

Phoenix Care at Home Ltd

# Phoenix Care At Home Limited

## Inspection report

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Date of inspection visit:

16 May 2019

20 May 2019

28 May 2019

Date of publication:

03 July 2019

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

About the service: Phoenix care at Home Ltd provide care and support to people in their own homes within the Braunton and Barnstaple area.

People's experience of using this service:

People, their relatives and healthcare professionals all gave extremely positive views of how well this service met people's individual needs. There were examples to show the staff went above and beyond their role to provide people with exceptional care and support. This included for example, one staff member saw someone looking unwell in the village- took them home, checked their blood pressure and made them some lunch, all in their own time. Another staff member took a person's hearing aid to the hospital to be fixed on their day off as they knew how much the person needed it. Acts of kindness and caring were embedded into every day practice. Staff frequently thought "outside the box" to ensure people's needs and emotional welfare was met. The whole culture of the service was that of caring.

People said staff were very kind, caring and thoughtful towards them and their family and pets. One said, "I was very anxious to accept any help especially in my own home, but I can honestly say they are like angels, they are so caring, and I really appreciate what they do for me." Another said, "They are the best, I wouldn't have anyone else."

One healthcare professional said "I find them really excellent - always helpful and really take care of their clients. They certainly go the extra mile for people."

The service ensured care and support was truly person centred and highly responsive to people's needs. For example, the office would rearrange visits at short notice if someone needed assistance to get to an urgent appointment or required extra support due to ill health. When pieces of equipment were needed for changing need, the registered manager or provider went out of their way to get this in place at short notice. The service was responsive to people being isolated and lonely and went above and beyond their contracted hours to meet this need. For example, organising social events for people to meet up with carer, workers and other people in their area.

People were protected because risks had been assessed and any measures needed to mitigate these were fully documented. New staff were only recruited once they had all their checks to ensure they were suitable to work with vulnerable people. People's medicines were safely managed.

People were supported where needed to maintain good nutrition and hydration. People's health and emotional wellbeing was closely monitored and responded to when needed.

Staff were knowledgeable about people's needs and wishes. People were treated with respect and their dignity and privacy was upheld.

The service had an open and inclusive culture and the registered manager and nominated individual were continually thinking of ways to be innovative and responsive. They had recently moved offices to be in the heart of the village. They were offering people trips to visit the office and have coffee free of charge.

There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection: At the last inspection we rated this service overall outstanding (report published November 2016). At this inspection we found the service remained outstanding in two key areas and is therefore rated as overall outstanding.

Why we inspected:

This was a planned comprehensive inspection based on the last report rating.

Follow up:

We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Phoenix Care At Home 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:

The inspection was carried out by one adult social care inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults who need support in their everyday lives due to illness, disability, frailty and dementia. It currently provides care and support for up to 25 people.

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:

We gave the service 24 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 that they would be in.

Inspection site visit activity started on 16 May and ended on 29 May 2019. We visited the office location on 16 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements.

As part of the inspection we visited three people in their own homes, who received care from the service. We spoke with four people and one relative over the telephone. We spoke with the registered manager and four members of care staff. We looked at three people's care records and looked at three staff files including training and recruitment. We reviewed the service's accidents and incidents, audits and complaints policies. We asked for and received feedback from four healthcare professionals.

# 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; Staffing and recruitment

- People said they felt safe and well supported. One person said "I feel safe knowing they will be coming to visit and check on me. Prior to this service coming I fell and was on the floor for a long period." Another said, "They are very reliable and always make sure my door is locked when they leave."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- Recruitment practices were safe and only those people suitable to work with vulnerable adults were employed. All the necessary pre-employment checks were carried out prior to them starting employment at the service.
- There were enough staff to ensure people had access to care that met their needs and protected them from risks. People had small staff teams of known carers to ensure consistency. People said having a regular team of worker who knew them well was what helped to make them feel safe and well cared for.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action taken to minimise these. For example, where someone was at risk of pressure damage, the risk assessment included what equipment was needed to help prevent and minimise this risk. There were also clear instructions for staff about what to watch for and when to report their concerns regarding pressure and skin damage.
- Where necessary, specialised advice from healthcare professionals was sought. The service had a good relationship with the local GPs and district nurse team. One healthcare professional said, "We have several patients on our case load who are cared for by Phoenix Care and they are very caring, competent and thorough."
- Staff were knowledgeable about identifying risks to people and knew to raise this with the management and healthcare professionals. One staff member said "We get weekly memos from the office about people's needs and any risks or changes to their care. If we spot something we are straight on the phone to their GP or nurse to check it out."

