Phoenix Care Cornwall Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 11 April 2016 and was announced. This meant we gave the provider notice of our intended visit to ensure someone would be available in the office to meet us. The service was last inspected in May 2014; we had no concerns at that time.

Phoenix Care is a domiciliary care provider based in Cornwall providing personal care and support to people in their own homes. On the day of the inspection 65 people were receiving a service. Phoenix Care support people with varied health care needs including physical disabilities, sensory disabilities, mental health needs and dementia. Support packages ranged from fifteen minutes to prompt people to take medication to nine hour overnight support.

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 and relatives told us they felt the care and support provided by Phoenix Care was safe. Comments included; "They're all very nice, very good", "I definitely feel safe" and "I'm very, very fortunate. They're always polite and helpful."

Staff had received training in safeguarding adults and children, and were aware of the service's safeguarding and whistleblowing policies. Information on how to raise a concern was available on notice boards in the office and in the staff handbook. The organisation's safeguarding policy contained the most up to date information for local reporting procedures.

There were a range of risk assessments in place to help ensure the safety of both people receiving a service and staff. These included assessments in respect of the environment and any equipment in people's homes.

One person needed additional support to take their medicines. This had not been recorded appropriately in the persons care plan. Staff recorded when people took their medicine and there was comprehensive information about people's medicines in the care plans.

There were sufficient numbers of suitably qualified staff available to ensure all packages of care were covered safely. Staff rotas were organised to try and provide people with a consistent service from a small number of carers. People told us they knew most of their carer's well and that new members of staff always visited with more experienced staff on the first visit.

Staff received regular in house training. They told us they were able to approach the office staff or trainer with any questions they had. The registered manager, care co-ordinators and trainer all provided care and staff told us this meant they had an understanding of their job and; "Know what's going on." There was a robust system of induction, supervisions and appraisals in place.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff spoke of the importance of ensuring people were supported to make decisions and their right to do this even if staff considered the decisions to be unwise.

Care plans were informative and gave staff clear guidance as to the care and support people needed. They were reviewed regularly and people were encouraged to be involved in the reviews. If people could not be involved due to their health needs, families were invited to contribute if appropriate. Any changes in people's needs were communicated effectively to the staff team. There were safeguards in place to protect people's confidentiality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe. Systems and procedures for the administration of medicines were not robust.

Staff were knowledgeable about how to raise any safeguarding concerns they had.

There were sufficient staff to help ensure people received their care as planned. Recruitment systems were in place and pre-employment checks completed before new staff started working.

Is the service effective?

Good

The service was effective. Staff received a comprehensive induction and regular training.

Staff were well supported by the registered manager and received regular supervision and annual performance appraisals.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service was caring. Staff knew people's needs and personal preferences well.

Any communication difficulties were documented with guidance for staff on how to support meaningful conversations with people.

People told us staff were helpful and caring.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and clearly described the care and support people needed.

There were systems in place to help ensure staff were updated about any changes in people's needs.

There was a satisfactory complaints policy in place. This was also provided in an easy read format when required.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and responsibility in place.

Staff told us they felt well supported by management.

People and their families were asked for their views on how the service was ran.

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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 12 April 2016 and was announced. The provider was given notice in line with our methodology because the location provides a domiciliary care service. The inspection was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held 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.

During the inspection we met with the registered manager, two care co-ordinators and two care workers. We visited three people in their own homes, where we spoke with them about their experience of the care and support provided and observed staff interactions with people. We also spoke with one relative during these visits. We reviewed three people's care files, four staff records and other records relating to the running of the service. Following the inspection visit we spoke with four people who used the service a relative and three members of staff.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when being supported by staff from Phoenix Care. One person commented; "I'm a bit unsteady on my feet but I feel safe in their hands."

There were systems in place to help ensure people were protected from abuse and avoidable harm. Staff told us they would report any concerns to management and were confident they would be acted on. If they felt their concerns were not being taken seriously they would report to either the local authority or the Care Quality Commission. One commented; "It's drummed in to us, the procedure to go elsewhere. You wouldn't just ignore someone who needed help." Information about both the service's and local authorities safeguarding procedures was included in service user guides which were given to people during their initial care visit. In addition, posters detailing the local authorities safeguarding procedures were displayed in the service office. A care co-ordinator told us of an occasion when they had been concerned about a person's well-being and had raised the issue with other healthcare professionals. Subsequently a safeguarding alert had been made to the local authority. This demonstrated appropriate action was taken to protect people from harm. The organisations safeguarding policy contained the most up to date contact information for the local authorities safeguarding team.

