.

Is the service caring?

Good ●

The service was caring. People were cared for by staff who treated them kindly and with respect.

People were comfortable with staff and they had formed positive relationships.

People had their privacy and dignity maintained and were encouraged to develop their independence and control over their lives.

Is the service responsive?

Good ●

The service was responsive. People had been involved in

developing care plans which took into account their likes, dislikes and preferences.

People and relatives knew how to make a complaint and felt their concerns were addressed.

Is the service well-led?

Good ●

The service was well led. There was a clear management team and staff had defined roles and responsibilities .

People and staff spoke highly of the management team.

The service that people received was monitored and there were systems in development to continually improve the quality of the service.

Phoenix Care & Support Services 24/7 Ltd

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 the 14,15,17 and 20 March 2017. The inspection was announced because the service provides care in people's homes and we wanted to arrange home visits. The inspection team was made up of one inspector.

Before our inspection we reviewed information we held about the home. This included information we had received from the service and their provider information return (PIR). The PIR is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we also ensured the provider had opportunities to tell us what they did well and what they planned to improve.

During our inspection we visited five people in their homes and spoke with a relative and three social care professionals with knowledge of the the service. We also spoke with nine members of staff and the registered manager.

We looked at six people's care records, and reviewed records relating to the running of the service such as staff records, accident and incident records, meeting minutes and training records.

Is the service safe?

Our findings

People were protected from the risks of receiving unsafe support because staff understood the risks they faced and respected the choices they made. People's wishes underpinned all care plans designed to reduce risks and relatives and professionals had also been involved appropriately. For example, where people lived with risks associated with epilepsy staff understood the guidance in place and ensured that this guidance was followed. One person had started to spend time out with a friend without staff support. This had been planned with the person and they were confident in their abilities and the plans they had made with staff should they feel they needed assistance. People told us that they felt safe. One person said: "Oh I feel extremely safe." Some of the people we visited did not always use words as their main communication tool we saw they were relaxed in the company of the staff who supported them.

People were at a reduced risk of experiencing harm and abuse because staff understood how to recognise and report abuse. Staff described the support available to them if they were concerned about people's welfare and understood the role of other agencies. One member of staff told us "I would talk to safeguarding if needed."

Allegations of potential abuse and incidents between people were responded to appropriately. Records reflected conversations with people about their view and feelings about any situations they had been involved with or party to. This showed that people's safety and their perception of their safety was important to the service. Notifications had not been made to CQC in instances that had not needed a referral to the safeguarding team. Providers are required to notify us of abuse or allegations of abuse concerning people who use the service. We use this information to support our monitoring. We discussed this and senior staff assured us that these notifications would be made explaining actions taken and people's wishes.

There were enough suitably skilled staff to ensure that people received the care they needed. Where people needed their care staff to have specific skills and knowledge this was in place. For example one person needed their staff to be trained to use their peg feed system. One person described the skills of their staff saying they "definitely have all the skills they need and are always happy to oblige". Staff were recruited safely and records contained evidence that checks had been made to reduce the risks of employing people who were unsuitable for care work. The staff largely provided live in care and the length of stays reflected the needs and wishes of both the people and the nature of the support staff provided during their stay. This ensured that staff would not become over tired and could work to the best of their ability throughout their stay in a person's home.

People received their medicines as they were prescribed. They told us they were happy with the support they received around medicines. One person described this support by saying: "They do my tablets for me." Another person smiled and nodded when asked if staff gave them their tablets when they needed them. Records relating to medicines and creams prescribed to people were complete which enabled healthcare professionals to review their effectiveness. We saw examples of people's medicines changing and staff liaising quickly with health professionals about the impact of this on people to ensure people's medicines were as effective as possible for them.

Is the service effective?

Our findings

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People who were able to make decisions about their care told us that they did so both by agreeing their care plan and on a day to day basis discussing with staff how they would provide the support they required at that time. One person said: "They always listen to me." Another person reflected on their control of their own life saying: "There may be rules but I haven't noticed any." Staff understood how to support people to make decisions and were able to describe what they did when people were not able to make decisions for themselves due to the impact of their disability. Care plans reflected the least restrictive principle of the MCA. This meant that people received care that was not restrictive and reflected their wishes. People's initial assessments took into account the factors involved in making decisions about day to day life and the support people needed. At the time of our inspection the majority of people receiving a service were able to make decisions about their care when information given was provided in the way that suited them. Providing information in a way that suits people individually is an important principle of the MCA. We also saw that consent to care had been provided by the appropriate person when the person had been unable to weigh up information for themselves. The paperwork supporting this process was not always clear and this increased the risk that a person who did not have the legal authority to consent on another person's behalf may do so. We discussed this with senior staff who made changes to the process immediately and identified a development plan to ensure the MCA was reflected with ambiguity in all care planning processes.

