

Phoenix Health Kare Limited

PHOENIX HEALTH KARE

Inspection report

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Date of inspection visit:
25 July 2023
14 August 2023

Date of publication:
19 September 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 Health Kare is a domiciliary care service which provides care in people's own homes. At the time of our inspection, 2 people were receiving a service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

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. However, the policies and systems in the service did not support this practice. The recording of consent, mental capacity assessments and best interests decisions were not in place to support decisions made on people's behalf.

Right Care:

People were not safely supported with their medicines as 2 people had gaps in their medication administration records which could not be adequately explained. Staff knew how to recognise signs of abuse and said they would report these to a manager.

People were supported by staff who were motivated to provide effective care. Staff understood people's care needs and their preferences. Feedback from people showed they were happy with the way they received care and support. One person confirmed staff maintained their privacy and dignity.

Right Culture:

Care records and risk assessments had not been updated since they were created in April 2022. The management team and staff understood people's needs, although details were not reflected in care planning records. Some improvements were made by day 2 of our inspection.

Systems of governance were not effective as issues found at this inspection had not been identified through quality checks. Some checks were being carried out, but not recorded. The management team shared examples where they had gone above and beyond the assessed needs of people receiving this service.

We have made a recommendation about the provider referring to current guidance on which events are reportable to the Care Quality Commission.

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

Rating at last inspection

This service was registered with us on 29 June 2021 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

We have identified breaches in relation to the safe management of medicines, capacity and consent and systems to demonstrate oversight.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

PHOENIX HEALTH KARE

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

This inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. Inspection activity started on 25 July 2023 and ended on 17 August 2023. We visited the location's office on 25 July and 14 August 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers

send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the site visit we spoke with the registered manager, who was also the nominated individual. We also spoke with the deputy manager and 1 care worker. We looked at 2 care plans to ensure these reflected people's needs.

After the inspection

We continued to seek clarification from the service to validate evidence found. This included quality assurance and training records. We spoke with 2 people who received this service to discuss their experience. We also spoke with a further care worker.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- The management of people's medicines was not safe. Staff were responsible for prompting 2 people to take their medicines.
- One person's medication administration record (MAR) showed they ran out of medicines over a 3 week period commencing mid-June 2023. This person had a health risk which they were prescribed medicines for. The deputy manager told us there had been confusion between the GP and pharmacy. The daily notes for this person recorded they had been supported with their medication on a daily basis throughout this period. We asked the provider to investigate this and found their explanation did not address the discrepancy between the MAR and daily notes. We could not be assured this person received their medicines as prescribed.
- A second person's MAR did not show any medicines were administered on 31 July 2023 and the following months MAR did not start until 4 August 2023. This meant we were not assured this person received their medicines between these dates.
- One person's MAR showed the names of medicines were recorded, but the start date, dosage and time to be taken were not stated.
- Staff received medication training, but did not have their competency checked. Annual competency checks are best practice to ensure staff are safe to administer medicines. Medication audits were not being completed prior to our inspection.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as robust systems were not in place to ensure the safe management of medicines.

- The provider confirmed they had completed medication audits after our inspection.

Assessing risk, safety monitoring and management

- Improvements were needed to make the management of risks more robust.
- Risk assessments were in place, although these lacked the same detail which the management team and staff were able to describe to us.
- Prior to our inspection, risk assessments had not been updated since they were recorded as created in April 2022.
- Risk assessments were not fully reflective of people's needs where they may have behaviour of concern. The clinical risk assessment had not been updated for 1 person as the deputy manager told us they were waiting for the outcome of a hospital appointment. An environmental risk assessment showed no risks,

although we found a trip hazard in 1 person's property which posed a danger.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider did not have a safeguarding log at the time of our inspection. They told us they would introduce this.
- Staff received safeguarding training and demonstrated knowledge of signs they would look for which could indicate abuse. They knew how to report concerns. One member of staff told us, "I have to report it to (deputy manager)." The management team had taken steps to protect people. For example, they arranged for scam calls to people to be blocked.
- The provider was responsible for part of the finances for the 2 people. They created a record of receipts which demonstrated genuine purchases were made. Financial risk assessments were in place. We saw the provider had updated these based on our feedback on day 1 of our inspection.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- One person we spoke with told us the staff were on time for their calls. Two members of staff routinely provided care for 2 people. This met their needs as they responded well to staff they were familiar with. The provider told us, "They (people) need that familiar face and routine is very important."
- The deputy manager told us they used an app which reported if care calls were running late. This meant they were able to take action if staff were not on time.
- The provider shared with us that they had an effective on call system, noting the people they supported had contacted them to report an emergency in the middle of the night.
- Staff were not always safely recruited to the service as interview records were not available. We raised this with the provider who told us they would ensure these were in place for the future.

