Phoenix Care (Havering) Limited

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Inspection report

Unit 8C, Elms House, Elms House Industrial Estate
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Tel: 01708607869

Date of inspection visit:
18 July 2018

Date of publication:
09 August 2018

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection of Phoenix Care (Havering) Limited on 18 July 2018. Phoenix Care (Havering) Limited is registered to provide personal care to people in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service provided personal care to six people in their homes. This was the first inspection of the service since it registered with the CQC.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Some risks to people were not always robustly managed. We found some care plans did not contain suitable and sufficient risk assessments to effectively manage risks. We made a recommendation in this area.

Quality assurance and monitoring systems were in place to ensure there was a culture of continuous improvements. However, this had not identified the shortfalls we found in relation to risk assessments. The registered manager informed us that they would ensure the systems would be made more robust.

Formal 1:1 supervisions of staff had not been completed regularly in accordance to the providers supervision policy, to ensure staff felt supported at all times. We made a recommendation in this area.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and were aware of the principles of the act. Assessments had been carried out to determine people's ability to make specific decisions in accordance to the MCA principles.

Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and externally.

There were arrangements in place to ensure staff attended care visits on time. Staff told us they had time to provide person centred care and the service had enough staff to support people.

Medicines were managed safely. We found that people's Medicine Administration Records (MAR) had been completed accurately. Medicines was being administered as instructed on people's MAR, or in accordance with the provider's policy.

Pre-employment checks had been carried out in full to ensure staff were suitable to provide care and support to people safely.

Staff had been trained to perform their roles effectively. Staff had also received specialist training to help support people with complex care needs.

Pre-assessment forms had been completed to assess people's needs and their background before they started using the service. Reviews were held regularly to identify people's current preferences and support needs.

People were being cared for by staff who felt supported by the management team.

People were supported to access healthcare if needed. Staff knew if people were not feeling well and who to report to.

People's privacy and dignity were respected by staff. Relatives told us that staff were caring and they had a good relationship with them.

Staff, people and relatives were positive about the management team. People's feedback was sought from surveys.

No complaints had been received but complaint forms were available and staff were aware of how to manage complaints.

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.

Some risks assessments had not been completed for people with identified risks.

Medicines were managed safely.

Pre-employment checks had been carried out to ensure staff were suitable to care for people safely.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

There were appropriate staffing arrangements to ensure staff attended care visits.

Appropriate infection control arrangements were in place.

Is the service effective?

Good

The service was effective.

Staff received essential training needed to care for people effectively.

Assessments had been carried out using the MCA principles to determine if people had capacity to make certain decisions. Staff had been trained on the MCA and requested people's consent before carrying out tasks.

People's needs and choices were assessed effectively to achieve effective outcomes.

Staff were supported to carry out their roles. However, formal 1:1 supervisions were not carried out regularly.

People had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff had positive relationships with people and were caring.

People and their relatives were involved in decision making on the support people received.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive

Care plans were person centred and included people's support needs.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints. People and relatives had access to complaint forms should they need to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality systems in place had not identified the shortfalls we found during the inspection.

Staff, professionals and relatives were positive about the management team.

People's feedback about the service was obtained from surveys.

Phoenix Care (Havering) Limited

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 was planned to check 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.

The inspection was carried out on 18 July 2018 and was announced. We gave the provider 48 hours' notice. We announced our inspection because we wanted to be certain that someone would be available to support us. The inspection was undertaken by one inspector.

Before the inspection, we reviewed relevant information we held about the provider. We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We also sought feedback from health and social professionals.

During the inspection, we reviewed documents and records that related to people's care and the management of the service. We reviewed four people's care plans, which included risk assessments and four staff files which included pre-employment checks. We looked at other documents held at the service such as medicine, training and supervision records. We spoke with the registered manager.

After the inspection, we spoke to one person who used the service, three relatives and three staff members.

Good

Is the service safe?

Our findings

People and relatives told us that people were safe. One person told us, "Yes, of course I am" when we asked if they were safe when staff supported them. A relative told us, "I have not got a negative thing to say. I cannot fault them, [person] always seems happy with them." A professional told us, "We had no complaints. They assisted with [person] needs to a high standard and the family were more than happy with the care [person] received."

Staff were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. A staff member told us, "There is different types of abuse, physical, mental, emotional, verbal, neglect and financial. If someone gets abused, I will tell my manager." Staff also understood how to whistle blow and knew they could report to outside organisations, such as the Care Quality Commission (CQC) and the police.

