Phoenix Care & Support Services 24/7 Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Phoenix Care & Support Services 24/7 Ltd is registered to provide personal care to people living in their own homes. This includes support with personal care, such as assistance with bathing, dressing, eating and medicines. We call this type of service a 'supported living' service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care. At the time of the inspection 22 people were receiving a service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

Whilst people using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The service didn't always apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. We found some examples of choice and control being restricted. Since the inspection the provider has reviewed their monitoring of the service to ensure people have full choice and control in their homes in the least restrictive way possible.

People's experience of using this service and what we found

People's rights to make their own decisions were not always respected. People's tenancy agreements were not independent of the care provided which restricted their choice and control. We visited one home where there were restrictions in areas of people's home due to locked doors. Following the inspection, the registered manager told us they had reviewed their tenancy agreements and issued new ones where required.

Although the service was run from the providers office, staff told us they received supervisions and staff meetings at the homes they were working from. The practice of holding meetings for staff in people's homes does not reflect good practice or the model of supported living.

People told us they received safe support from staff they knew well. However, there was a risk that some people may not always receive the correct numbers of staff to support them'. Some people had the support of a live-in care worker but were also funded for the support of a second care worker to move them safely. There were occasions when only one staff member was on duty, or the second care worker had to be called

from their home.

Risk assessments covered care needs such as mobility, their home environment and other individual health conditions. However, they did not always take into consideration the least restrictive option. Staff told us they did not complete incidents and accidents forms but did contact the office if there had been any. This meant there was a risk that any learning which may help prevent reoccurrence may be missed.

People told us they were pleased with their care and that they felt involved in decisions. They had effective caring relationships with staff who provided their care and support. Staff could explain how different support worked for different people.

People were encouraged to remain independent and safe. People and their relatives told us they had good community networks which were personal to them. This included work opportunities, day service and supporting people to use technology to connect with family and friends

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills.

The service had a complaints process in place. People and their relatives told us they knew how to complain if they needed to. There were mixed comments about how people and their relatives would be confident to make a complaint.

People received support to take their medicines safely. Staff had completed training in medicine administration and were assessed as competent. Care plans contained information about health conditions and appointments with professionals. Information was kept updated with changing needs. Appropriate referrals to external services were made to ensure needs were met.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. We received positive feedback regarding the leadership and management of the service.

The registered manager and manager were receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service. They informed us they would be addressing the issues raised in regards the audits of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 5 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement

The service was not always 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?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not alway responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Phoenix Care & Support Services 24/7 Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 13 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service. This includes the statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. A notification is information about important events which the service is required to send us by law. We also contacted the local authority and one professional who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather this information during our inspection.

During the inspection-
We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff and the registered manager and manager.

We reviewed a range of records. This included eight people's care plans and three people's medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures.

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We looked at training data and a number of quality assurance records

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Where people were funded 2:1 to keep them safe, this support was not always available to them. For example, some people had the support of a live-in carer but were also funded for the support of a second care worker to move them safely. There were occasions when only one staff member was on duty, or the second care worker had to be called from their home. This meant there was a risk people needs may not always be met in a safe and timely manner. The manager told us, they would discuss our concerns with the local authority who commissioned the support. These discussions were continuing.

● Risk management processes were in place; however, they did not always take into consideration the least restrictive option. For example, we visited one home where a notice on the lounge door informed people the door would be locked between the hours of 10pm and 7 am. The manager informed us there was a risk one person may stay in the lounge all night. A sign on the utility room informed people 'only staff were allowed in'. The utility room stored some kitchen utensils that 'may put people at risk.' These risks had not been assessed to ensure the least restrictive option was available to enable people to have freedom of movement around their home. We discussed this concern with the registered manager and manager who agreed the signs should be remove with immediate effect as the risk was minimal.

● Risk assessments covered care needs such as mobility and other individual health conditions. However more specific risk assessments needed to be in place for people's individualised risk. For example, where people hurt themselves the risk was identified in their care plans, but there was no guidance in place for staff to follow or mitigate the risk for the person. We discussed this with the registered manager and manager, who took action to ensure the risk assessments were in place.