Preventing and controlling infection

- Infection prevention and control measures required some improvement.
- One staff member told us they were unsure if they were using the correct cleaning product for specific events. We fed this back to the management team for them to clarify this.
- One person confirmed staff wore their PPE when supporting them.

Learning lessons when things go wrong

- Lessons were learned when things did not go as planned.
- The provider demonstrated they had made some improvements between days 1 and 2 of our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Capacity and consent had not been assessed and recorded. Best interests decisions were missing.
- The provider had been in contact with a social worker and GP to arrange a specific assessment for 1 person which was due to take place around the time of our inspection.
- We looked at the management of finances and found mental capacity and consent had not been considered. We found the provider was making decisions for people they were caring for in order to protect them. However, there was no relevant documentation to show this had been agreed with relevant representatives. Mental capacity assessments and best interests decisions had not been completed.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as consent was not recorded, mental capacity had not been assessed and best interests decisions were not documented.

- Staff we spoke with showed a good understanding of how they offered choice to the people they supported to empower them in their daily living.

Staff support: induction, training, skills and experience

- Staff received sufficient support. Improvements to the recording of ongoing support were being made.
- Inductions were recorded, although we noted staff names were not documented. Staff we spoke with said

they had opportunities to shadow workers as part of their induction.

- The provider had relied on training provided by previous employers until July 2023 when they sourced their own training. One staff member told us, "It's good to know people can count on our assistance. We actually got trained to do the job."
- The provider told us supervision support had not been provided to care workers. However, from our conversations with staff, they felt able to approach the management team at any time to discuss concerns. Following our inspection, the deputy manager told us they had scheduled supervisions for August 2023.

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

- Staff supported people to eat a healthy and balanced diet.
- We looked at 1 person's eating and drinking section of their care plan and noted it did not refer to the GP having been consulted over 1 person's weight.
- When we visited people, a staff member had made them a salad which they were enjoying. One person said, "They (staff) cook nice meals."
- Prior to our inspection, the deputy manager created meal planners to help ensure people received a suitable diet.
- Staff supported people to go food shopping every week. A staff member told us, "(Person) picks out what they'd like to eat. We buy vegetables, so it's not just chips they're eating." Another staff member said they prepared fresh meals including spinach, broccoli, onions and peppers.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider supported people to access healthcare services based on their assessed needs.
- One person told us staff were able to identify signs they needed assistance from healthcare professionals. A staff member told us, "Usually, we try to make a call for a GP appointment."
- The provider was supporting people to attend healthcare appointments. The daily notes for a person referred to them being accompanied by staff to hospital, although the outcome of this appointment was not recorded.
- The provider worked with a funding partner to understand care needs of people prior to their service commencing.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- People were well cared for by staff and management who demonstrated the right caring values.
- We asked people for feedback about the staff who supported them. One person told us, "(Name of staff member) is alright." The same person went on to say they liked their care the way it was being delivered. Staff demonstrated a sound knowledge of people's needs and were motivated in their work. One staff member told us, "I really like working with (both people)."
- The management team described occasions when they had gone beyond the contracted care package. For example, they provided support on weekends when they were not contracted to provide care. They purchased essential items for people in their own time. The registered manager and deputy manager also supported people when the accommodation they were living in was not appropriate. They worked with landlords and supported a move to more suitable accommodation.
- The provider also supported people when they had a blocked drain at their property, as an alternative contact could not be reached.
- We overheard a conversation between the deputy manager and a person. The deputy manager showed genuine concern about the person's health and looked to ensure they received all their medication.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was being maintained by staff.
- One person confirmed their privacy and dignity was protected when they were being supported by staff with their personal care.
- Staff received training in privacy and dignity and showed a good awareness of the importance of supporting people appropriately.
- Staff promoted people's independence and did not take over tasks. A staff member said, "If (person) wants me to hand a soap or sponge, I do."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The management team and staff shared a sound knowledge of people's care needs, but this information was not incorporated in care plans.
- Nutritional care plans did not reference the new meal planner which had been introduced and the behaviours that may challenge care plan did not include the information the management team shared with us during the inspection.
- A mental health care plan for one person had not been completed and we saw 2 versions of a financial care plan for a person. 'What does a good day like?' prompts had been completed, but these were generalised and not specific to the section the care plan was about.
- Care plans had not been reviewed since April 2022 when services started.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as contemporaneous care records had not been maintained.