Assessments were carried out with people to identify risks before they started to use the service. Most risk assessments that had been completed provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. There were risk assessments associated in infection control, nutrition, missed medicines, environment and personal care. Assessments included the risks, hazards and control measures to mitigate risks. A relative told us, "They are very understanding with her. They guide her and support her well." A staff member told us, "Risk assessments is spot on."

However, we found that some risk assessments had not been completed for some people. Records showed that some people were at risk of falls. One person had osteoporosis, which meant that parts of their bones were fragile, which caused them pain. This meant that the person was at risk of harm if they fell. Risk assessments had not been completed on this and did not explain what part of the body the person had osteoporosis in. This would ensure staff would be gentle when supporting the person to minimise the risk of pain and discomfort.

One person had dysphagia, which meant they were at risk of choking due to difficulties with swallowing. The registered manager told us that the family supported the person to eat and records confirmed this. However, records also showed that staff may have to support the person with meals when required. A risk assessment had not been completed to ensure the risk of choking was minimised should staff support the person with their meal. The registered manager told us that they would address this immediately.

Two people were on blood thinning medicines to prevent blood clots. This meant that there was a risk that people may be prone to excessive bleeding. A risk assessment had not been completed in this area to ensure the risk of bleeding was minimised or what staff should do if people were to start bleeding.

After the inspection, the registered manager informed us that they had updated all the risk assessments.

We recommend that the service always follows best practise guidance on risk management.

We checked four staff records to see if pre-employment checks had been completed. This ensured staff were suitable and of good character before supporting people. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Pre-employment checks such as DBS checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process.

Medicines were recorded accurately on people's Medicines Administration Records (MAR) to evidence people had taken their medicines. Where there were gaps, this had been identified through audits and highlighted. Assessments were carried out on the level of support people would require with medicines. There was a medicine support plan on how people preferred to be supported with medicine and the list of medicines people took. One medicine support plan included that when supporting a person with medicines, staff should watch person take their medicines as at times the person may not take it. Staff had received medicines training and told us that they were confident with supporting people to take their medicines. A staff member told us, "I had medicines training and am very confident with supporting them [people with medicines]." Staff were also aware on what to do if an error was made such as missing a person's medicine. They told us they would report this to the office and depending on the type of medicine contact the GP for advice. Medicines were audited by the registered manager as part of spot checks and audits. A spot check is a member of the management team observing care staff when they support people to check their performance. This meant that the provider would have assurance that medicines were being managed safely by staff or if staff require further development in this area.

People and relatives told us that staff arrived on time and carried out the required tasks. A relative told us, "No missed visits. On the odd occasions, if a staff phoned sick, then they find cover so they might be late but they will always let me know." Another relative told us, "They are always on time." We checked the staff rota and found that this was sent a week in advance and staff were given time to travel in between appointments to minimise late calls or missed visits. A staff member told us, "We get travel time. They make sure our appointments are in the same area."

The registered manager told us that staff were always on standby if staff could not attend appointments. There was an on call and emergency out of hours system in place, should people require support or emergency assistance. A staff member told us, "Yes, there is cover available if we could not attend." The service had a digital monitoring system, which would enable them to monitor staff attendance and time keeping. The service would be alerted if staff did not check in on a visit after a certain time, which allowed them to investigate lateness or missed visits and arrange cover, if needed.

The registered manager told us that there had been no incidents or accidents. There were incident and accident forms available to record incidents. The registered manager told us that if there was any incident, they would analyse this to ensure lessons were learnt and to minimise the risk of re-occurrence.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. There was information in people's care plans on how to prevent the risk of infection when supporting someone to the toilet or with personal care. Staff were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person and we observed that this was stocked in the office. Staff told us they disposed of PPE separately when completing personal care. A staff member told us, "Yes, I have gloves, shoe covers and face masks if I need them." A relative told us, "They will always wear blue gloves and plastic aprons."

Good

Is the service effective?

Our findings

People and relatives told us staff were skilled, knowledgeable and able to provide care and support. A person told us, "They are extremely helpful. They do things that I never would have expected to have done." A relative told us, "They certainly do what we need. I cannot fault them." Another relative told us, "I can relax as I know they know what they are doing. Very good bunch of carers."

Records showed that new staff members that had started employment with the service had received an induction. This involved shadowing experienced members of staff, meeting people and looking at care plans. As part of induction, staff had also received training on the Care Certificate. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life such as safeguarding, infection control and health and safety. A staff member told us, "Induction was good. It was helpful definitely."

Staff had also received specialist training to ensure people that required complex support received this effectively. Specialist training had been completed on falls, pressure ulcer, dementia and challenging behaviour. A staff member told us, "Training is fine, it is very detailed." Another staff member told us, "Training is good, it refreshes you. They are definitely helpful."

