

Phoenix Care & Domiciliary Service Limited

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Inspection report

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24 November 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Phoenix Care and Domiciliary Service Limited is registered with the Care Quality Commission (CQC) to provide personal care to people living in their own homes. At the time of this announced inspection the service was providing care and support to 36 people.

There was a registered manager in post. 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.

At our previous comprehensive inspection in September 2015, we identified concerns relating to staff recruitment, training and support. Medicines were not always managed safely. Records were not well maintained and systems for governance and monitoring quality were not robust. The service was rated 'Requires Improvement'. Four of the five key questions (safe, effective, responsive and well-led) were rated 'Requires improvement'.

At this inspection we found improvements had been made. However, systems for governance were still not effective. The lack of oversight and good governance placed people at potential risk of harm. We identified a shortfall relating to the management and reporting of safeguarding concerns. We found allegations of abuse had been made. The registered manager had not taken action as instructed and investigated these concerns in a timely way. The registered manager told us there hadn't been any safeguarding incidents, although they had been made aware of concerns a week before our inspection. A safeguarding meeting took place the day after our inspection started and the registered manager advised us the following day. We asked the registered manager why they had not mentioned this incident. They told us it was because there was so much happening and staff at the local authority had told them not to tell anyone. This is a notifiable incident that must be reported to the Care Quality Commission without delay. Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. However, some staff did not know who they could contact outside of the service. The registered manager told us they would attach the contact details to staff's next pay slip.

Processes in place for staff to account for decisions, actions, behaviours and performance were not always clear. The company director delivered care to people in their homes. They told us the registered manager supervised their practice. The company director had responsibility for overseeing and supporting the registered manager and the governance systems. This posed a conflict of interest. We discussed this with the registered manager. They told us they worked with another agency, who were independent of the service, and they would look into the possibility of supervision being supported by them.

People were happy with the staff who visited them. Comments included "I'm always pleased to see them come"; "Excellent, respectful, kind and nice; we have a chat" and ""They're fantastic". Healthcare professionals told us they found the care staff to be caring and helpful. People told us they had a small team

of regular staff who they knew well. Several people gave us examples of staff going above and beyond. For example, one person had recently been in hospital. Staff had visited the person in their own time and checked whether they could get anything for them and their relatives. Where people were receiving end of life care, the registered manager ensured there was a team of trained, regular care staff. The service had worked with 'hospice at home' to help support people who wished to remain at home.

People told us staff knew how to meet their needs. People said "They know what they're doing and they know how to use the equipment" and "They're marvellous, they know how to meet my needs". A relative told us staff had given them tips on how to make it easier for them to support their loved one. All the staff we spoke with told us they felt well supported. Some staff told us they regularly worked with the registered manager. Staff told us they had regular supervisions with the registered manager to discuss their work.

Recruitment practices were safe. Staff files included evidence that pre-employment checks had been made. This helped reduce the risk of the provider employing a person who may be a risk to people.

The service had enough staff to carry out people's visits and keep them safe. People told us staff were usually on time and had time to meet their needs in the way they wanted.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. We saw risk assessments had been carried out in relation to mobility, behaviours, epilepsy, nutrition, and skin care. Risk assessments relating to each person's home environment had been completed. People were supported safely with their medicines and told us they were happy with the support they received.

People's needs were assessed and care plans were developed with the person. Care plans described the support the person needed to manage their day to day care and health needs. The registered manager had introduced person centred care plans. These contained information on the person's history, interests and preferences. Staff knew people well and were able to tell us how they supported people.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included "No complaints at all" and "I can't fault them".

Records were clear, well organised and up to date. An audit system was in place to monitor the quality of the service people received. Unannounced checks to observe staff's competency were carried out on a regular basis. The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and through questionnaires. A survey had been carried out in October 2016. The majority of the responses showed ratings of good, very good, or excellent. There was a suggestion for improvement in relation to letting people know if staff were going to be late. The registered manager had reminded staff to make sure they contacted the office or the person. Staff told us they rang people if staff were going to be late, and the majority of people confirmed this happened.