Using medicines safely

- People were assisted to take their medicines on time and where needed with the right support. People said staff assisted them with this task. One commented "Yes they are helpful in reminding about taking all my tablets, get them out for me."

- Staff received training in safe management and administration of medicines and records showed they recorded when they assisted people in this task.
- The management team audited the medicine records and regularly checked staff competencies as they worked closely with staff to provide care and support to people.

#### Preventing and controlling infection

- Staff undertook training in infection control and were aware of how it applied to their practice.
- Staff confirmed there was always a plentiful supply of gloves and aprons available for their use in helping to prevent any cross infection.

#### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, where it was noted that bedsides had been left down by the morning care workers, the management team immediately sent text messages and memos to remind staff to double check the bedsides were up before leaving the person.



# 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

- People confirmed their care needs were fully discussed with them prior to the service starting. One person said, "The manager came and talked with us about what we needed help with and they keep checking that our care is right, she comes herself sometimes."
- Each person had an up to date personalised care plan which was regularly reviewed. These contained useful and important information about how to care for people in a consistent way.
- Best practice was sought and communicated to staff. For example, in how best to support someone with decreased mobility.

Staff support: induction, training, skills and experience

- People and relatives spoke highly of the staff competencies with comments such as "They really are professional and know what they are doing."
- Staff confirmed they had regular opportunities for training and updating their skills. One said "We recently had the chance to do training on the dementia tour bus. This was so good because it gave the practical idea how dementia effects people. I really learnt a lot."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff valued this time and said they were well supported and could ask for further training if needed.
- Staff who were new to care completed the Care Certificate, which is considered best practice induction training. Alongside this staff also completed an in-house induction and were able to shadow experienced care workers before going on visits alone. One staff said, "I felt the whole process (induction) was really well done and gave me lots of opportunities to ask questions and see how this organisation worked."

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

- Where indicated in the care plan, people were supported to maintain good nutrition and hydration to keep them well.
- Staff knew people's likes and preferences about what food and drink to prepare.
- People confirmed staff always ensured they had drinks and food available to them. One person said, "My carers always remind me to drink what they leave out for me and always ask if I need anything else before they go."

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

- People confirmed care workers assisted them to make appointments with their GP and if needed

supporting them to attend appointments.

- Healthcare professionals confirmed the agency worked in conjunction with them. One said "Over the past years whilst I have been in post there has only been one instance when Phoenix should have asked for our input sooner than they did. However usually they ask for our assistance and or advice immediately."

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

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. No one was subject to one of these.

- Care plans had signed consent documents which people had signed.
- People confirmed care workers always sought their permission before assisting them with any care or support.

# 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 truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were overwhelmingly positive about the care and kindness they received from the staff at this service. Comments included "I was very anxious to accept any help especially in my own home, but I can honestly say they are like angels, they are so caring, and I really appreciate what they do for me." Another said, "They are the best, I wouldn't have anyone else."
- People were always at the heart of the service and staff consistently went the extra mile to ensure people's comfort. There were many examples of where staff did small acts of kindness during their own time. This included one staff member seeing someone looking unwell in the village- took them home, checked their blood pressure and made them some lunch, all in their own time. Another staff member took a person's hearing aid to the hospital to be fixed on their day off as they knew how much the person needed it.
- Acts of kindness and caring were embedded into every day practice. Staff frequently thought "outside the box" to ensure people's needs and emotional welfare was met. Examples included taking a person to their husband's grave on their birthday, cleaning the gravestone and tidying it up for her. Another staff member made a photo album for a person following a visit from their family in Australia.
- Staff thought about people's needs on an ongoing basis. One staff member made some lightweight rugs for people to use in the summer. Another made a memory bear for a client and bought books with big pictures as the person was no longer able to read.
- Being caring was celebrated and shared. The staff team kept ideas for acts of kindness and shared these as best practices. Staff consistently brought flowers, small gifts or brought in extra shopping for people to cheer them up. One staff member knew someone was feeling low and loved animals, so they brought their dog to them to see in their own time.
- Staff had built up positive and caring relationships with the people they supported. They spoke about people in a genuinely kind, loving and caring way. One staff member said "They are all like my extended family. I care about them and treat them as I would my own relative."
- People said staff understood their needs and wishes and always ensured these were met. One person said "Nothing is too much trouble. One of them was concerned I wasn't eating enough so made some homemade meals for me to have."
- People's equality and diversity was truly respected. This was achieved by ensuring highly person-centred plans were in place in which the person was at the heart of it. Plans showed a high level of detail about people's needs, their social histories and what was important to them. This helped staff to ensure people's individuality was taken into account when delivering care. One staff member said "Everyone is different. We tailor our visits to suit the person and make sure their every need is met wherever we can."
- The registered manager and staff understood the importance of the Equality Act 2010. They ensured

