

Phoenix Professional Home Care Limited

# Phoenix Professional Home Care

## Inspection report

39 High Street  
Corby  
Northamptonshire  
NN17 1UU

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24 November 2016

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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

Phoenix Professional Home Care provides personal care for people living at home in Corby and the surrounding villages in Northamptonshire. At the time of our inspection there were 45 people receiving personal care. This announced inspection took place on 24 November 2016.

There was a registered manager in post at the time of 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.

The provider and registered manager had values and a clear vision that were person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff received updates to their training and regular supervisions. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

Care records contained risk assessments and risk management plans to protect people from identified risks. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

## 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 felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

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

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

### Is the service responsive?

Good ●

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

### Is the service well-led?

Good ●

This service was well-led.

A registered manager was in post.

The provider offered regular support and guidance to staff.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the quality of the service.

# Phoenix Professional Home Care

## **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.

This inspection took place on 24 November 2016. The inspection was announced and was undertaken by one inspector. We gave 48 hours' notice of the inspection as we needed to be sure that they would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with three people who used the service and two relatives of people who could not speak for themselves. We also looked at care records and charts relating to five people. In total we spoke with seven members of staff, including three care staff, two team leaders, the registered manager and the provider. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

# Is the service safe?

## Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us they were treated well by staff and felt safe when they were around. More than one person told us "they [staff] make sure I am looked after." Staff demonstrated how they could identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us, "I report any concerns to the manager straight away, they take action and put safeguards in place." We saw that the registered manager had taken timely action to report and investigate any allegations of abuse or issues of concern.

People were assessed for their potential risks such as falls and medicines. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment and care plans reflected their changing needs. Staff told us that they reported changes to the manager who arranged for the risk assessments and care plans to be updated to reflect people's current needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety.

There was enough staff to keep people safe and to meet their needs. People told us that they had the same staff most of the time; and when staff came to provide their care, they were on time and stayed for the allotted time. One person told us "I see the same girls, they always come to give my care, they look after me." Relatives told us that staff would call if they were delayed and would be late for a call. People were allocated staff who had received the appropriate training to meet their individual needs.

Staff were allocated to look after the same people every day, and where people required two members of staff, these staff worked in teams to ensure people received their care at a regular time. The provider had implemented a system to electronically monitor people's calls to ensure they received their visits on time and for the whole time allocated.

People could be assured that appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People's medicines were safely managed. Where people had been assessed as needing their medicines administered by care staff, the provider had set up robust systems to manage their medicines. Team leaders visited people's homes weekly to check that people were receiving their prescribed medicines and where necessary contacted people's GP or pharmacy to check the details of prescriptions. One team leader told us "I could see that one person was refusing one of their medicines, so I liaised with their GP to clarify whether it was still needed, the GP has now stopped that medicine." Arrangements had also been made to ensure

that medicines were stored safely in people's homes, in particular where there was a risk that people living with dementia could access their medicines and take them all at once. Staff had received training in the safe administration of medicines and their competencies were tested. Staff recorded when they gave prescribed medicines on medicine administration records. They followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

# Is the service effective?

## Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. One member of staff told us "I shadowed staff for a couple of days; it was a great introduction to all the clients. I was able to read the care plans and get to know what was needed and what to do."

Staff completed a set of mandatory training courses which included safeguarding, manual handling and food hygiene. Staff competencies were checked by the completion and marking of workbooks that tested their knowledge and skills. New staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People's needs were met by staff who had received training to meet their specific needs, for example where people had a catheter; staff had specific training to manage their care. One person told us "the staff are well trained; they know how to provide my care." Staff received yearly updates to their training.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Team leaders carried out monthly spot checks and supervisions which looked at all aspects of the care provided, including the level and quality of interaction with people receiving care and the use of personal protective equipment and handwashing as a means of infection prevention. Staff told us they received regular supervision and they felt supported, one member of staff said "my supervision has given me more confidence."

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. Staff gained people's consent before they entered their homes and before providing any care.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs and the need for equipment to help maintain people's independence; for



example some people used adapted cutlery and staff ensured these were provided at meal times. Staff received training in food hygiene and prepared food to people's preferences. Staff ensured that people were encouraged to eat and drink regularly and where necessary, people were prompted to drink to maintain their health.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. For example we observed a team leader arranging a GP appointment for one person who was showing signs of an infection.

## Is the service caring?

### Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us "they're [staff] very friendly." Another person told us "they are very good indeed."

One relative told us "out of all the care companies, I would say that they're [Phoenix Professional Home Care] are the best one we've ever had."

People received care from a regular group of staff, which helped form positive relationships. One relative told us "[name] likes to have regular staff, she gets on fine with all of them." Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. Staff communicated with people and their families by communicating clearly, for example one person relied on information provided on a white board in their home to advise them of medical appointments and other events. One member of staff told us "I know the people I look after well, and their families."

People's care was person centred. People described how the care they received met their individual needs. People told us they felt they had a voice, they told us of examples where they had been listened to and their care had been changed. One relative told us "[name] doesn't like to see the same carers on all their calls in the day, so they spread the carers out."