We found three breaches of Regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People may not be protected from the risk of abuse because allegations had not been acted upon promptly.

People were protected from the risk of harm because detailed risk assessments were in place for staff to follow.

People's medicines were managed safely and they received them as prescribed.

People received their agreed visits because the service employed enough staff.

Is the service effective?

Good 

The service was effective.

People benefited from having staff who were skilled and supported in their job role.

People were supported by staff who were trained in the mental capacity act and understood the need for consent.

People were supported to access health care services to ensure their needs were met.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were caring and knew them.

People benefited from staff who were aware of their individual communication skills.

People nearing the end of their life received compassionate and supportive care.

Is the service responsive?

Good 

The service was responsive.

People received personalised care because care plans described what staff needed to do.

People benefited from a responsive service because action was taken when staff identified issues.

People were encouraged to feed back their experience of care in a range of ways.

Is the service well-led?

The service was not always well-led.

The culture of the service was not always open and transparent because when a notifiable incident had occurred the CQC were not told.

People were placed at potential risk of harm because the systems for governance were not effective.

People benefited from a registered manager who was accessible and approachable.

Systems were in place to monitor the quality of the service people received.

Requires Improvement 

Phoenix Care & Domiciliary Service 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 21, 23, and 24 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people and carried out visits to people in their own homes.

One social care inspector carried out this inspection. On the first day of our visit, 36 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with six people on the phone. We spoke with four people and four relatives during the four home visits we carried out. We spoke with three staff, the registered manager and the company director.

We looked at four care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection, we found the service was not always safe. We identified concerns in relation to staff recruitment, medicines administration, and the documentation and analysis of risks. At this inspection, we found improvements had been made. However, we found the registered manager had not taken appropriate action after an allegation of abuse was made.

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I trust them implicitly" and "I feel safe". People told us staff were careful to ensure their homes were secured on leaving.

However, where allegations of abuse had been made, the registered manager did not investigate, immediately upon becoming aware of the allegations. The provider's safeguarding policy stated "Allegations of misconduct against an individual will normally result in the immediate suspension of that person from duty, pending an investigation of the allegations". The registered manager had not suspended the staff member. They placed the staff member under supervision whilst they were working. The staff member was not aware of the allegations that had been made. This meant the staff member continued to work for over a week before the investigation was carried out. The registered manager attended a local authority safeguarding meeting on 22 November 2016. They were given an action to interview the staff member that day. However, when we spoke with the registered manager on 25 November 2016, this interview had not yet taken place. The registered manager did not know whether the allegations would be proven or not.

This is a breach of Regulation 13(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had completed training in safeguarding adults. Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. They knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns. However, some staff did not know who they could contact outside of the service. We saw this information was included in the safeguarding policy. The registered manager told us they would attach the contact details to staff's next pay slip.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. We saw risk assessments had been carried out in relation to mobility, behaviours, epilepsy, nutrition, and skin care. Risk assessments contained enough information so that staff knew how to care for people safely. For example, the risk assessment relating to epilepsy gave staff detailed information on what to do if one person had a seizure. Risk assessments relating to each person's home environment had been completed.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their

medicines. We saw that MAR sheets were fully completed. The MAR sheets were audited regularly to ensure people had received their medicines as prescribed to promote good health.

Recruitment practices were safe. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service clearance or DBS), health screening and evidence of their identity had also been obtained. Staff told us references and a DBS check had been completed before they started to work in the community. This helped reduce the risk of the provider employing a person who may be a risk to people.

The service had enough staff to carry out people's visits and keep them safe. People received a visit record each week so they knew which staff would be going out to them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

There was an on call telephone number for people and staff to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management. The service had arrangements in place to deal with foreseeable emergencies. For example, there was a plan in place so that staff knew what action to take in events such as fire, flood, severe weather conditions, and loss of power. This included a list of emergency contact telephone numbers. The provider had a system in place to ensure visits to vulnerable people were prioritised.

Staff were provided with gloves, aprons and alcohol gel. They told us these were freely available from the office. Records showed staff were provided with infection control training to ensure they followed good infection control principles.

