

Phoenix Care 91 Ltd

# Phoenix Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Phoenix Care is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection, the service was providing personal care to 21 people.

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

The provider had systems in place to monitor the quality and safety of the service. These needed further improvement and the provider was already working towards this prior to our inspection.

Systems and processes were in place to safeguard people from the risk of abuse and staff were aware of how to report concerns. Risks to people were assessed to keep them safe. Staff were recruited safely, and people were provided with sufficient staff to meet their needs. Staff were suitably trained to administer medicines.

Staff had received training appropriate for their roles and people told us staff were suitably trained to support them. People had support to prepare their meals and drinks where they needed this. Staff and the registered manager worked with community health and social care professionals to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were complimentary about the care and support they received from staff. People knew how to raise issues or complaints and found the service responsive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good, published on 6 November 2019.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our caring findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Phoenix Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider and owner of the service.

#### 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 would be in the office to support the inspection.

Inspection activity started on 5 September 2022 and ended on 13 September 2022. We visited the location's office on 7 September 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity which took place on 19 May 2022 to help plan the inspection and inform our judgments.

We sought feedback from the local authority and the local Healthwatch team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives. We spoke with seven staff members, including care staff, managers and the provider/registered manager.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported in a safe way and were protected from avoidable harm and abuse. One person told us, "I have every confidence in them. They're professional in their approach."
- The provider had systems in place to safeguard people from the risk of abuse. Their safeguarding policy set out staff's responsibilities to respond to abuse.
- Staff had up to date training in safeguarding and described the actions they would take if they suspected abuse. Staff told us they were confident raising concerns with their managers.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. The provider had processes in place to manage risks to people's safety and wellbeing. Staff had the information they needed to safely support people's needs.
- Risks associated with people's home environments were identified and plans were in place so staff understood how to work safely within that environment.

Staffing and recruitment

- There were enough staff to provide people's planned care calls. People told us they received care from the same staff who arrived on time. One person told us, "They run on time. If they're late, it's rare; ten minutes at the most and they let me know."
- Staff were recruited safely. Staff were not permitted to start working at the service until the provider had received satisfactory references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Improvement was needed in how staff recorded what medicines they had administered to people. However, improvement was made in a timely manner during our inspection and we were assured of safe medicine administration.
- Not everyone who used the service needed support with their medicines. Where they did, they all told us they got their medicines when they needed them, and they were satisfied this was done safely and according to their preferences. This included support with the application of topical medicines, such as creams.
- Staff completed training to administer medications and competency assessments of their practice were completed to confirm they did so safely.

### Preventing and controlling infection

- People told us staff followed good hygiene practices, such as hand washing and wore personal protective equipment (PPE). One person told us, "The minute [staff's name] walks in, they already are wearing a mask, then puts an apron on and takes it all off on leaving."
- The provider had suitable processes for controlling and preventing the risk of infection. Staff told us they had access to PPE, such as masks and gloves and understood the importance of wearing these on each visit.

### Learning lessons when things go wrong

- Accidents and incidents were reported and reviewed to see if any improvements to people's care could be made. Staff knew how to and had reported any accidents and incidents when they occurred.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

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 their care was planned to meet those needs. People and their relatives told us they were involved in these assessments and in developing care and support plans.
- Assessments included consideration of people's social interests and support needs. This helped the provider to develop a better understanding of each person as an individual and identify what was important to them, such as their religious and cultural beliefs.

Staff support: induction, training, skills and experience

- Staff received the training they needed to ensure they had the skills, knowledge and experience to deliver effective care. One person told us, "They (staff) are very skilled. They know what they're doing."
- The provider ensured staff had the right skills and knowledge to support people. This included carrying out spot checks and observations of staff practice.
- Staff had regular one to one time with their line manager. This time was used to assess staff knowledge in key areas such as medicine administration and identify any training needs.

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

- People were supported to eat and drink in line with their care and support plans.
- Not everyone we spoke with needed support with eating and drinking. Where people did receive support, they all agreed their support was suited to their needs and helped them remain independent. One relative told us staff had helped their family member get into a routine by making them a sandwich at lunchtime.