People's care plans included detailed assessments of risk to both the person receiving a service and care staff. These assessments had been completed as part of the initial assessment process and had been regularly reviewed and updated to ensure their accuracy. For each identified risk staff were provided with detailed guidance on the actions they must take to protect the person. There were risk assessments in place for a range of areas including the use of equipment and any risk associated with people's homes. The service had appropriate infection control procedures in place and supplies of personal protective equipment were available to staff from the services office. There were contingency plans in place for the prioritisation of people's care visits during adverse weather events.

Staff were provided with a uniform and identification badge to enable people to confirm the identity of care staff during their initial care visits. When accompanying staff on home visits we heard them call out to people on their arrival to let them know who they were.

Where accidents or incidents had occurred they were investigated by the registered manager. Where these investigations identified areas where improvements could be made appropriate actions were taken to help ensure similar incidents did not reoccur. Accident and incident forms were kept in people's homes so staff had easy access to them.

There was a robust recruitment process in place to help ensure staff had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. A new member of staff confirmed that the appropriate employment checks had been completed before they started working.

We reviewed the service's visit schedules and individual staff rotas. At the time of our inspection there were sufficient numbers of staff available to provide people's planned care visits. Most staff rotas included travel time between consecutive care visits. We did see some rotas where there was no time allowed to get from one visit to the next. We discussed this with the registered manager and care co-ordinator who told us this was only done when people lived very close to each other. However, it is important staff are allotted time to move from one visit to the next in order to help ensure visits are not cut short. Staff told us scheduled visits were not always geographically organised well. One commented; "Sometimes I think, 'I've just gone that way and now I've got to go back!'" This meant there was an increased risk staff would be delayed while travelling between visits.

People told us their care visits were normally provided at the time they expected. People's comments included; "They phone to let me know if they're going to be late but they're pretty reliable about times" and, "They are usually on time, and a carer has stayed on when needed."

Where the service supported people to manage their medicines a full list of the medicines was recorded in their care plan. Staff recorded what medicines people had taken and when. We saw some occasions where staff had not specified the amount of medicines people had taken which were to be taken as required, eg paracetomol. In most cases staff only prompted or reminded people to take the medicines from blister packs prepared by a pharmacist. One person we visited had restricted mobility in their hands and needed help to take their medicine. Staff told us they put the person's medicines onto a spoon and held the spoon to their mouth. They then waited to check the person had swallowed it as; "If you don't they might spit it out." This meant the medicine was being administered by staff. This was not recorded in their care plan which stated staff were to; "Oversee and remind." When staff administer medicines there need to be safeguards in place to protect people from any associated risk. The organisations medicines policy stated that if a person required assistance to take medicine; "There must be clear directions from the Agency or Adult Social Care" and "Consent must be documented in the Care Plan." This meant the organisations policy was not being followed. Following the inspection the provider contacted us to inform us they had updated their systems and procedures to help ensure people were protected from any risks associated with the administration of medicines.

Staff sometimes carried out shopping trips for people. In these circumstances a float of money was held at the office for staff to access. Receipts were always provided and the person was asked to sign to confirm the receipt was a correct record of the shopping they had received. The records were audited regularly.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. One person commented; "They take an interest in me personally and tell me about their interests. We can carry on a reasonable conversation. I get on very well with most of them." Case co-ordinators told us they tried to organise rotas so people were receiving continuity of care from carers who were familiar with their needs.

There was an induction process in place in line with the Care Certificate framework which replaced the Common Induction Standards in April 2015. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. New employees were required to complete an induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. New staff were required to work at least three shadow shifts. Following that they worked on two person visits until they, and the management team, were confident they were ready to work alone.

Staff received initial training in key areas such as safeguarding, first aid, moving and handling and medicines administration. Training was refreshed regularly to help ensure staff were up to date with current guidance. One of the care co-ordinators was responsible for the moving and handling training and Phoenix Care employed a worker to deliver training in house twice a week. This employee also worked part of the week as a care worker. Staff told us they viewed this positively. One commented; "They know what and who you're talking about. They understand the situations." The trainer told us they were able to offer specific guidance and advice to carers at any time. In addition specialist training was provided where a need had been highlighted. For example, staff had recently had training from a paramedic and completed a session on Parkinson's disease. A relative told us; "They all know what they're doing and any new ones come with the more experienced. I sit and watch what they're doing and they're always happy for me to do that."

Staff received regular supervision which was a mix of face to face meetings and observations of working practices followed by spot checks. The spot checks looked at areas such as completion of records and tidiness. Staff also had annual appraisal meetings. They told us they were well supported through formal supervision and training. Comments included; "We get regular supervision and lots and lots of training."