People told us the staff had the skills they needed to do their jobs. Staff felt well trained and told us that their induction, support and on-going training meant they felt confident to support people appropriately. One person said "They are good at what they do." Staff explained they could ask for guidance and support whenever they needed it. Training reflected the need of individual people for example if they supported someone who used specialist equipment staff received training in how to use this equipment safely.

One member of staff described their support by saying: "I feel supported 100%. There is always someone to talk to." Another member of staff said "I feel very supported. I can always ask." Staff spoke confidently about the care needs of people they provided care to. Staff were also positive about their supervision and appraisal processes. They felt these supported their professional development and reinforced the values of the organisation. People receiving care were asked about how staff were doing and this information could be used to help identify competence and training needs.

There was a robust system in place for ensuring that staff kept their training current and the registered manager reviewed this on a monthly basis. The Care Certificate which is a national certificate designed to

ensure that new staff receive a comprehensive induction to care work had been implemented for staff who met the criteria. We were not able to determine from records how and when staff's competencies had been assessed for their care certificate to be signed off. We discussed this with the registered manager and told us they would review this process.

People who had help with food and drink commented that this was done to a good standard. One person told us: "the food is very good indeed". Another person told us that "We chose when we go shopping." Staff were aware if people had risks associated with eating and drinking safely and understood the plans they should follow. They explained this information was always in people's care plans and described the records they kept to monitor nutritional intake when appropriate.

People were supported to maintain their health. Changes in people's health were reflected in their care plans which also detailed the support they needed to maintain their well-being. We saw that regular reviews were carried out and that records reflected liaison with a range of medical professionals including psychiatrists, nurses, GPs, physiotherapists and occupational therapists.

Is the service caring?

Our findings

Staff spoke with care and respect about the people they supported and their colleagues. Staff knew people well and valued the likes, preferences and personality traits of people they provided care to. They told us this helped build positive relationships. This value on developing positive working relationships was reflected on by a relative and professionals who highlighted examples of efforts made by staff to build relationships of trust that would benefit the people they supported. Staff demonstrated they knew people well through their conversations and the style of their interactions; they asked after family and referred to significant events in people's lives using communication styles that suited individuals.

We saw and heard that people were relaxed and comfortable with staff; we heard light-hearted conversations taking place. These interactions were familiar and warm and respectful at all times with people being encouraged to make decisions about their care whenever possible. One person told us: "They are nice – the staff... very kind. I have never been so happy" Another person said: "I like them (their staff)." We heard, and read, about the choices people were making throughout our inspection. These included examples of people trying new ways of spending their days, developing relationships the way they chose to and in one instance with an interesting, and entirely individual, food choice. These decisions were respected and supported appropriately by the whole staff team whether they could be achieved through immediate action or whether risks needed to be addressed and liaison with others was necessary.

Larger decisions were also revisited with people. For example there was a policy in place that ensured that people were given the opportunity to consider if they wanted to make changes to their living arrangements. This reflected that respect for people was embedded in the way the organisation worked.

People were supported to retain and develop their independence. We saw that staff asked people to undertake the tasks they were able to do for themselves and people also told us that they had developed skills. For example, one person described, with pride, how they went places without staff support. The impact of this increased independence was reflected in the confidence with which they spoke about their life and the choices they made.

Privacy and dignity were reflected in spot checks made on staff which reviewed their professional boundaries and the professionalism of their approach. This ethos of respect for individuals was reinforced through supervision and at team meetings. This supported a strong values based approach which was evident in how the staff spoke with us and in the care we observed.

Staff told us they enjoyed their work and spoke with warmth about people. They described how they felt they were supported to do the right thing for people. Staff who had moved to the service alongside people told us how they saw a difference in people since Phoenix Care & Support Services 24/7 Ltd had taken over because of the emphasis on people making their own decisions. One member of staff said: "They really do give opportunities to staff and people." Another member of staff said: "It has changed massively. People have ten times more independence and more opportunities. It is more individual." They told us this attitude was reflected in resources available but was based in the attitude of the management. Social care

professionals reflected this observation highlighting the caring nature of the staff they met. One social care professional told us a person they worked with was now "happier and more settled" as a result of the way they were now supported.