The registered manager told us the service did not hold monies for people who used the service. One person kept a small amount of money in their home for shopping. The transactions were accounted for and receipts were obtained.

Is the service effective?

Our findings

At the last inspection, we found the service was not always effective. We identified concerns relating to staff training, supervision and appraisal, and the operation of the principles of the Mental Capacity Act 2005 (MCA). At this inspection, we found improvements had been made.

People told us staff knew how to meet their needs. People said "They know what they're doing and they know how to use the equipment" and "They're marvellous, they know how to meet my needs". A relative told us staff had given them tips on how to make it easier for them to support their loved one.

All staff, who had been employed, had experience of working in care. Staff completed in house induction training before going out to visit people. They then worked alongside experienced staff to observe how people had their care delivered. The registered manager told us if they employed staff who were new to care they would complete the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff commented that the registered manager and senior staff were available to them, "I only have to ask" and "If I need more support, I get it".

Experienced staff told us they were happy with the training they received. Staff told us they had completed training in areas such as moving and handling, infection control, health and safety and food safety. A training report was available and showed when staff's individual training was due to expire. We saw that training was ongoing and all staff had recently completed training in the Mental Capacity Act. Staff were about to complete a first aid training update. Several staff we spoke with had recently completed moving and handling training. They told us this had helped them to identify how to manage loads and move people. We saw evidence that the occupational therapist had shown staff how to use equipment in people's homes. The community matron told us they had observed staff carefully positioning a catheter bag and ensuring it was in the correct place. Where one person had a specific medical condition, the registered manager had contacted the national association to source appropriate training for the staff who visited them.

All the staff we spoke with told us they felt well supported. Some staff told us they regularly worked with the registered manager. Staff told us they had regular supervisions with the registered manager to discuss their work. Appraisals were carried out to discuss staff's skills and plan their future development. Unannounced spot checks were carried out to observe the staff member's work practice.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 had completed training in the MCA. They had a good understanding of the principles of the MCA.

At the time of our inspection, one person lacked capacity, and a relative held power of attorney for health and welfare. This meant they could make decisions in relation to their loved one's care. The registered manager had introduced new paperwork to evidence best interest decisions. Other people had capacity to make decisions relating to their care. Staff told us they would inform the office if there were any changes in a person's ability to make decisions. People told us staff gained consent from people before carrying out personal care and respected people's choices. One relative commented "They always ask before doing anything". Records showed people had given consent for staff to deliver their care.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the office know. They were confident action would be taken. For example, one person had told staff they felt sick. Staff spoke with the person's family who arranged for the GP to visit. As a result, a medicine was prescribed and this helped the person to feel better. The community matron told us staff let them know if they had any concerns. Staff told us if someone was unwell during the visit and they needed to call the emergency services, they were able to stay with the person until the paramedics arrived.

Staff supported some people with their food and drinks. We saw staff made sure they left a number of drinks for one person before leaving a visit. A relative told us staff had encouraged their loved one to drink more fluids. Staff completed a fluid record chart so the person's intake could be monitored. Staff knew to contact the office if people did not eat or drink enough or they had any other concerns in relation to eating and drinking.

Is the service caring?

Our findings

People were happy with the staff who visited them. Comments included "I'm always pleased to see them come"; "Excellent, respectful, kind and nice; we have a chat" and ""They're fantastic". Healthcare professionals told us they found the care staff to be caring and helpful.

People told us they had a small team of regular staff who they knew well. Staff spoke about the people they cared for with compassion and concern. Staff told us they enjoyed getting to know people and enjoyed chatting with them.

Several people gave us examples of staff going above and beyond. For example, one person had recently been in hospital. Staff had visited the person in their own time and checked whether they could get anything for them and their relatives. One relative told us of occasions when the registered manager had carried out a visit in their own time to check on their loved one when they had been concerned about them. Another relative told us when they having problems with their loved one's care, staff came out and helped them. They said "They're always there for you; I'd be lost without them".

