

# Phoenix Care & Domiciliary Service 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?

Good ●

# Summary of findings

## Overall summary

This announced inspection took place on 26 and 27 February 2018. We visited the office on 26 and 27 February 2018 and carried out phone calls and home visits to people who used the service and their relatives on 27 February 2018.

Phoenix Care & Domiciliary Service Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. Not everyone using the service receives support that is a regulated activity; CQC only inspects the service being received by people provided with 'personal care', including help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 28 people were receiving personal care from the service. People who use the service live in Torbay and the surrounding areas.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection in November 2016, we identified concerns relating to systems for governance. The registered manager had not taken appropriate action after an allegation of abuse was made. We took enforcement action and issued the service with a warning notice. The service was rated 'Requires Improvement'. Two of the key questions (is it safe and is it well-led) were rated 'Requires Improvement'.

At this inspection, we found the registered manager had reviewed the safeguarding policy and procedures. When another allegation of abuse had been made, the registered manager had taken appropriate action and worked with the local safeguarding authority and police. They had also notified the CQC of the concerns. We found the service had taken sufficient action to meet the warning notice. The registered manager had taken guidance from a training and consultancy company to support them. A representative from the company was present for part of the inspection. They were working with the registered manager and planned to introduce further audits. We saw there were systems in place to monitor the service.

People were supported by a strong, stable staff team who knew them well and focused on ensuring they received the highest quality of care. Without exception, people and their relatives told us they were happy with the care they received. People said staff were kind and caring, and they were always treated with respect and dignity. Comments included "They're nice and cheery, give a lot of care, and we have a laugh", "They come in sit down and have a chat before they start, they're interested" and "They are wonderful, I've got the best carers." A community professional told us, "I've worked closely with them and always found them very good" and "they provide high quality care." We found examples of where staff had gone over and above their responsibilities, in their own time, to support people and their families. For example, one person was in hospital. Their relative had previously planned a break away. The registered manager spoke with the

relative and arranged to visit this person throughout their stay in hospital, ensuring they had everything they needed.

People told us they felt safe and comfortable when staff were in their home and when they received care. People were provided with a copy of the staff rota so they knew who was due to visit them. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be unsuitable to work in care. People told us staff knew how to meet their needs. One person commented, "They do things exactly as I want them to." Community professionals told us, "They take initiative, communicate well, provide thorough feedback and are quick to raise concerns." Staff were happy with the training they received. They said they felt well supported and had regular opportunities to discuss their work.

Staff knew people well and were able to tell us how they supported people. Care plans were developed with each person. They described the support the person needed to manage their day to day health needs. People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

People's care plans identified their communication needs and contained details of how they communicated and how staff should communicate with them. This ensured people's needs were met in the way they wanted. At the time of our inspection, one person did not have capacity to make decisions relating to their care. Their relative had a power of attorney to enable them to make decisions relating to their relation's care. Staff told us they gained consent from people before carrying out personal care and respected people's choices. People confirmed this happened.

Risks had been assessed for each person and were safely managed. Risk assessments had been carried out in relation to falls, epilepsy, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people. People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited to ensure people had received their medicines as prescribed to promote good health.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and care plan reviews. People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included, "I've got no worries" and "I couldn't fault them in any way."

People told us the management were approachable and they were very happy with the service. People told us, "They've been very good, if I'm stuck I can ring them"; "I wouldn't have managed without them" and "very good communication." Staff said, "I'm very happy, you only have to phone and we can talk things through" and "It's lovely."

The registered manager was keen to develop and improve the service. The registered manager attended local provider forums and accessed professional websites. This meant they kept up-to-date with good practice and knew what was happening in the care profession. They had devised a set of questionnaires

linked to CQC's key questions; is the service safe, effective, caring, responsive and well-led. These asked staff to consider what was happening for people and to identify improvements. The registered manager had worked in partnership with healthcare professionals to ensure 'joined up' care was delivered to people. This meant people benefited from high quality care and improved outcomes. Records were well organised and up-to-date. An audit system was in place to monitor the quality of the service. Checks to observe staff's competency were carried out on a regular basis.

Inspection reports are produced in different formats, such as easy read, audio or large print and are available upon request.

## 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 received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

People were protected from risks to their health and wellbeing because staff took action when issues were identified.

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

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

### Is the service effective?

Good 

The service was effective.

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved.

People were treated as individuals and were not discriminated against when making their care and support decisions.

People benefited from having staff who were skilled and supported in their job role.

People were supported by staff who were trained in the Mental Capacity Act and understood the need for consent.

People were supported by staff who sought advice from health care services to ensure their needs were met.

### Is the service caring?

Good 

The service was caring.

People benefited from staff who took time to listen to them and get to know them. Staff had formed caring relationships with people.

People and their relatives were involved in their care and staff respected people's wishes.

