

PHOENIX CARE SUPPORT SERVICES LIMITED

Phoenix Care Support Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Phoenix Care Support Services is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. At the time of this inspection, the service was providing personal care to five people.

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

People were not always supported in a way that was safe. We found concerns with the management of risks to people including risks associated with medical conditions such as behavioural challenges and diabetes. Medicines administration records (MARs) were poorly maintained and not in line with best practice. Pre-admission assessments and care plans were not robust to ensure people's preferences with support and care were captured. Care plans did not record people's preferences regarding personal care or what people liked to eat or drink. Care plans did not include how staff should communicate with people effectively.

Robust quality assurance systems were not in place to identify shortfalls and take prompt action to ensure people received safe and effective care at all times.

People had the privacy they needed and were treated with dignity and respect. They were supported to be as independent as possible. Confidentiality of people's personal information was maintained. There was a complaints procedure which provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. Staff were aware of their roles and responsibilities and felt supported by the management team.

Staff followed infection control procedures and people were protected from the risk of infections such as COVID-19. Staff were safely recruited and had the relevant training and qualifications. People and relatives told us staff were caring and they were treated with respect.

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

Rating at last inspection and update

This service was registered with us on 20 January 2020 and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, good governance and person-centred care at this inspection.

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

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 Care Support Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 reviewed the information we already held about the service. This included their registration report and

notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with two members of staff including the registered manager and a senior care worker.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a variety of policies and procedures. We spoke by telephone with person who used the service, two relatives, and two members of staff. We also spoke with a professional who regularly visits people who use the service.



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

- Medicines were not always managed in a safe way.
- We looked at medicines administration records (MARs) from January 2022 to March 2022 and noted they were poorly maintained and not in line with best practice. One record about medicines did not always show that they were managed safely because the stocks of medicines were not recorded accurately. It was not possible to account for these medicines or confirm they had been given as prescribed.
- Some people had been prescribed medicines on a PRN (as required) basis. Strict legal controls are needed for certain medicines. This is because they may cause serious problems like dependence ('addiction') and harm if they are not used properly. These are known as controlled drugs. There was not guidance in place for staff on when to administer these as required medicines.
- For example, one medicine Lorazepam, was being prescribed as PRN medicine. Staff did not have written guidance in place to follow when medicines were prescribed to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.
- Medicines audits were carried out to check medicines practices within the service. However, these were not always effective, as they failed to identify issues of concern that we found during our inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely and effectively. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us staff did support residents to take their medicines as prescribed and they were happy with the arrangements. □
- Staff told us that they had received training in administration of medicine. One member of staff said, "I recently completed my medication training and I do help the service users with taking their medicines."

Assessing risk, safety monitoring and management

- Risks were not always managed safely because risk assessments had not been completed in full for some people to ensure they received safe care at all times.
- One person had diabetes and there were no risk assessments in place about how to manage these conditions in a safe way.
- Staff had received training related to their roles. However, during our inspection we looked at the training

matrix and noticed staff had not received any training around diabetes care. This meant people were at risk of receiving care from staff who did not fully understand their health conditions.

- Two people whose files we reviewed were identified as demonstrating behaviours that may place them, or other people, at risk of harm. There was no guidance in place regarding how to mitigate the risks associated with this.
- Failure to complete risk assessments in these areas meant that there was a risk people may not receive safe care at all times.

We found no evidence that people had been harmed. However, risk assessments were either not in place or were not robust enough to demonstrate safety and risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us all staff has been registered to complete training on diabetes care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had safeguarding policies and procedures in place. These advised staff on what to do if they had concerns about the welfare of any of the people they were providing care and support to.
- Staff demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member told us, "I will contact my manager, and tell them what happened. If nothing happens, I will contact the local authority."
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately.
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice.

Staffing and recruitment

- There were sufficient staff available to meet the individual needs of people who used the service. There was a system to ensure if staff were unable to work, cover would be found. One staff member told us, "Yes, we have staff."
- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included conducting an interview, completing a criminal record check and obtaining references.

Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection. Staff were aware of their responsibilities regarding infection control and prevention.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons to protect the spread of infection.
- Staff had received training in infection control and undertook COVID-19 testing on a regular basis.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents. The registered manager reviewed the records to identify any action needed to prevent a potential recurrence.
- Accidents and incidents were discussed with staff so lessons were learned from them.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always assessed in line with best practice. There was a lack of detail about how to support the person with their personal care. People's needs were not fully assessed prior to them using the service. These included obtaining information from people and their relatives about their needs and preferences and how they would like to be supported.
- We reviewed three people's care plans which did not detail the person's preferences for when they liked to have a shower, or what time staff needed to visit the person. The lack of detail about people's routine in the care plan meant there was a risk that if a new care worker started providing care they may not have all the information to meet the person's needs and wishes.
- When people started using the service their needs were not assessed to determine if the service was suitable for them. This meant people were at risk of receiving care from staff who did not fully understand their health conditions or preferences in how care was delivered.

The provider did not always carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- There was a lack of information in a people's care plans about their nutritional needs, preferences and support needed to maintain a balanced diet.
- Care plans did not always provide enough guidance on people's dietary needs. For example, staff did not have guidance on suitable food types for people with diabetes diagnosis.
- Care plans did not contain enough information to enable staff to support people to maintain their health. For example, while GP details were included it was not clear to whom it was appropriate to escalate concerns about people's health.
- External professionals were not contacted to gather their advice on effective care. For example, there was not enough information to support staff to escalate concerns about people's health in an appropriate manner.

We recommend that the provider seeks and follows best practice guidance on ensuring people's nutritional needs and preferences are identified and met.

- The relative of a person told us staff supported the person well with eating and there were no concerns about the support the person received with their nutrition.
- Both staff and the relatives told us that the care workers heated up food and encouraged the person to eat well and knew what they liked and disliked eating and drinking.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

- Staff were trained to support people. Relatives told us they felt that the care workers had the skills to meet their needs. A person's relative told us, "They [staff] know what they are doing, no concerns for me."
- Staff were supported and completed a programme of on-line and face to face training sessions to effectively perform their roles. Staff confirmed they completed induction training and told us they found this useful. A staff member told us, "They [provider] told me to shadow an experienced staff, so I could learn how they support service users."
- Staff received regular one-to-one supervision to support and monitor their performance. Staff said the registered manager was approachable and they felt supported in their work. A staff member told us, "[Manager] is really good, they are respectful and listens to us."
- People had access to health care services and the registered manager gave an example of this. One person needed their medication to be reviewed, the service contacted the person's GP.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training on the Mental Capacity Act which covered obtaining people's consent prior to delivering any care and the principles of the MCA.
- People and their relatives told us the staff consistently sought their consent before providing any care or support. One person said, "Yes, they [staff] always ask our permission."

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always supported to be involved in making decisions about their care.
- Staff told us they gave people choices about their support and involved them in all decisions about their care and lives. They said they gave people information to make informed choices and respected the decisions people made. However, we noted that care plans did not always reflect this or contain information relevant to the person's needs. A positive person-centred culture was not promoted which took account of people's views and preferences and promoted good outcomes for them.
- People and relatives told us they were involved in their care. One relative said, "They [staff] got to know exactly what [person] likes."

We recommend the service follows best practice guidance on ensuring people are involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff ensured they explained what they were doing and sought people's consent when offering support. One staff member said, "I will knock on their door and wait for their response before entering. I will seek their [people] permission before I start on personal care. I will close the door to maintain their privacy and dignity."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff.

Ensuring people are well treated and supported; respecting equality and diversity

- People had developed positive relationships with staff who knew them well. One relative said, "They [staff] are caring to [person] and they [staff] listen to their needs." Another relative told us, "They [staff] are good with [person] and put [person] at ease."
- Staff and the registered manager knew people's day to day needs and had developed good relationships with people and their family members.
- Staff were trained in equality and diversity. They told us they treated people fairly and did not discriminate against them based on their characteristics. A staff member said, "We should treat everyone the same, no matter what their age, religion, colour or sex. We must respect their decisions."