- Following feedback from us on day 1 of the inspection, some information was updated in care plans. There was no evidence of impact or harm to people at this inspection.

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.

- At the time of our inspection, staff were supporting people with their correspondence. We asked the provider how they would further make their service accessible to people according to their individual communication needs. They described suitable ways they would meet language needs and for people with sensory loss.

Improving care quality in response to complaints or concerns

- At the time of our inspection, the provider had not received any complaints. They told us they would record and respond to any concerns.
- The provider welcomed people contacting them with any concerns. One person told us they knew how to complain if they were dissatisfied.

End of life care and support

- At the time of our inspection, no one receiving this service had end of life care needs.
- The management team had been trained in meeting end of life care needs, although care workers were yet to receive this training.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems to demonstrate sufficient oversight were not in place.
- During our inspection, we identified an absence of records to demonstrate the provider's oversight. For example, care plan audits and spot checks were said to have been carried out, but the provider did not have this evidence to show us. A staff member told us their practice had been spot checked.
- At this inspection, we identified concerns around the safe management of medicines along with the recording of mental capacity and consent. The provider had not identified these issues before our inspection through their systems of audit.
- We were provided with a very short informal summary of feedback from the 2 people receiving care. This check did not adequately look to explore whether quality standards were being met and how the service could improve.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as robust governance systems were not evident

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

- Feedback from these people and staff demonstrated the service was caring and did their best to meet people's needs.
- The provider wanted staff to demonstrate their values, which they said included showing patience, understanding as well as providing person-centred care. Staff demonstrated these values in our conversations. The provider told us, "I would like to treat them in accordance with what works best for them and improves their health and wellbeing."
- Both people were supported to access their local community. The provider said people had ambitions to explore tourist friendly spots and was looking into how they could enable this to happen.

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 provider showed a knowledge of some events which are reportable to the Care Quality Commission. However, the provider discussed an allegation of abuse from late 2022 which was not reported to us.

We recommend the provider refers to current CQC guidance about meeting their reporting responsibilities.

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

- The provider had not given 2 people a service user guide each to explain their rights and what they could expect to receive from Phoenix Health Kare.
- Staff told us they were happy with the support they received. One staff member told us, "No matter how busy, (deputy manager) is always responding. (Deputy manager) will definitely pick up my call." We asked a member of staff if they would recommend Phoenix Health Kare as an employer. They told us, "Yes, I would. It's more like I'm being helped along the way. (Deputy manager) tries their best to help out."
- The entire staff team received training in equality and diversity. The registered manager had a strong background in supporting people who experienced domestic violence. They worked with the LGBT community and worked with other external partners through this work. They were fully committed to meeting people's needs under the Equality Act (2010).

Continuous learning and improving care

- The provider demonstrated they were willing to learn and improve the service.
- During our inspection, we identified gaps in systems and recording which was shared with the provider. On day 2 of our inspection, we saw some improvements had been made.

Working in partnership with others

- The provider worked with a range of partners.
- We saw examples of partnership working with various health professionals alongside working with social workers and landlords.
- The provider was assisting both people with an ongoing matter and helped to ensure they were well-represented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent was not recorded, mental capacity had not been assessed and best interests decisions were not documented.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Robust systems were not in place to ensure the safe management of medicines. We were not assured people received their medicines as prescribed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Robust governance systems were not evident. Contemporaneous care records had not been maintained.