people were protected from discrimination due to any characteristics which are protected under the legislation. They were passionate about ensuring all staff had a good knowledge of how to meet people's diverse, cultural, ethnic, religious and social needs. For example, assisting people to visit their local church.

- Compliment and thank you cards were testament to the outstanding care this service delivered both to the person and their families. Comments included "Thanks you for all the care you gave to mum. You went the extra mile for her and showed such kindness. You also supported me, I could not have got through the last few weeks without you all" and "Thank you all for the support care and friendship you have given to dad over the years, without you all, he would not have been able to stay in his own home for as long as he did."
- The registered manager and provider ensured a person-centred culture was extended to its staff team. Staff said, "This is the best place I have ever worked, I feel truly appreciated" and "They are extremely supportive of everyone, including the staff." Staff who had recently completed over 10 years long service were presented with engraved pens as a thank you.

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

- Before the service started a new package of care, the registered manager or provider always ensured they met with the person and discussed their needs and wishes to include in their care plan.
- People confirmed that what their care plan said about their needs and wishes was in fact fully agreed with them. One person said "They are always checking if I need anything extra doing."
- People were asked whether they had any preferences with regards to the gender of their carers and these preferences were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and encouraged people's independence. Care plans highlighted what people could do for themselves and how staff should assist them.
- Staff were able to describe ways in which they ensured people's privacy and dignity at all times. People confirmed this was the case when care and support was being delivered to them.

## Is the service responsive?

### Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received care and support in a way that was truly flexible and responsive to their needs. For example, staff rearranged visits at short notice if someone needed assistance to get to an urgent appointment or required extra support due to ill health. When pieces of equipment were needed for a changing need, the registered manager or provider went out of their way to get this in place at short notice.

For example, one person needed a commode for a changing need and staff went to Exeter to get this. This is a 160 mile round trip, demonstrating the service went above and beyond. Another person was assisted to go to Exeter to have an eye operation and stayed overnight with them. The overnight stay was charged but there was no additional cost to the person to have the member of staff stay the whole the day with them.

- Care and support were provided where other agencies had refused or failed to support people very complex needs. One healthcare professional said, "One particular patient was turned down by other agencies because of their care needs but Phoenix Care undertook the care package with some initial support from our team and the care they provided was excellent." The registered manager also gave an example of where they had continued to care for someone who had complex needs as their family had refused to accept any other support from other agencies.

- Care and support were extended to consider people's emotional wellbeing. The agency went above and beyond their paid role to ensure people had company. For example, the office had recently moved to be nearer the local village. They had started to offer to pick people up in the afternoon, free of charge to come and help in the office or simply have a coffee and a chat. This helped to reduce social isolation and provide company for some people.

- The service continued to offer an adapted vehicle free of charge to the people they provided care for, as they saw this as a real need in their community. The provider and staff raised funds to keep this vehicle running. The vehicle had been used to help people go on holiday, family occasions and out on trips.

- The service has an adapted bungalow which they rented out as a holiday let. When it was not in use they offered social events to people using the service, with a light lunch and an opportunity to meet up with friends and people who worked with them. Again, this provided an opportunity for people who may be socially isolated to meet other people.

- Staff were also forward thinking and responsive to people's needs. For example, one member of staff stitched a padded cushion to assist someone who was struggling to get comfortable and sleep. This was used to help the person get into a comfortable position for sleeping. Another took up the hems of someone's trousers when they had needed to purchase new ones. One person they supported got easily bored in-between visits. A staff member left them small puzzles and brain teasers to work out until their next visit. These small but thoughtful acts showed a highly personalised approach to care for people using the service.

