

Phoenix Homecare and Support Ltd

Wem Office

Inspection report

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Date of inspection visit:
04 October 2017

Date of publication:
06 November 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 4 October 2017 and was announced. This was their first inspection since registering with us.

Wem Office is a domiciliary care service provided by Phoenix Homecare and Support Ltd. It is registered to provide personal care to people living in their own homes. There were nine people using the service on the day of our inspection.

A registered manager was in post and was present during our inspection. 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.

Staff had received training in and understood how to protect people from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to, and were confident in, reporting any concerns they may have about a person's safety.

Risk assessments reflected how care should be provided to the person to minimise any risks to them. These were kept up to date as people's needs changed.

People were happy they were supported by enough staff to safely meet their needs. Checks were completed on potential new staff to make sure they were suitable to work with people in their own homes.

Staff had the skills and knowledge to understand and support people's needs. These skills were kept up to date through training and staff were also supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

People were supported by staff who knew them well and knew their preferences. Staff involved people in their own care by talking to them about what they were doing. People were treated with dignity and respect and supported to maintain their independence to enable them to remain in their own homes.

People and their relatives contributed to the planning of their care and were encouraged to express their views, preferences and wishes in regard to their care and support. People's care was reviewed regularly to ensure the plans in place met their current needs.

People were happy with the care and support they received and gave positive comments about the staff and management at the service.

People knew how to raise concerns and complaints and felt staff and management listened to them. They were happy their concerns were listened to and action taken quickly to address these. They were able to give their opinions of the service through communication with managers.

Managers had created a positive culture where staff worked for the benefit of the people they supported. Staff were happy in their work and were clear about their roles and responsibilities. The provider had systems in place which assessed and monitored the quality of care and support staff provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse. Where risks to people's safety were identified plans were in place and followed to help reduce these risks.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs. Staff respected people's right to make their own decisions and supported them to do so. Where required, people were supported to eat and drink enough and access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and felt involved in their own care. They had positive relationships with the staff that supported them because they saw them regularly. Staff respected people's privacy and dignity when they supported them.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People's care was kept under review to ensure it met their individual needs. People were provided with opportunities to make comments or raise complaints about the care they received.

Is the service well-led?

Good ●

The service was well-led.

People gave positive comments about the care and support they received from all staff at the service. Staff understood what was expected of them and were supported in their roles. Quality monitoring systems were in place which assessed and monitored the quality of care people received.

Wem Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 visit took place on 4 October 2017 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure that a manager would be available.

The inspection team consisted of one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with two people and three relatives. We spoke with four care staff, the branch manager, deputy manager, registered manager and nominated individual. A nominated individual is a senior manager within the provider's organisation who acts as the main point of contact with us. We viewed care records for two people, two staff recruitment records and records relating to how the service was managed.

Is the service safe?

Our findings

People and relatives told us the support staff gave helped them to remain safe in their own homes. They told us they knew the staff well which contributed to them feeling safe with them. One person said, "I've got to know them (staff), so I feel safe with them because I have confidence in them."

People were supported by staff who understood how to protect them from potential harm and abuse. Staff told us how they would report any concerns about a person safety or suspected abuse to the management team. The registered manager told us they spoke with the local authority if they had concerns about people's safety. Our records show that where an allegation of abuse had been reported the provider took the appropriate action, followed local authority safeguarding procedures and notified CQC as required.

Risks to people's safety and wellbeing had been assessed and were monitored regularly. This covered risks to people's wellbeing and safety such as the use of equipment as well as risks identified within people's own homes such as steps, pets or other environmental factors. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe. We also saw that there were personal emergency plans in place for people. These detailed the support people would need in the event of any emergencies such as disruption to their home's utilities or adverse weather affecting staff attendance at calls.

People and relatives told us that the care staff arrived at the expected time or they were contacted if staff were running considerably late. They told us that staff had time to safely meet their needs and that they were consistently supported by the same staff. One person said, "I see about four or five regular staff. This is important to me because I know them and I know who is coming." One relative said, "They turn up on time and we always know who is coming."

People were supported by staff who had received appropriate checks prior to starting work with them. We spoke with staff about the checks that had been done prior to them starting work at the service. They confirmed that the provider had requested their previous employers to provide references for them. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people in their own homes. These checks are called Disclosure and Barring Service checks. This was confirmed through staff recruitment records we checked.

Some people who used the service required assistance with their medicines, while others told us they looked after their own. People told us they were supported by staff to take their medicines when they needed them. One person said, "They (staff) just check with me to make sure I've taken my tablets." One relative told us their family member was supported by staff to take their medicines. They said, "They (staff) pop them out the packet and make sure [person] has taken them. They will also pick up prescriptions if we can't get them. There have never been any problems." We found that information on medicine administration charts did not always indicate what strength and dose of medicine people needed to take or how often. Although this had not had any impact on people there was a potential for people not to receive their medicines exactly as prescribed. We spoke with the registered manager about what we had found.