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 when this is in their 'best interests' and legally authorised under the MCA. When people live in their own homes any applications to deprive people of their liberty must be made to the Court of Protection. At the time of the inspection no applications had been made.

In our discussions with the registered manager and staff we found they had an understanding of the

principles underpinning the legislation. For example staff spoke of the importance of ensuring people were supported to make decisions and their right to do this even if staff considered the decisions to be unwise. When asked staff provided examples of how they gained people's consent before providing care and supported people to make decisions and choices about how their care was provided. People had been involved in the process of developing and reviewing their care plans and had signed these documents to formally record their consent to the care as planned.

People's dietary requirements were recorded in their care plans as well as any specific support they needed with food or fluid intake. People's preferences in this area were also noted. Staff encouraged people to eat healthy well balanced meals where possible and in line with their care plans.

Records showed that, where appropriate, GP's or other healthcare professionals had been contacted as necessary. The registered manager told us they had developed good relationships with the local district nurse team and community matrons. They said they had carried out joint visits where this had been identified as a positive way of ensuring different agencies were working in the same way.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received from Phoenix Care and spoke positively about care staff. Comments included; "Everything is going beautifully, they are very nice people" and "They're always polite, very helpful." One person told us a carer had identified they might benefit from additional equipment to keep them safe at all times. They said they had been reluctant at first but the carer had explained how this would protect them and the measures they could put in place to use it effectively. They said; "They arranged it all, they're very kind."

Throughout our inspection it was clear that office staff and carers knew people well and understood their individual care and support needs. The registered manager had recently taken on a new care package and a carer came into the office to discuss the person's needs. The care co-ordinator spent time with the carer to help ensure they were aware of the person's needs and preferences when they first visited them.

Care plans contained information about any communication difficulties people might have. This meant staff had relevant information to help them engage with people meaningfully. For example, one care plan stated the person was; "deaf in their right ear" and emphasised the importance of ensuring the person had heard correctly. Another stated; "Allow [person's name] time and space to respond in conversation." All information was also available in easy read format and/or large font. This meant people with limited reading skills or poor eyesight were more likely to be able to read and understand it.

People told us they did not always see the same carer's but this was not a problem. Comments included; "They vary but I've got to know them all" and "I see different carers but I don't mind. They all seem to know what they're doing." People's preferences in relation to the gender of the care worker were recorded. This meant office staff were always aware of people's preferences when organising visit schedules and people told us their preferences were respected. In addition where people provided positive feedback or expressed preferences in relation to specific staff these preferences were also respected where possible.

People told us staff were helpful and would often provide extra support which was above their remit. For example, one person told us; "I can phone Phoenix and ask if the carer can buy me a bottle of milk or an orange and they'll pop into the supermarket on the way over and get it for me." Care workers stayed for the agreed visit length. One relative told us how a carer had stayed with them after their family member had become ill. They commented; "They [the carer] said "Don't worry, I'll stay until you're sorted out.""

There was an on-call system in place which meant people were able to contact a representative from Phoenix Care 24 hours a day. One person told us they had recently phoned for assistance at 4:00 am. They told us; "I apologised for ringing at that time but she [the member of staff on-call] was fine. They phoned back the next day as well to double check everything was alright. It was no trouble."

People told us their carers supported their independence and during our visits to people's homes we observed that staff encouraged people to be as independent as possible while providing appropriate support when required.

People's privacy and dignity was respected. Carers closed doors and curtains when providing personal care. Care plans recorded who people had agreed the registered manager and other senior staff could share information with. A relative told us; "They treat [person's name] and me with respect. We always share a good laugh, we have fun."

Good

Is the service responsive?

Our findings

The registered manager or a care co-ordinator visited people in their own home to assess the person's care needs when they first started to use the service. A care co-ordinator told us they preferred to carry out this assessment before the person started using the service. However, they sometimes took packages on at short notice which meant this was not always possible. The assessments formed the basis of people's individual care plans.

People's care plans were detailed and informative. For each care visit there were detailed instructions on the care and support to be provided and the person's individual preferences and routines. The plans covered a range of areas including mobility, dietary requirements, medicines and any support required with personal care. Copies of the care plans were available in the office and in people's homes. The care plans included information about the person's medical history but limited information on people's life history and interests. It is useful to provide staff with information about people's past life and interests as this can help staff to build relationships during care visits. Information about people's life history can help staff understand how the person's background affects their current care and support needs.