People benefited from staff who promoted their independence and encouraged them to do as much for themselves as possible.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs.

Staff responded to people's requests and met their needs appropriately. The service was flexible and responded to changes in people's needs.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS).

People were encouraged to give their views and raise concerns and complaints if the need arose.

### Is the service well-led?

Good ●

The service was well-led.

Systems were effective in assessing, monitoring and improving the quality of care provided to people. The service had used a consultancy company for guidance and support.

People benefited from a service that had a registered manager and a culture that was open, friendly and welcoming.

People received good quality care as the provider had created a positive staff culture.

People benefited from a service that worked in partnership with other professionals to ensure joined up care was delivered to people.□

# Phoenix Care & Domiciliary Service Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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. We also followed up on the warning notice we served after the previous inspection to check the required improvements had been made.

This inspection took place on 26 and 27 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 26 February and ended on 27 February 2018. It included phone calls and home visits to people who used the service and their relatives, obtaining feedback from healthcare professionals who were involved with the service and meeting with care staff. We visited the office location on 26 and 27 February 2018 to see the registered manager and to review care records and policies and procedures. One adult social care inspector carried out this inspection.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent questionnaires to 16 people receiving a service, and 16 relatives to gain their views on the quality of the care and support provided by the service. Of these questionnaires we received 12 back from people using the service.

We used a range of different methods to help us understand people's experience. We spoke with five people and their relatives over the phone. We visited two people and a relative in their homes. We spoke with three

care staff, the registered manager, the director, and the consultant who supported the service. We received feedback from two community professionals.

We looked at care records for four people; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at how the service supported people with their medicines.



# Is the service safe?

## Our findings

At the last inspection, we found the service was not always safe. The registered manager had not taken appropriate action after an allegation of abuse was made. We took enforcement action and issued the service with a warning notice. At this inspection, we found the registered manager had reviewed the safeguarding policy and procedures and the warning notice had been met. When another allegation of abuse had been made, the registered manager had taken appropriate action and worked with the local safeguarding authority and police, as well as notifying the CQC.

Each person told us they felt safe when receiving care. People were protected from avoidable harm and abuse that may breach their human rights because the provider had effective safeguarding systems in place. Staff had completed safeguarding training and had access to information in the service's safeguarding policy. A local authority safeguarding poster was displayed on the office notice board and gave staff contact details if they wanted to report suspected abuse. Staff had a good awareness and understanding of abuse and knew how to recognise signs of potential abuse. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns.

Risks had been assessed for each person and were safely managed. Risk assessments had been undertaken for each person and included assessments in relation to epilepsy, falls, skin care, and mobility. For example, the registered manager identified one person's hoist sling was not suitable. They contacted the person's occupational therapist and a different sling was provided. This reduced the risk of damage to the person's skin. Risk assessments relating to each person's home environment had been completed. These were accurate, stored securely and available to staff. Information was being given to staff so they knew the signs to look for that could increase the risk of fire. Staff had completed training in safe working practices such as moving and handling and falls prevention to ensure they could support people to stay safe.

There were enough competent staff to carry out people's visits and keep them safe. The registered manager and director were able to provide additional cover when needed. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

There was an on call telephone number for people and staff to ring at any time. People and staff told us they were always able to get a response. If they left a message the managers rang them back. The director and registered manager worked together to provide the on call system.

Arrangements were in place to deal with foreseeable emergencies. The registered manager had a plan of the action to be taken in events such as severe weather conditions and staff shortages. Visits to people who may be at risk were prioritised. We observed the registered manager and a staff member discussing how the visits would be completed if forecasted snow did arrive.

Recruitment practices ensured the right staff were employed to support people to stay safe. The registered manager said "We operate a full recruitment process". Staff files contained checklists to ensure all of the

required information was obtained. Staff files included written references, satisfactory police checks (Disclosure and Barring Service or DBS), and confirmation of their identity. This helped reduce the risk of the provider employing a person who may be unsuitable to work in care.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff had completed medicines training and had been assessed as competent to administer medicines. Staff had completed MAR sheets after giving people their medicines. We sampled MAR sheets and found they were fully completed. The registered manager audited the MAR sheets every month to ensure people had received their medicines as prescribed to promote good health. When one person's medicines had been missed, the registered manager spoke with staff and ensured reminders were in place to reduce the risk of this happening again.

Each person told us staff did all they could to prevent and control infection. Good infection control practices were followed. Staff told us and records showed staff were provided with infection control training to ensure they followed good infection control principles. Staff were provided with gloves, aprons, and alcohol gel and we saw these were freely available from the office. Staff had a good understanding of food hygiene and safety as they had completed training.