They took immediate action, along with the branch manager to ensure these records were correct. Before we left the service, on the day of our visit, we were able to confirm these had been corrected.

Is the service effective?

Our findings

People and relatives told us they had confidence in staff's ability to support them. People felt that staff cared for them in the right way and knew how to meet their needs. They felt staff were well trained and knew how to do their job. One person said, "They are very good. They know what I need and know what to do." One relative said, "They know what they're doing. They're trained to use the hoist."

People were cared for by staff who had received the training they needed to support them effectively. Staff had access to training which gave them the skills and knowledge to support people's needs. The registered manager agreed to look into further training for staff on one particular medical condition. This was in response to a comment a relative gave us that staff's knowledge could be further improved in this area. Staff who were new to care work told us they were supported to complete their Care Certificate. The Care Certificate is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. More experienced staff had completed or were working towards further nationally recognised qualifications in health and social care.

Staff felt supported in their roles by managers. Care staff were observed by their line manager whilst they supported people. They told us this was to ensure they were providing good care and to confirm they were doing their jobs correctly. They received feedback on their performance and told us this helped them to make improvement if needed. All staff received one to one time with their line manager where they discussed their roles, training and any issues which could affect their ability to perform their role effectively.

People's rights to make their own decisions were protected and they were asked for their consent to their care and support. They confirmed staff asked them for their permission before they assisted them with their care. One person said, "They talk to me and ask if they are alright to do this and to do that. They are very polite."

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 people 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. Staff and the registered manager confirmed that everyone who used the service was able to make their own decisions about their care and support. Staff we spoke with understood their roles in regards to gaining people's consent. They understood that if they had any concerns about people's ability to consent to their care they had to inform the registered manager. We saw people's capacity was considered when planning their care to ensure they were able to consent. The registered manager understood the process they would need to follow should they support a person who did not have capacity to make their own decisions.

Not everyone we spoke with needed help to ensure they had enough to eat and drink. One person said, "I

can get my own food but they (staff) just make sure I've eaten. They'll make me a drink before they go if I want one." Staff were aware of which people needed support and told us this information was recorded in people's care plans. Systems were in place to ensure risks associated with people's ability to eat and drink could be assessed and monitored.

People were supported, where needed, to access healthcare services. Although it was not the responsibility of the service to arrange routine appointments all staff would provide support for this if needed. One relative told us that if there were ever any health concerns the staff phoned their family member's GP, then let them know. Staff and managers worked with local and community healthcare professionals to ensure people received and had access to the required services.

Is the service caring?

Our findings

People and their relatives agreed that staff had a caring approach. They told us they were supported by staff in a way that was caring, friendly and kind. One person said, "I see the same faces. That's important to me because it puts me at ease with them. It's always nice to see them." One relative said, "The staff are excellent, they are so good with [person's name]. We've had carers before but these are on the ball, know what they're doing and are so kind." One relative told us staff always made sure their family member was comfortable before they left. They also told us that their family member always looked forward to see the staff. They said, "This means a lot to me." The registered manager told us where possible people who used the service had their care and support provided by the same staff members to ensure continuity. People we spoke with confirmed they usually saw regular staff and this supported them to build relationships with these members of staff. One staff member said, "Just to see a smile on their [people's] faces when I arrive makes this job worth it."

People were involved in their own care and treatment. People told us they had choice and staff involved them in making decisions about their care. One person said, "They always ask what I want and that makes me feel involved in everything." They told us care staff and managers took the time to find out about things that were important to them. People were visited by managers prior to receiving care to discuss how staff could help to meet their needs. One person who had recently started using the service was visited in hospital to discuss what support they needed when they got home. Their relative told us, "[Branch manager] came to see us and we talked about what was needed. They made us feel confident and reassured because they understood what we needed. They told us to just pick up the phone if we had any questions and [branch manager] has phoned to see how things are going." Another relative told us that staff always involved their family member by talking to them about what they were doing.

People and relatives all told us that staff helped people to do what they could to ensure they stayed as independent as possible. One person said, "They help me to stay living in this house. It's because they're checking on me. It gives peace of mind to my family." Staff told us they always encouraged people to do what they could to give them their independence. One staff member said, "We have to let them (people) do what they can and encourage them. We can't jump in and do everything for them as that would not be good for them." People's rights to privacy and dignity were supported. People and relatives told us they found staff and managers thoughtful and respectful. One relative told us that even though they were a close family member to the person being supported, staff would always close the door while they supported the person. They said, "They think about [person's] dignity. They are never made to feel embarrassed."

Is the service responsive?