Staff felt supported. A staff member told us, "I am very much supported. If I have any queries, I get hold of [registered manager] and she deals with it instantly." Another staff member told us, "They [management] are supportive." Staff received supervision meetings during probation to ensure they were able to perform their roles effectively. Following then, regular spot checks were held and the findings were communicated to staff. The registered manager told us that formal 1:1 supervisions were not held as the spot checks formed part of staff supervision. We reviewed the providers supervision policy, which stated, "Phoenix Care is committed to providing its employees with formal contact monthly. The agenda covers all aspects of care practice; philosophy of care and career development needs" and, "All formal supervision meetings for all employees are recorded in an agreed format which includes the following details of key discussion points; agreed actions to be taken and targets and timescales." This meant by not doing formal 1:1 supervisions, this information may not be fully captured at spot check observations.

We recommend that the service adheres to its supervision policy to ensure staff are supported at all times.

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

Staff had been trained on the MCA and were able to explain the principles of the MCA. The registered manager told us that most people had capacity. Where people did not have capacity, an MCA assessment had been completed using the MCA principles and a best interest decision made with family members on

the person's behalf.

Staff we spoke with told us that they always requested consent before doing anything. A staff member told us, "I always tells them what I am about to do." A relative told us, "They will always explain what they are doing to [person]."

Pre-admission assessments had been completed prior to people receiving support and care from the service. These enabled the service to identify people's daily living activities and the support that people required. This allowed the service to determine if they could support people effectively. Using this information, care plans were developed. The service assessed people's needs and choices through regular reviews. Records showed that changes in people's circumstances had been recorded and used to update people's care plans. This meant that people's needs and choices were being assessed effectively to achieve effective outcomes.

Care plans included the level of support people would require with meals or drinks. For example, information on one care plan said, "I would like the carer to make me drinks. I like milky tea or juice. I need the carer to encourage me to drink fluid. As I sleep a lot of the day, I will need to be woken up so fluids and food can be taken." Another care plan included that a person preferred staff only prepare half the ready made meals. People were given choices by staff when supporting them with meals. A staff member told us, "Yes, I would give them a choice." Another staff member told us, "They pick their own meals." A relative told us, "I had problems with agencies before when they used to ask [person] what they would like to have and if she refused then they would not give anything. I leave instructions now to make sure [person] has their meals and they follow my instructions to the letter."

Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health, they called for a health professional to support the person and support their healthcare needs. Staff were able to tell us the signs people would display if they did not feel well. The registered manager told us that when supporting one person they noticed a sign that person may not be well. Following this, the service supported the person with accessing healthcare services and the person was diagnosed with a medical condition. The registered manager told us the service was continuing to support the person with accessing healthcare services and there were appointments kept in the person's care plan. This meant the service supported people to access health services to ensure people were in the best of health.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. A person told us, "They [staff] are very good and kind people." A relative told us, "They are very pleasant." Another relative told us, "They are just courteous and always nice."

Staff told us how they built positive relationships with people. A staff member told us, "I am a people's person. I ask about themselves. What they did in the past and their likes. I am a caring person." Another staff member commented, "I talk to them about their life and tell them about mine. They are like family so I treat them as my own." People and relatives told us that they had a good relationship with staff. A relative told us, "They have a good relationship with [person]."

People and relatives confirmed that they had been involved in decision making on the care people received. There was a section where people and relatives could sign to evidence that they agreed with the contents of their care plan. People's independence was promoted. A relative told us, "To a degree they will encourage [person] to do what she is capable of." Care plans included information that people should be encouraged to support themselves as much as they could. On one care plan information included that when showering, what aspects the person was independent on and when staff should support. Staff told us they supported people to make choices in their day-to-day lives with personal hygiene and care. A staff member told us, "I always encourage them to make decisions. I never force them." Another staff member told us, "I always ask what they want, I never assume. They are always given a choice."

Staff ensured people's privacy and dignity was respected. They told us that when providing particular support or treatment, it was done in private. A staff member told us, "If I change them, I do this in their bedroom and make sure the doors are closed." People and relatives confirmed this. A relative told us, "They respect [person] privacy and dignity. They will close the bathroom and bedroom doors when they support her so if there was anyone in the house, they would not be disturbed."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely in the office.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. A staff member told us, "Everyone is different. I care for people the way I would want to be treated." People and their relatives we spoke with confirmed that they were treated equally and had no concerns about discrimination.

Good

Is the service responsive?

Our findings

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People and relatives we spoke with told us that staff were responsive and knowledgeable. One person told us, "They know me really well." A relative told us, "They always make sure [person] is cared for so if she refuses showers, they will not give up and encourage her in a nice way to make sure she showers." Another relative told us, "They [staff] are excellent."