Staff told us the systems in place to make sure they were up to date with any changes in people's needs worked well and they were always aware of any issues that might be affecting people's well-being. A combination of methods was used to record and communicate any changes in people's needs. This included care plans, support diaries in people's homes where carers recorded information about each visit and the use of text messages to inform staff of any changes which effected their rota or required immediate action.

Care plans were reviewed every three to six months or when people's needs changed to ensure they accurately reflected the person's current care needs. A care co-ordinator told us; "They would never ever go over six months." Care reviews were used as a way of checking people were still happy with the care and support provided. Where people had difficulty communicating family members were invited to attend reviews if appropriate.

Support diaries were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The daily care records were signed by each member of staff present at the care visit. Daily care records were regularly returned to the office where they were reviewed and audited.

The office staff often communicated with care workers using texts. This information was always anonymised in order to protect confidentiality. No personal information was communicated in this way. People's confidential personal information was stored securely in the office. Any emails circulated to staff regarding people's care and support were password protected.

There was a complaints policy in place which outlined the timescales within which people could expect to

have any concerns addressed. There were no complaints on-going at the time of the inspection. People told us they would approach a member of the management team if they had any worries. One person told us they had made a complaint in the past and this had been dealt with to their satisfaction. They commented; "It hasn't happened again." Information about how to make a complaint was included in service user guides given to people when they first started to use the service. This was also available in easy read format.

Good

Is the service well-led?

Our findings

Staff told us they considered Phoenix Care to be a well-managed service and commented; "It's a good company to work for", "There's a good atmosphere" and "Management are pretty good. They don't just ignore you." New staff were issued with an employee handbook which included relevant policies and information about organisational working practices.

There were clear lines of responsibility and accountability in place. The registered manager was supported by two care co-ordinators. They shared responsibility for organising rotas, packages of care and supervision. One care worker worked two days a week as a trainer. The co-chair of the company acted as HR manager. The registered manager and care co-ordinators all went out on care visits when needed and to carry out observations and spot checks. A member of staff commented; "They all go out, including [registered manager] so they know what's going on." The registered manager and care co-ordinators also took responsibility for the on-call system and took turns covering for a week. The registered manager explained this allowed them to give continuity of care and a consistent approach at all times. The on call was handed over on a Monday morning and time was allocated to help ensure all relevant information was shared.

People, relatives and staff told us they had no problems getting hold of the office for support or advice. A relative told us; "They're very helpful. I've got the phone number and I can get hold of them." A staff member said; "There's always someone to talk to." Another commented; "There is back up if you have any problems."

Staff told us they were well supported by the registered manager and office staff. Comments included; "They are very understanding. Any problems you can ring any time." Carer's were able to choose not to work with certain people under certain circumstances. For example, if they had allergies to pets or were a non-smoker who did not want to work in a smoker's home. Staff views of the service were gathered using an annual questionnaire. Staff meetings were not being held regularly, the last one having taken place in January 2015. The management team acknowledged this needed to be addressed and told us one had been scheduled to take place in the next few weeks. The office issued a monthly newsletter to staff to keep them up to date with any organisational news and address any concerns about working practices. The registered manager told us; "Staff are in and out of the office all the time."

The PIR, which was completed in October 2015, stated that 13 members of staff had left the organisation in the previous 12 months. A relative commented; "Staff turnover is the only problem." We asked the registered manager if they had difficulty retaining staff. They told us there had been a number of reasons why staff had left including retirement and younger staff moving to other organisations to develop their career. They said no-one had left due to dissatisfaction with their working conditions or the organisation generally. The registered manager did not conduct exit interviews with staff when they left the company. This can be a useful way of gaining an understanding of the reasons for a high staff turnover and addressing any concerns.

Phoenix Care circulated an annual survey to people using the service and their families. This was to monitor the standards of care provided and identify any areas in which the service could improve. The previous year's survey had been analysed in June 2015 and the results had been positive. Questionnaires for 2016

had been sent out in January and some had been returned but the results not yet analysed. We saw some of the returned questionnaires and found people had again been positive. The care co-ordinator with responsibility for auditing the results told us they would develop action plans to address any issues or concerns arising from the responses. People told us they had regular contact with office staff when they were encouraged to voice any concerns. One commented; "Someone comes from the office regularly to ask if I am happy and happy with my care plan." We saw examples of thank you cards and messages that had been received in the office. One stated; "I highly recommend Phoenix Care."

Policies and procedures and advice about HR issues and health and safety were provided by an external organisation. One of the care co-ordinators had responsibility for making sure policies were relevant to the organisation.