●People were supported to take positive risks to increase their independence, for example one person told us. "Phoenix care is really good, I have carers coming in every day which makes me feel safe. I take medication, I do this myself and then staff check with me that I have taken my medicines." One relative told us, they felt staff supported their loved one well, they said, "[loved one's name] has epilepsy and active seizures. The staff have had the training and the procedure to follow is in the care plan."

Staffing and recruitment

● We reviewed four recruitment files and found that the required recruitment checks had not always been completed. For example, two of the records only held character references, one file had employment gaps, another held showed a care worker had left the service in 2017 and returned to work at the service in 2019. No further or new checks were completed. We discussed our concerns with the registered manager who told us, "The majority of staff are self-employed. References are difficult to get hold of, if we can't get the

reference we will take a character reference." This meant there was a risk that unsuitable staff may be recruited as a result.
● People told us they received safe support from staff they knew well. Comments included, "We have the same two carers and two backups." "I have a rota now, I asked for it specifically." "When new staff come they shadow staff, I don't get to choose staff, but I am quite happy with the people they choose". One staff member told us, I am self-employed so choose the hours I work. I am dedicated and committed to my role."

Using medicines safely
● Although the manager told us they checked medicines when visiting people's homes, there were no formal audits in place. We observed files had been signed by the manager, but no further recording of audits were completed or records where errors had been identified. This meant that lessons may not be learnt when errors took place. The manager told us there had been no recent medicine errors in people's records.
● People received their medicines at the correct time. We reviewed one person's medicines and noted that their medicine records were not kept with their medicines. We discussed this with the manager who said they would address this practice in all services, to ensure medicine records where stored with the medicines.
● Staff had completed training in medicine administration and were assessed as competent. Staff could tell us how they managed medicines in people's homes and that they were kept secure.
● People told us they received their medicines when they should. One person said, "I know all my medicines, the staff give them to me. They always give me my meds at 9 am as I have to have 12 hours between my medicines".
● Medicine administration records (MAR) were completed by staff for each administration. We reviewed three people's medicine records and noted they were completed well with no gaps. Where people needed support with topical creams, charts and body maps were in place.

Systems and processes to safeguard people from the risk of abuse
●Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose. One staff member told us "We have a telephone number which we can ring if we are worried."
● Processes were in place to safeguard people from abuse. The safeguarding file showed where safeguards had been raised. The registered manager was aware of their responsibilities in regards safeguarding processes.
●There were detailed plans in place to support people with behaviour which challenged to help them stay safe. Staff were able to demonstrate they followed the plans.

Preventing and controlling infection
● Staff had access to personal protective equipment (PPE) and knew how and when to use this.
● Staff had received training in infection control.

Learning lessons when things go wrong
●Staff told us they did not complete incidents and accidents forms but did contact the office if there had been any. This meant there was a risk that any learning which may help prevent reoccurrence may be missed.
●The manager told us they learnt from errors and any safeguarding. They told us if they felt staff needed additional training or supervision this would be provided. We reviewed safeguarding files where action had been being taken by the registered manager to ensure people remained safe.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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's support needs were assessed and monitored. Staff we spoke with were knowledgeable about the support needs of people they worked with. One staff member told us they worked closely with social workers and learning disability nurses. They said, "We have good working relationships with the GP and other health professionals".

● Care plans contained information about health conditions and appointments with professionals. Information was kept updated with changing needs.

● Appropriate referrals to external services were made to ensure needs were met, and people were supported to make day to day decisions and choices.

Staff support: induction, training, skills and experience

●Staff were positive about the induction and training that they received. One staff member told us, "I had a good induction, if I had questions they were answered. I did not have any previous experience, so it was important".

● Staff told us that they felt supported and received regular supervision and staff meetings. They said that they could go to the service managers or the team leaders at any time, as they all made themselves available.

● The registered manager told us all staff were trained in how to support people who may become anxious or agitated. They told us, "We are fortunate to have access to different training and trainers. We offer face to face training as well as on line".

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

●Support plans contained detailed information on nutrition and hydration which included what people liked to eat, what they disliked and any allergens. People told us they could choose what to eat and helped with the shopping.