Each person had an individual care plan which contained information about the support they needed from staff. One staff member told us, "Care plans are very detailed and everything is on them." Care plans detailed the support people would require with personal care. They also contained people's family contact details as well as people's personal information such as their religion, any health conditions and date of birth. The health conditions that were listed included the condition, date of diagnoses and the affect it may have on the person. There was a 'Lifestyle Choices and Importance' section that detailed people's living arrangements, interests, concerns and family relations. Care plans were personalised based on people's preferences and support needs. In one person's care plan, information included that a person had arthritis and this affected their joints and caused pain. This meant that staff would be mindful when supporting the person around the joint area to ensure they were not in discomfort and pain. In another care plan information included that a person may become worried about the next care visit as they may forget and staff should write the next care visit along with the name of the carer on a whiteboard next to their person's chair.

There were daily records, which recorded information about people's daily routines and the support provided by staff. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Staff we spoke to did not know what the AIS was in full but were able to tell us how they communicated with people. Care plans included people's ability to communicate such as hearing, eyesight and body language. In one care plan, we found that a person had poor hearing and information included that staff may need to speak to the person at a raised tone. A relative told us, "[Person] has [specific health condition] and they are always very patient with [person], explaining what they will do and communicate with [person] as best as they can."

No complaints had been received. There was a complaint form available should people or relatives want to complaint. People and relatives knew how to make complaints. Staff were aware of how to manage complaints.

Records showed that the service had received compliments from people and their relatives. Comments included, 'I would like to say thank you for the service" and "Your support will forever be grateful."

Requires Improvement

Is the service well-led?

Our findings

There were systems in place for quality assurance. Audits were carried out on people's care plans, risk assessments and medicine records. However, this had not identified the shortfalls we found with risk assessments. In addition, although the medicines audits identified gaps on people's medicines records, this did not detail if the gaps were a recording keeping error or if medicines had not been administered, which might require prompt action to ensure this did not affect people's health.
Records were not always kept up to date. We found some risk assessments had not been completed in full to ensure staff had the relevant information to provide high quality care at all times. Keeping accurate records is important to ensure the service had oversight of the support people required and that the service was assured people received safe care.

We fed this back to the registered manager, who acknowledged this and informed us that they would ensure that this was addressed as soon as possible. They told us they would make the audit processes more robust to ensure shortfalls could be identified and action taken promptly to ensure people received safe and effective care at all times.

Spot checks of staff supporting people had been carried out and this had been recorded. They focused on time-keeping, use of personal protective equipment, medicine management, staff approach, privacy and people's feedback. This was then communicated to staff and formed part of their supervision. This meant that the service was able to identify what areas staff were doing well in and identify if further development was required, to ensure people received effective care and support.

Staff told us that they were supported in their role and the service was well-led. They felt concerns they had would be addressed promptly by the management team. One staff member told us, "I like working for them [Phoenix Care]. If there is any queries or issues, it gets sorted. I cannot fault [registered manager] for anything. She is fair. She will tell you if you are doing something wrong." Another staff member commented, "She [registered manager] is very good, always willing." Staff also told us they enjoyed their role. One staff member told us, "I love it, I love helping people that need help." Another staff member told us, "I love what I do. I like helping people." A third staff member told us, "I enjoy the role. I love the clients, they are great."

People and relatives did not have concerns about the management of the service. A person told us, "I have no complaints about them whatsoever." A relative told us, "[Registered manager] is particularly knowledgeable with things. My mum and me have had no problems with her. I would not change them and would definitely recommend them." Another relative told us, "[Registered manager] is really nice. They are very good. They helped me care for [person] with things like undressing and transfers, stuff like this really helped us."

Professionals were positive about the service. A professional told us, "With the times I have met them they are always professional and courteous in their manner." Another professional commented, "The family did praise the agency for their consistent level of care, time keeping and empathy towards both the patient and the family."

There was a newsletter that kept staff updated on the service. A staff meeting had not been held. The registered manager told us this was because the service only had a limited number of staff but planned to hold a staff meeting soon.

Staff surveys were completed that requested feedback on the running of the service and staff thoughts and experience of working for the service. The results of the feedback were positive and had been analysed to identify and make improvements. Comments from the staff survey included, "I enjoy meeting new people. I love to help people" and "I love the idea of helping people and get great satisfaction from my role." People's and relatives' feedback were sought through surveys. The survey focused on attendance, satisfaction, infection control and communication. Comments from the survey included, "It is great [person] has a regular care worker who has got to know her and is able to bring out the best in her." The results of the survey had been analysed and an action plan had been put in place for improvements. This meant that there was a culture of continuous improvement.