## Is the service effective?

### Our findings

People's care and support was planned and delivered effectively. The registered manager told us they carried out regular visits to people so they could understand their needs, likes and dislikes and respond accordingly. Staff treated each person as an individual and ensured people were not discriminated against when making their care and support decisions. One person commented, "They do things exactly as I want them to". A community professional said "They provide high quality care."

People's care and support was constantly reviewed and updated. Appropriate referrals were made to external services to ensure people's needs continued to be met. Community professionals told us, "They take initiative, communicate well, provide thorough feedback and are quick to raise concerns."

All staff who worked at the agency had previous experience of working in care. People benefited from effective care because staff were trained and supported to meet their needs. Staff told us they were happy with the training provided. Training was provided in different ways to ensure staff had the knowledge and skills they needed. This consisted of face to face training, distance learning, and online learning. One staff member told us they had benefited from face to face training which better supported their learning needs. New staff completed training before going out to visit people. The induction programme for new staff included fire procedures, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping.

New staff worked alongside experienced staff to observe how people had their care delivered. Staff were observed and assessed during these shifts. This ensured they were competent to work on their own.

Experienced staff had completed training which was up-to-date in areas relating to care practice, people's needs and health and safety. Each person's care plan identified staff training needs to ensure staff were skilled to meet their needs. Some staff had completed training in areas such as dementia awareness, falls prevention, and stroke awareness to meet people's specific needs. Staff were encouraged to develop their skills and knowledge by completing diplomas in health and social care.

Staff had regular meetings with the registered manager to talk about their job role and discuss any issues they may have. Staff told us they felt well supported and they could come into the office at any time. Staff had an appraisal each year. These meetings gave staff an opportunity to review their progress and agree future training and development goals.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager and staff had a good awareness of the MCA and consent to care and treatment.

At the time of our inspection, one person did not have the capacity to make decisions relating to their care. Their relative held power of attorney for health and welfare. A copy of the power of attorney document was held in the care plan. This meant they could make decisions about their relative's care. The relative had been involved in the care planning process. The registered manager had paperwork to evidence mental capacity assessments and best interest decisions had been undertaken in accordance with the principles of the MCA. Care plans were signed by each person and showed consent to care and treatment had been obtained. Staff told us they gained consent from people before carrying out personal care and respected people's choices.

Staff supported some people with preparing their meals. Staff told us they always offered people a choice of their preferred foods. During our home visits, we observed staff offering a choice of drinks. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating. For example, staff identified concerns about one person's eating. They had worked with the family to ensure the person had a choice of tasty, balanced meals and monitored their food intake. This had supported the person to maintain their health.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would ring the appropriate professional themselves or let the office know. They were confident action would be taken. We saw evidence of occasions when people were not well and staff had supported them to seek advice. For example, staff were concerned about one person's blood sugar levels and advised their relative to contact the GP.

# Is the service caring?

## Our findings

Without exception, people and their relatives told us care staff were kind and caring, and they were always treated with respect and dignity. Comments included "They're nice and cheery, give a lot of care, and we have a laugh", "They come in sit down and have a chat before they start, they're interested" and "They are wonderful, I've got the best carers."

There were numerous compliments and comments on quality assurance questionnaires that showed the caring nature of the staff. People and their relatives had written, "A wonderful standard of care, good knowledge, approach, ability and support" and "We truly appreciate your dedication and attention."

People knew the staff who supported them. They benefited from small, regular staff teams who they had built relationships with over time. All staff told us they enjoyed their role and were passionate about achieving high quality care for each person. Staff said "It's lovely, we have a laugh about the old days" and "I enjoy supporting people to stay in their homes." Staff spoke about the people they cared for with compassion and concern. They knew people well and were able to discuss people's care needs, preferences, and interests in detail. Staff told us they had enough time at each visit to get to know people. One staff member told us how they chatted with one person about the recent rugby games as they knew they were interested in these.

We found examples of where staff had gone over and above their responsibilities, in their own time, to support people and their families. For example, one person was in hospital. Their relative had previously planned a break away. The registered manager spoke with the relative and arranged to visit the person while their relation was away. Whilst at the hospital, they asked permission to use their mobile phone and organised a phone call so the person could speak with their relative. This provided reassurance for both of them. The registered manager arranged further visits to take in snacks, magazines and anything else the person wanted. The relative told us "I wouldn't have managed without them. They go above and beyond."

People and their relatives where appropriate, told us they had been involved in planning their care and support. We found people received a personalised service from staff who knew them well. People told us they were regularly asked whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff.

People told us staff were always careful to protect their privacy and respected their wishes. A community professional told us staff were particularly good at respecting people's privacy and dignity. They told us of one occasion when family were in the same room as a person who needed intimate care. They were impressed as staff recognised the need for privacy and got a blanket which they held around the person's bed. They told us that staff always kept people covered to protect their dignity.

People's independence was promoted and care plans told staff to encourage people to do as much for themselves as possible. People told us they liked to be independent and staff respected this, offering help when needed.