Staff all told us they would recommend the service to people they cared about because they believed all their colleagues and the management to be committed and caring.

Is the service responsive?

Our findings

People's care and support was delivered in a way that met their personal needs and preferences. They told us that staff throughout the service listened to them and responded; that they had been involved in planning their care and as a result they received care and support which was tailored to their needs and reflected their preferences. For example one person talked about the things that they did that made them feel good. They told us that staff had listened and made sure they had plenty of opportunities to do these things. We saw that their care plan highlighted the importance of these activities and records kept by staff reflected what the person had told us about the frequency of doing things that made them feel good. People and their relatives, as appropriate, were involved in the development of their care plan through an initial assessment which took into account their likes, dislikes and preferences. The member of staff responsible for writing people's care plans usually provided live in care with people following their initial assessment and this provided a further opportunity for people to contribute to their care plan's development. One person told us: "I do the things I want to do."

Care plans described how carer's should support people with the areas they had identified they needed help with and made the desired outcome of the support explicit. For example one person wanted to go out to more concerts, another person wanted to be healthier. Staff told us the care plans were useful and that if any changes were needed the staff responsible for this would respond quickly. We saw this was the case with changes after medical appointments and emerging challenges in people's lives. Everyone described a flexible and responsive service. One member of staff told us: "The care plans support the person they don't dictate what they have to do." Care plans were also reviewed regularly where change had not been highlighted. This meant that people and appropriate others had regular opportunity to contribute to the way that care was provided.

Staff knew people well and were able to describe their support needs and preferences with confidence. The care staff kept accurate records which included: the care people had received; how they had spent their time and indicators of physical and mental wellbeing. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff.

People told us they felt listened to and talked to us about the different staff they could talk with. This included the management team for everyone. The complaints procedure was available in an accessible format and family members were encouraged to share their concerns. This was particularly important for people whose communication was especially individual. There had not been any complaints received at the time of our inspection and people a relative and professionals told us they felt able to approach any staff and share concerns. They told us that they had done so and had been confident in the way these were addressed. Staff told us they would encourage people to raise concerns themselves but also highlighted the importance of advocating for people if necessary.

Is the service well-led?

Our findings

Phoenix Care & Support Services 24/7 Ltd was held in high esteem by the staff and people receiving a service. People told us they thought the service was good and one relative told us: "They have been fantastic." And a social care professional told us: "They have been great. They have always worked in conjunction with the day centre and been really open to suggestions." Staff were proud of their work and felt part of a team committed to providing good care. One member of staff reflected this saying: "I would recommend the service. Everyone goes above and beyond."

The registered manager and senior staff team referred to the care staff with respect and valued the skills and experience evident in the team. They described the ways that they were able to give staff feedback about their work through systems in place. These included formal supervision and appraisal and a bonus scheme but also included a personal informal approach. Staff referred to this highlighting that the senior staff would come out and visit them and spend time with people in their homes. One member of staff told us: "The people are their priority as are the support workers who support them."

The senior staff team spoke passionately about the importance of quality person centred support for people. They described seeing the outcomes of this as a motivator in their work life and this commitment was reflected in and shared by other members of the staff team. Staff spoke about being motivated to provide quality care during our discussions with them and we saw that this underpinned internal documents and was reflected in staff meeting minutes.

The service was structured in a way that supported the work of the care staff. The office was staffed by the registered manager and senior staff who had responsibility for receiving enquiries, planning work rotas, carrying out assessments, developing care plans with people, and undertaking spot checks on staff competence. The office staff also provided care regularly so they retained knowledge about the care and support people received. They described how important this hands on care experience was in respect of their roles supporting people and care staff.

The service was growing and systems were being developed to enable effective monitoring of the quality of the service. For example at the time of this inspection care plans were reviewed regularly as a part of day to day work and there had not been a need to develop a process for the regular return of delivery records or a specific audit tool. The registered manager described how a new computer system had been introduced that they were embedding to support their work. The system was currently used to provide oversight of staff training and supervision but had the capability to store people's records and communication related to their care and support. They identified that attention would be needed to quality assurance to support person centred care as the service grew and day to day informal oversight became more difficult. The importance of the personal contact was recognised as an important part of ensuring the ethos and quality of the service.

The staff team also worked with other organisations and professionals to ensure people received good care. Records and feedback from professionals indicated that the staff followed guidance and shared information

appropriately.