Our findings

People's care and support was personal to them and their individual needs. They told us they received the care they wanted and needed and it was provided the way they wanted it. One person said, "They (staff) are not regimented. They are flexible and will do things how I ask." People told us staff and managers always asked if everything was fine to make sure they were delivering their care in the way they preferred. They felt that staff knew their preferences and that these were respected.

People were involved in the development and review of their care. People and relatives told us that the staff and management team discussed their care and health needs on a regular basis with them. This was to check if there were any changes in their care and support needs. One relative said, "There is constant communication about [person's] care plan. It is up to date and is reflective of their needs. If it needs changing then staff will let the office know." People and relatives agreed that they were able to voice their opinions and were asked about their wishes and preferences.

Staff told us that they spoke with people and their relatives to gain more understanding about people's past, their preferences and personalities. One staff member said, "It's nice to hear the tales they've got and their life experiences. We'll sit and chat and record their memories for the family." The registered manager told us they had recently improved on the support they provided to meet people's social needs and prevent isolation. They told us in their PIR that they worked with community services such as day centres to encourage people to access community events. Within their care rotas, people had been sent details of a local pub that holds quizzes and bingo for older people. We saw the office had details of local community resources which could be taken by staff to share with people.

People and relatives had opportunities to give their feedback on their experiences of the care they received. One person said, "I see [branch manager's name] often. They come round and help out and always ask if everything is alright, and do I need anything else." Other people and relatives we spoke with told us that managers often telephoned them to see how they were and whether everything was fine.

People and relatives were happy and comfortable to raise any concerns or complaints with managers and staff. One relative said, "We ring the office if there are any problems. They are quick to respond and sort it out." The provider had a complaints process in place, which was shared with people when they first started using the service. This process was designed to make sure all complaints were investigated and responded to. The registered manager told us they were made aware of every concern or complaint which was received and this was also shared with the provider. This helped them to keep oversight of areas of concern and to act on information received.

Is the service well-led?

Our findings

Relatives told us that they felt the managers worked with them to ensure their family member's needs were met. They felt there was good communication from the management team and they worked hard to create a person centred culture. One relative said, "I have a lot of faith in [branch manager]. I have confidence that if there are issues it'll get sorted quickly." Another relative said, "Overall, they are doing a good job." They found managers willing to listen and considered the service was well run.

People benefitted from a staff team that were happy in their work. Staff described a culture within the service in which they were able to speak openly with the registered manager and other managers. They told us they enjoyed working at the service and felt supported by the management team and their colleagues. They told us they were clear about what was expected from them. One staff member said, "[Registered manager's name] is fab. They are always there for us and encourage us to pop into the office so we can catch up. I think we're going from strength to strength. There's good teamwork and good managers now that are making us work better as a team."

Staff were confident to 'whistle blow' and report poor practice or any concerns they may have and they told us this would be addressed by management immediately. The values that were held by the managers and owners were cascaded to everyone within the service. Staff told us that the values of the service were instilled into them from the point when they first started work at the service. One staff member said, "It's us, [staff] working in a way that's all about the individual. We should encourage their [people's] independence and give the best we can."

The provider had systems in place to assess, monitor and report on the quality of care provided at the service. Regular audits were completed by the branch manager and registered manager. These formed part of a reporting system which the provider had daily access to. Spot checks were completed on people's care records to ensure they were accurate and up to date. Staff also received spot checks on their practice to ensure they worked to the service's policy and procedure. A recent focus had been on making improvements to people's risk assessments to make them more person centred and to improve communication and information sharing systems with staff. We saw evidence that both of these improvements were embedded within the service.

The registered manager was receptive to feedback we gave them during our visit in respect of medicine administration records. Immediate action was taken to make the required improvements. This helped to show that feedback about the service was taken on-board and the registered manager was able to recognise where improvement was needed and take the required action to drive this improvement.

The registered manager was also one of the owners of the service and as such had responsibility as provider and registered manager. The provider has two other domiciliary care services, one of which is in Wales and so not registered with us. Managers from the providers other services met regularly for meetings where they shared practice and discussed service delivery. Systems were in place where learning from any incidents or events were able to be investigated and shared within the organisation.

Staff understood management arrangements and told us they felt valued and their contribution to the service was recognised. The provider recognised that well motivated staff were essential in ensuring people's care needs were met. An "employee of the month" scheme was in place, where staff's contribution was recognised. People's and relatives feedback was taken into account when identifying the staff member for the award. One staff member told us, "To get this made me proud. It makes it worth it when people give lovely feedback about you. I know I'm appreciated by managers." The registered manager told us they also sent thank you cards to staff. They said, "They know I've acknowledged they've done something above and beyond and that they do a good job." People and staff were also sent birthday cards.

Where required statutory notifications had been sent to us to keep us informed of specific events that had happened at the service. The registered persons are required by law to submit these statutory notifications. These ensure that we are aware of important events and play a key role in our on-going monitoring of services.