## Is the service responsive?

### Our findings

People told us the service was personalised and responsive to their care needs. People's needs were assessed before they started to use the service. The registered manager met with the person and their family, where appropriate, to ensure the service would be able to meet the person's needs. They gave an introduction to the service and told the person what they could expect.

Each person had a detailed care plan that was tailored to meet their individual needs. These plans described the support people needed to manage their day to day needs. This included information such as their preferred routine, guidance about how to meet people's needs and other information including their food and drink preferences.

Staff gave us examples of how they provided support to meet people's diverse needs such as those related to disability, gender, and sexual orientation. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them at each visit for any changes. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them. For example, one person had hearing loss in one ear. Staff knew to be on the right side of the person when speaking with them so they could hear.

People told us the service was flexible, staff always listened to them and did their best to change times to meet their needs. This meant people were able to attend events and appointments. A relative told us when their loved one needed to attend hospital appointments, staff always came to get them ready beforehand. When the appointment ended, they told us they picked up the phone and staff made sure they were available to support the person on their return home.

People told us the service would respond well to any complaints or concerns they might raise. They were confident their concerns would be taken seriously. People were given information about how to complain. The service had not received any complaints and people told us they didn't have any complaints. Comments included, "I've got no worries" and "I couldn't fault them in any way."

People were supported at the end of their life to have a comfortable, dignified and pain free death. The registered manager told us they provided a small team of regular staff who would respect the person's wishes and preferences and support the family. Where specialist support from the hospice was needed, this was discussed with the person and their family to ensure the person remained comfortable. Staff had completed end of life training. The registered manager had completed a level 3 diploma in end of life. A

community professional told us staff were very caring and supported people well. A relative had thanked the staff for their calm and gentle approach each time they visited. Another relative thanked staff for ensuring their loved one was comfortable, providing excellent care, and supporting the family.

## Is the service well-led?

### Our findings

At our last inspection, we found the service was not always well-led. We identified concerns relating to the arrangements for governance. The registered manager had not taken appropriate action after an allegation of abuse was made. We took enforcement action and issued the service with a warning notice. At this inspection, we found improvements had been made and the warning notice had been met. The registered manager had taken guidance from a training and consultancy company to support them. A representative from the company was present for part of the inspection. They were working with the registered manager and planned to introduce further audits. We saw there were systems in place to monitor the service. For example, policy audits, care plan audits, staff recruitment file checklists, and medication checks. Records were brought back from people's homes every month to ensure they had been completed correctly. The registered manager carried out checks during care visits to observe staff's competency. Records were well organised, up-to-date and stored securely. The manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities.

People and staff spoke positively about the leadership of the service and told us the service was well managed. People who provided feedback commented "I would recommend this company" and "We get a first class service." A staff member said "Everything runs smoothly."

People and staff told us the management was open and approachable. The registered manager told us "We have an open door policy where staff and clients can approach us. Our management team is also hands on, having regular contact with all of our clients, their families and friends." People told us, "They've been very good, if I'm stuck I can ring them"; and "very good communication." Staff said, "I'm very happy, you only have to phone and we can talk things through" and "It's lovely."

The culture of the service was caring and focused on ensuring people received high quality person-centred care that enabled them to remain in their homes. It was evident staff knew people well and put this into practice. There was an emphasis on getting to know the person and tailoring the service to meet their individual needs and preferences. People were involved in the running of the service and encouraged to share their views. For example, people were asked for feedback when new staff carried out visits with experienced staff. This feedback was then used in staff supervisions to discuss any training needs. This helped ensure new staff were suitable. People had been sent questionnaires in January 2018. The service received 26 completed questionnaires out of how many and all of the ratings were excellent, very good or good.

The registered manager shared information with staff in a variety of ways, such as face to face, text messages, phone calls, and more formally through meetings. The registered manager and staff discussed people's care and support needs, shared information, and identified any training needs. Staff knew their roles and responsibilities. The director and registered manager worked alongside staff to deliver care and led by example. Staff told us they were treated equally.

The registered manager and director were keen to develop and improve the service. The registered manager



attended local provider forums. They had devised a set of questionnaires linked to CQC's key questions; is the service safe, effective, caring, responsive and well-led. These asked staff to consider what was happening for people and to identify improvements. They had set up a contact with a service who sent out ongoing updates in relation to health and safety. They kept up-to-date with best practice by accessing professional websites. The registered manager was a member of a social media group. This meant they kept up-to-date with good practice and knew what was happening in the care profession.

In the past 12 months, the registered manager had worked in partnership with GPs, care managers, district nurses, occupational therapists and the local hospice to ensure 'joined up' care was delivered to people. This meant people benefited from high quality care and improved outcomes. A community professional told us, "I've worked closely with them and always found them very good."