People had their individual routines and preferences recorded and carried out by staff. For example some people had specified they only wanted female care staff. Other preferences were recorded, for example one person specified they wanted the lights off and their bedroom door shut at night, which staff adhered to.

The registered manager ensured that staff looked after people's general welfare. People's care plans included ways of meeting people's emotional needs which included making time to listen and building therapeutic relationships. One person told us "the staff really care, they look after me properly."

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. One person's care plan stipulated that the heating was turned up during personal care and staff to take extra care to provide privacy, which their relative confirmed took place.

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff and the care they had provided. For example one family had written 'we are happy with the support from carers, we feel they are very thorough with their care.'

## Is the service responsive?

### Our findings

People were assessed before they received care to determine if the service could meet their needs. The provider told us "We only take on people we can provide care for, we make a promise that we will care for them, we won't take them if we can't keep the promise." Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

People were involved in planning their care; during their assessments they discussed how they wanted to receive their care, their nutritional preferences and the timings of their calls. For example one person wanted to be more independent and where possible carried out their own catheter care. People had signed to say they agreed to their care plans. Staff demonstrated they were aware of the content of people's care plans and had recorded that they had read them. Staff told us that they knew people they cared for well and were involved in people's reviews.

Care was planned and delivered in line with people's individual preferences, choices and needs. People's care was provided at times that were agreed and staff trained to meet their needs were allocated to provide their care. People told us the staff understood their needs, one person told us that care staff provided care at regular times as it was essential for their skin care.

Staff were knowledgeable about people's health needs and the impact this had on their daily lives. The manager provided staff with information about medical conditions that explained what side effects people experienced, for example for some long term conditions people experienced fatigue or breathlessness when mobilising. Staff were provided with plans on how to manage these symptoms.

Staff provided care that met people's changing needs; for example they had risk assessments and plans for people's mobility needs and were knowledgeable on how to use the equipment required such as handling belts, hoists and wheelchairs. Staff informed the team leaders of any changes in people's needs, such as fluctuations in mobility. People's care plans were updated and all their regular care staff were notified of changes to care. One member of staff told us "We are always on phone to each other; there is good communication with staff and families."

People's care was co-ordinated by team leaders that knew them well as they continued to provide care calls and carry out supervisions and audits of care at people's homes. One team leader told us "I like it, I keep up to date with client's needs, and it means we know them all well."

People said they knew how to complain and felt confident that their concerns would be listened to. One relative told us "I contacted the manager directly and she dealt with it." One person told us "I would phone the office and let them know if I was unhappy." There was a complaints policy and procedure in place and we saw that complaints had been dealt with in a timely way. The manager used the information from complaints to make improvements in the service, for example the timings of one person's call.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our inspection that had the skills, experience and knowledge to manage the service competently. The provider worked closely with the manager, they both understood their responsibilities which included notifying the commission of incidents or changes to the service.

The manager and the provider demonstrated commitment to providing a good service for people. They had a clear vision of providing person centred safe care with clear communication between people who used the service, their relatives and staff. The manager ensured that staff had clear communication channels to the team leaders, the care staff and to themselves. The registered manager was proud of the staff and told us "We are a good team, the staff are great."

The culture within the organisation was of mutual respect for each other and willingness to improve. Many staff spoke highly of the managers, team leaders and each other. Staff described the team as "brilliant", and they told us repeatedly that they had not worked for such a good company before. One member of staff told us "the managers are really supportive."

Staff were involved in improving the way care was provided. One team leader told us "The team works, we all work together, we are kept informed and the managers listen to our suggestions to improve the care, for example the way we manage people's medicines." We saw that systems had been devised and implemented that ensured the management of medicines was safe and robust procedures were in place to ensure this was embedded into daily practice.

The manager and provider had an ethos of looking after the staff to enable them to provide good care. Staff told us that the training, supervision and daily communication provided them with the confidence they needed to provide care to meet people's needs. Staff told us that managers listened to them and involved them in improving care. One member of staff told us "the managers listen to me, they take action straight away and put safeguards in place, then they feedback to me."

People who used the service and their relatives told us they had confidence in the service. The manager listened to the feedback they received from people and used this information to improve the service they provided. People's records and personal information were kept securely; the rotas did not provide people's personal details such as their key codes or addresses as these were kept separately.

Staff had opportunities every week to meet with the manager when they picked up their rotas. The manager told us they enjoyed meeting each member of staff and hearing their news and sharing information. These meetings were also used to inform staff of any changes in people's needs, and of new people joining the service. Regular meetings with staff were used to relay feedback from people who used the service and the results of audits, for example findings from the medicines audit. Training had been organised in the times where staff were not on annual leave so that they could work together as a team in their learning.

The manager understood the importance of providing good quality, safe care. Staff were regularly updated with policies and procedures for example for medicines, complaints, whistleblowing and safeguarding. Staff had knowledge of safety procedures for the management of oxygen in the house and for missing persons and equipment repair. There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out. Where issues had been identified the registered manager had taken action to improve the service and continued to monitor the quality.