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

- People received support to maintain good health. The provider worked in partnership with family members and other health care professionals. One relative told us staff understood and were confident with their family member's health condition. They said, "There's a good line of communication between us and them (staff)."
- If staff noticed a person's needs had changed, then referrals to other healthcare professionals were made.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Although staff were aware of the importance of gaining people's consent, not all staff understood their responsibilities under the MCA should a person not have capacity to make decisions about their care. The provider told us they would arrange refresher training for staff who needed it.
- People told us staff sought their consent before they assisted them with their care.
- Managers understood their responsibilities under the MCA and told us they did not support anyone who lacked mental capacity. Processes were in place to ensure the principles of the MCA would be followed should a person not have the mental capacity to make a specific decision.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

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 were cared for by staff they were familiar with. People we spoke with confirmed they usually saw regular staff, and this supported them to build relationships with these members of staff.
- People received care which respected their equality and diversity. The service identified people's religious and cultural needs and identified how best to support people in line with these.

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

- People were supported to be involved in all aspects of their care. They told us they were listened to and their choices respected. One person told us, "They (staff) listen to what you say and are patient like that and do things according to my wishes."
- Staff told us how they made sure people could express their views. One staff member told us, "We will work with the person to identify their preferences and choices and this develops overtime. I have to build a relationship with them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "They do show respect and give you time to do things or suggest an alternative if it will help me."
- Staff supported people to maintain their independence. People's care plans were written in a way which promoted their independence.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

- People told us the staff knew them well and how they like to be supported. They felt staff provided their care the way they wanted it and they felt involved in the development and review of their care.
- One staff member told us, "Their preferences and what they like are in their care plan, but it's only by supporting them that you really get to know them and how they like things done."
- People's care plans were reviewed regularly to help ensure any changes in their care needs could be planned for.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was information about people's communication needs in their care plans. This included any hearing or sight impairments and any aids they needed to use and was identified during the assessment of their support needs. This helped to ensure information could be given in the most accessible way for each person.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they had any concerns. One relative told us, "There's an odd glitch, but it gets sorted in 24 hours. We're always aware who to contact."
- The provider told us they had not received any complaints. A complaints process was in place to investigate and respond to people's complaints or concerns should they occur.

End of life care and support

- End of life care could be provided if needed. Where people had made advance decisions about their future care and treatment, these wishes were able to be included in their care plans.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

### Continuous learning and improving care

- Some of the provider's systems were informal due to the size of the service. However, the provider had already identified areas to develop and the processes they needed to formalise, including quality assurance processes and the timeliness of auditing care records to make improvements.
- The medicine administration records the provider used did not align with national best practice guidance. This was addressed promptly by the provider who reviewed and implemented a new recording process. Following our inspection, the provider confirmed the new records were in place and staff aware of the new process.
- We found the provider's records and systems did not negatively impact on people and we will check improvements have been made at our next inspection.

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

- There was a positive culture at the service. People spoke positively about the care and support they received. One person said, "The service is well organised, a bit stretched. They understand you'd like to have one person and that's respected."
- People were supported by a small staff team who knew them well. Some staff had worked with the service for many years and had built good relationships with people and relatives. One person told us, "I'd speak highly of my carers."
- Staff told us there was effective two-way communication between them and the office staff. They felt the registered manager listened to them.

### 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 their responsibilities under the duty of candour and the need to be open and honest when things may go wrong.

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

- The registered manager was aware of their responsibilities of the regulatory requirements, including those of notifying us of specific events which happened within the service. These notifications are required by law and play a key role in our ongoing monitoring of services.

- The provider's policies and procedures were up to date and staff knew how to access these.
- The provider's latest inspection rating was displayed, as required by law, at their office and on their website. This helped to inform people and those seeking information about the service of our judgements.

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

- People and their relatives were encouraged to provide feedback about the quality of service they received. This included through quality assurance visits to people at home, telephone calls and surveys. They told us the managers listened to them and made adjustments where needed to their care.

Working in partnership with others

- The service worked with other agencies to improve outcomes for people and make improvements within the service. This included the local authority who commissioned the service and healthcare professionals.