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; End of life care and support

- Care plans were not always personalised. Care plans were in place for people. However, we found they were not always personalised to include people's preferences, wishes, needs in key areas such as life history, nutrition and hydration, communication and preferences on personal care.
- Care records did not always capture all the needs people had or all the actions staff should take to meet people's needs. This meant staff reading the care records did not have the guidance and information needed to provide people with person-centred care. For example, staff did not have guidance on how to support people to manage their health conditions.
- We looked at one care plan for a person who had diabetes. Care plans mentioned people need support with food and drink. Care plans did not detail their food and drink preferences.
- Another person's care plan did not mention the preferred time should staff arrive at the person's home to provide personal care.
- Care plans did not contain personalised plans to support people with their mental health. No assessment had been conducted to provide guidance for staff to help identify, monitor and support people with identified conditions and behaviours.
- As the time of the inspection the service was not providing end of life support to people.

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.

- People received information in a format they could understand, such as posters and leaflets. Staff knew people well and understood their communication needs. However, people's ability to communicate was not robustly recorded in their communication care plan, to help ensure their communication needs were met.

The above concerns meant that care plans and communication plans had not been completed accurately or personalised to ensure people received high quality person-centred care. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social and emotional needs were taken into account. People took part in activities which they

had chosen to help ensure they were not socially isolated.

- Staff supported people to access local communities such as going shopping, attending a local gym or college. Relatives told us they were kept informed of any changes regarding their health or at the service.

Improving care quality in response to complaints or concerns

- Complaints and concerns were managed by the service. A complaints policy and procedure were in place. The registered manager reviewed all complaints to identify ongoing concerns and put actions in place to resolve these.
- Relatives told us they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team. One relative said, " Yes, I know who to contact if I want to raise a concern."

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.

Continuous learning and improving care; Working in partnership with others

- Robust quality assurance systems were not in place to ensure shortfalls were identified and prompt action taken to ensure people received safe and effective care at all times.
- Audits were not carried out on aspects of the services, which included medicines, care plans and risk assessments.
- We identified medicine administration auditing was not effective and records of what had been audited were not routinely kept by the service. We found gaps on MAR records regarding medicines stock control. This showed the provider had not adequately assessed, monitored and improved the quality and safety of the service provided.
- We also found care plans were not always personalised. For example, we did not see records of people's preferences regarding personal care, such as whether they would prefer a strip wash, shower or a bath. Another example was what people liked to eat or drink. Information about people's communication was limited and not individualised.
- The registered manager did not have oversight of audits, such as medicines, care plans and risk assessments. This meant robust processes were not in place to monitor the quality of the service, risks to people's safety and maintain complete and up to date records in respect of the decisions taken about each person's care and treatment.

This meant the service had failed to ensure that adequate quality assurance systems were in place to identify shortfalls and ensure people received safe care. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Staff told us they were clear about their roles and were positive about the management of the service. One staff member told us, "Yes, I like working here."
- The registered manager did attend a forum run by the local authority to share knowledge and develop best practice. However, the registered manager did not engage in opportunities to share best practice with other providers.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive relationship between the registered manager and staff.
- Most staff we spoke with spoke positively about the registered manager at the service. One member of

staff said of their manager, "Manager is great, if I have any challenges, I can talk to the manager."

- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service.
- Staff were able to engage with the service through regular supervision and staff meetings. Supervisions provided the opportunity for staff to discuss matters they wanted in a one to one setting whilst team meetings offered the opportunity to do this in a group setting. Meeting topics of discussion included, but were not limited to, staff and client wellbeing, infection control and safeguarding.
- Staff told us they felt happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

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

- During our inspection we provided feedback to registered manager about issues of concern we found. The provider accepted that some things needed to be addressed. Over the course of the inspection the provider took positive action to make improvement. For example, they made arrangements for staff to complete diabetes training.
- The registered manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. They were aware of their responsibility to notify CQC of any events, such as safeguarding and serious incidents as required by law.
- The provider was open and honest about when things went wrong. There were systems in place for dealing with complaints, and accidents and incidents were recorded and reviewed on an individual basis.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA RA Regulations 2014 Person-centred Care Quality Commission</p> <p>The registered provider must do everything reasonably practicable to make sure that people who use the service receive person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences, whatever they might be.</p> <p>Regulation 9(1) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

The provider's governance framework failed to identify shortfalls. Auditing systems had not effectively assessed and monitored the quality and safety of the services provided and ensured compliance with regulations.

Regulation 17 (1) (2)