●Staff assessed people's nutritional needs and any risks related to their eating and drinking. One relative told us their relative was at risk when eating. They said, "Staff are aware of the risks. She has adapted utensils and a platform under her chair for correct seating. Someone is always within a couple of feet of her if she gets stuck or into difficulty, she's monitored".

●Staff monitored people's weight, and when they were at risk of losing weight or needs changed they sought the advice of specialist professionals.

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

● There was evidence of appropriate, timely referrals to health and social care professionals in people's care plans. Care plans noted where people needed specialist advice from professionals and staff followed the information given, for example district nurses instructions. People had various specialist professionals involved in their care and support, and all the information was detailed in the support plans and staff were made aware of any changes

● The service worked closely with the social work and Learning Disability team to achieve the best outcomes for people they referred.

Adapting service, design, decoration to meet people's needs

●People had their rooms or homes personalised and were encouraged to have their own belongings in their homes, which reflected their personal interest and preferences.

● People told us they liked their homes and that their homes reflected their choices. One person told us, "My belongings are safe why wouldn't they be. I can lock my bedroom door if I want to. I like my pictures and enjoy art, although I can't afford to do the courses". Another said, " This is the best home I have had. I remind them [staff] this is my home I can do what I want. I go out nearly every day".

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Some people at the service were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Mental capacity assessments and best interest paperwork was in place for some areas such as medicines and finance. Where appropriate best interest decisions had been completed for any restriction on the person or their belongings. However, we noted some family members were making decisions on behalf of their relative when they did not have the legal right to do so. The registered manager told us they were addressing these issues.

●Decision making profiles were in place which evidenced who would be involved in the decision-making process and who would make the final decision.

●Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

● People had effective caring relationships with staff who provided their care and support. Staff could explain how different support worked for different people. People told us they felt respected and well cared for by staff. Comments included, " I am happy with the care I get". Phoenix care is really good". "The staff are very pleasant, you can have what you want".

●People had good community networks which were personal to them. This included work opportunities, day services and supporting people to use technology to connect with family and friends. People had been supported to develop and maintain positive relationships with friends and family. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

●Throughout the inspection we observed a positive and inclusive culture at the service, and heard staff supporting people with a kind and respectful manner in their approach. They responded to people's differing needs, by touch tone of voice and eye to eye contact.

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

● Staff understood people's communication needs. Where people were not able to verbally communicate their choices or emotions, staff were well informed about people's non-verbal communication methods, and these were clearly described in their support plans.

● People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.

● The service supported people to maintain relationships with friends and family. Relatives told us they could visit their loved one when they wished. People told us they had developed friendships and staff respected this.

●People were enabled to make choices about aspects of their care where they had capacity to make decisions. They were given opportunities to plan and choose how they spent their day, and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

●People were treated with dignity and respect. Staff spoke with people in a friendly but polite manner. One relative told us, "The staff make sure other residents knock before coming into their room. They make sure their privacy is respected".

● Personal records about people were stored securely and only accessed by staff who understood their

responsibilities for keeping the information confidential. Where people wished they told us they had access to their records and checked what staff had recorded.

● People were encouraged to remain independent and safe, for example where one person accessed the community alone a missing person process was in place.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care planning was comprehensive and updated annually or when needs changed. This meant that care plans were relevant and amended according to changing needs. The provider was changing to an electronic system to track all incidents and daily recording.

● Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. One senior member of staff told us, "We offer as much choice and control as we can. For example [name] helps in the house, he makes cakes, and helps with dinner. We try to involve him as much as possible because he enjoys being included".

● People were supported to access the community and to participate in activities, which matched their hobbies and interests, and were reflected in individual support plans.

● Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. During the inspection we noted that people were supported to go shopping or other activities of their choice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Information was available in accessible format according to people's needs. For example, where required people were able to have information shared in an easy read pictorial format.

● Some people had communication boards and were supported to communicate using these boards. We observed where one person had been able to communicate using a communication board. Staff informed us the person liked the use of the board, and they were going to access training support to enable them to support the person more effectively to use it.

● Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language and eye contact to interpret what people needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People could have the social life they desired. They were supported to be part of the community they lived in. For example, people had their own mobility cars which gave them access to their local community and

enabled them to have day trips out.

Improving care quality in response to complaints or concerns

● The service had a complaints process in place. There were mixed comments about how people and their relatives would be confident to make a complaint. People using the service told us they knew who to make a complaint to and were confident they would be listened to.

End of life care and support

● At the time of our inspection there was no one receiving end of life support. Although care plans held sections for end of life care, the manager confirmed they had not held these discussions with people. They told us, "We have not discussed end of life care with people, I find the conversation awkward to explain". They informed us discussions about end of life care was a current development they would be addressing. They said, "Easy read care plans are in place in regards end of life choices, we are developing them alongside hospital passports

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

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

● At our last inspection in 2017, the provider informed us a new electronic system was being introduced to provide an oversight and auditing of the service. We found at this inspection the electronic system although in place, had not been used to monitor the quality of the service, and formal audits of the service had not taken place. The registered manager told us, they were currently "Testing the system out". This meant there remained ineffective oversight of the service, to ensure quality care was being provided

●Although the service was run from the provider's office, staff told us they received supervisions and staff meetings at the homes they were working from. One member of staff told us, "[managers name] comes to the house to do our supervisions. I call a team meeting here every couple of months. Sometimes [person's name] likes to sit in on the meetings." The practice of holding meetings for staff in people's homes does not reflect good practice or the model of supported living.

●The service had clear lines of organisation, and staff were clear about their roles and responsibilities. They had their competences assessed for each aspect of their role including medication and moving and support.

● Staff were positive about the management team. Comments included, "I think it's well run and it's good that the management team are there". "The management team are very good, if I go to them with a problem they will try and sort it out there and then".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People had behaviour support plans in place. There was a risk that their behaviours may lead to them losing their right to remain living in their homes. For example, we observed two care plans where people had received written warnings. The warnings informed them that their tenancies were at risk due to their behaviours. We discussed this concern with the registered manager, who informed us the care provided was also linked to the homes provided. They said, "The care contract is with the local authority, we provide the tenancy. If we have a room or flat available part of the tenancy agreement is that we provide the care". This meant when people had difficulty managing their emotions and behaviour they risked not only losing their care support but their homes. This does not fit with the model of supported living which requires tenancy and care to be separated.

● People did not always have choice and control, for example one easy read tenancy agreement stated, '

you may not be able to carry on living at the house, flat if you choose not to have the support from Phoenix Support Services 24/7'. This meant people's tenancy was not independent of the care provided which restricted their choice and control.

●Following the inspection, the registered manager told us, 'On reflection we have amended our tenancy agreements and rolled them out to all of our service users to whom they apply. They also assured us that people using Phoenix care could receive support from different care providers whilst receiving housing support from Phoenix Care & Support Services 24/7 Ltd.

● People and their relatives told us that the service was well run. Comments included, "It is well run and organised". "I know the manager is in and out of the home on a regular basis". " I can speak to the manager any time".

●People told us that staff encouraged them to be as independent as they could be, and records reflected this. We observed how people were able to go out when they wanted to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

●The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

●People and relatives generally knew who the registered manager and manager were. They told us they saw them often. The manager told us, "I am always about in the homes and also do live in care when needed. So, I am always aware of any issues".

● The service had developed relationships with other healthcare professionals. We saw that links had been forged with other services to ensure people were engaged with and their needs were considered and respected.

Working in partnership with others

●The service worked well with other organisations. They had good relationships with local healthcare services and worked with them to achieve the best outcomes for people.

●The service had links with the local community including local churches and day services. People were supported to attend community events.

People and their relatives were provided with regular opportunities to share their views.

● The service actively gained feedback from people and their relatives. Where needed people were asked for their feedback using easy read formats. One person told us they had been asked how they felt the service was, they said, " I had to fill out a tick thing. I'm very happy".

Continuous learning and improving care

● The registered manager and manager met to review the running of the service on a regular basis. The registered manager told us, "We are committed to driving improvement".