- One relative wrote "Just a huge thanks for all the care you are giving mum- she is much happier and focussed, this is all down to you. I now feel much happier and worry less about her wellbeing."
- People's communication needs were identified, and information was provided in different formats if necessary to meet the Accessible Information Standard (ensures people with a disability or sensory loss are given information in a way they can understand). Where people wore hearing aids and spectacles, staff ensured these were in place, clean and working.
- The registered manager and provider were also responsive to staff needs. When it was identified they would like more practical training in dementia care, they organised for all staff to have a one-day training on the dementia bus. This had been highly successful, and some practices had changed as a result of this training. For example, thinking about how they presented meals for people and ensuring they gave enough time for people to respond to any questions.

#### End of life care and support

- Where people's end of life wishes were known, staff work hard to ensure these were honoured. For example, one person's dying wish was to go to a special annual community event. The service loaned them the vehicle and a staff member went with them to meet this request. The person loved the day and passed away three days later.
- Staff understood the importance of ensuring people's last days were pain free and as peaceful as possible. They worked closely with other professionals to ensure this happened.
- Thank you cards were testament to how well the service delivered end of life care. Comments included "Thank you for all the care you gave to mum. You went the extra mile for her and showed such kindness. You also supported me, I could not have got through the last few weeks without you all" and "Thank you so much for making (name of persons) last few days so peaceful and also for spending time with us as a family, we will always appreciate what you all did."
- One staff member helped a person to make decorations to put on family graves because they knew this was an important part of grieving for the person.
- Care staff continued to visit families when the person who received care had passed away, because they had developed friendships with family members.

#### Improving care quality in response to complaints or concerns

- People and their relatives said they felt the agency was responsive and listened to their views. They said they would be able to make their concerns known and be confident they would be addressed. One person said "There was one carer, who although probably quite nice, I didn't get on with. I mentioned it to the office and they changed my rota, so they didn't visit me."
- The service always sent out a "new client quick satisfaction survey". The results of these were extremely positive with comments such as "FANTASTIC- always turn up on time, a pleasure to have in the home every morning, with a smile and nothing too much trouble. Very friendly and very understanding. Efficient, kind and considerate. Very good, professional and reliable, excellent at all times. Very warm and friendly."
- There had been one complaint in the last 12 months and this had been fully investigated and resolved.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post who was also one of the two directors of the service. They worked in the office led and managed the service but also provided some hands-on care and support. They were supported by the nominated individual (NI) who was also a director and also worked very hands on which enabled them to lead by example.
- The registered manager and NI undertook a variety of quality audits to ensure the service was safe, responsive to people's needs and met regulations.
- The service had a clear, positive and open culture that was shared amongst the management team and care staff. People were very much at the heart of the service. People and staff told us they would very much recommend the service to others needing care. The registered manager and NI said they held off taking more people as they wanted to remain local and provide quality care so did not want to expand too much.
- The high quality service and caring culture was extended and embedded within the staff who worked for them. Each month staff were rewarded for helping and doing good deeds with flowers, chocolate and gave gift vouchers at the end of the year.
- All staff had a sense of pride working for this service and believed their views and opinions were valued and listened to.

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

- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
- Staff were extremely positive about how the registered manager and NI worked to promote a high-quality service.
- The registered manager was aware of their responsibilities to provide the Care Quality Commission with important information.

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

- The registered manager and NI used a variety of ways to ensure people, relatives and staff voice was heard and used to drive up improvement. This included regular meetings, informal get togethers, surveys and one

to one discussions. Examples of where the service had improved was where people had said their previous office was too far away to drop in. They searched for and found new premises in the heart of the village.

- People's equality characteristics were fully considered when planning and reviewing the service.

Continuous learning and improving care; Working in partnership with others

- The service worked well with other organisations. They had good working relationships with local healthcare services and worked with them to achieve the best outcomes for people. This was supported by the views of healthcare professionals who were positive about the care and support this service gave to people.

- The registered manager and NI were proactive in ensuring their staff had ongoing and continuous learning to help them provide the best outcomes for people.