People told us staff were respectful and polite. We saw staff and people interact in a friendly way. People were pleased to see the staff. We saw that staff used people's preferred name. The staff knew people well and chatted with them with warmth. People told us and we saw staff asked if there was anything else they could do for people before leaving.

Staff found ways to communicate with people in a way they understood. For example, one person had limited communication and their ability to communicate could vary at different times. Their care plan contained information relating to their communication. We observed staff talking with this person and using speech and body language to understand their wishes. The person was comfortable with the staff supporting them and didn't want them to leave after they had been laughing together.

Staff understood people may feel anxious at times. One person was living with dementia. Staff had worked with their relative and purchased items the person could interact with. They told us they supported the person to access another area in their home and used the items with them. This helped to relieve the person's distress.

People told us staff respected their privacy and dignity. They said staff always attended to them kindly and discreetly. During our home visits, staff were careful to protect people's privacy and they respected their wishes. Staff were calm, patient and attentive to people's needs.

People told us their independence was respected and they were involved in making decisions about their care. Care plans contained information about what people could do for themselves. We observed staff respected this during our home visits.

Where people were receiving end of life care, the registered manager ensured there was a team of trained,

regular care staff. We spoke with a healthcare professional who arranged end of life care. They told us they would always contact Phoenix Care first. They had received very good feedback about the care. A relative told us their loved one was receiving really good care. The service had worked with 'hospice at home' to help support people who wished to remain at home.

The service had received compliments from people and their relatives thanking them for their care, kindness and compassion. Comments included "Always very considerate of wishes"; "I am very pleased we found you and would recommend you to anyone" and "Your calmness, care and support will never be forgotten".

Is the service responsive?

Our findings

At our last inspection, we found the service was not always responsive. We identified concerns relating to care plans. At this inspection, we found improvements had been made.

The provider information return told us when a person started to receive care from the service, the registered manager visited the person. They gave an introduction to the service, told people what they could expect, and discussed the person's care. People confirmed this had happened and had a copy of their care plan in their home.

People's needs were assessed and care plans were developed with the person. Care plans described the support the person needed to manage their day to day care and health needs. The registered manager had introduced person centred care plans. These contained information on the person's history, interests and preferences. Staff told us they would read the care plan before going out to a new person and confirmed each person had a care plan in their home. Staff knew people well and were able to tell us how they supported people.

During our home visits, we saw staff followed each person's care plan. They responded to people's requests, met their needs appropriately, and knew how they liked things to be done. This meant people benefited from personalised care that met their needs.

The service was flexible and responsive. For example, during our inspection, one person's hoist failed to work. Staff arranged to borrow a battery from another person so they could move the person. We spoke with the community matron who told us they had arranged to meet care staff at one person's home. They said they had been delayed but staff stayed so they could still meet. They commented that nothing was too much trouble and staff had a good rapport with the person. A staff member told us they had experienced some difficulty with one person's mobility during the morning visit. They had spoken with the registered manager and an additional staff member had been arranged for the following visit, later that day. The registered manager told us they were going to speak with the occupational therapist to arrange an assessment.

People told us staff were usually on time and had time to meet their needs in the way they wanted. Staff told us they rang people if they were going to be late, and the majority of people confirmed this happened.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. People told us they didn't have any complaints. Comments included "No complaints at all" and "I can't fault them". The service had not received any complaints in the past 12 months. One person and a relative told us when there had been an issue in the past it had been dealt with promptly.

Is the service well-led?

Our findings

At our last inspection, we found the service was not always well-led. We identified concerns relating to the leadership and management of the service and arrangements for governance. At this inspection, we found some improvements had been made. However, we still identified concerns relating to culture of the service and arrangements for governance. This is the second time the service has been rated 'requires improvement'.

We found the culture was not always open. On the first day of our inspection, we asked the registered manager if there had been any safeguarding incidents. They told us there had not been any. However, we then received information from the local authority that a safeguarding incident had taken place prior to our inspection. The registered manager had been made aware of this the week before our inspection. A safeguarding meeting took place the day after our inspection started and the registered manager advised us the following day. We asked the registered manager why they had not mentioned this incident. They told us it was because there was so much happening and staff at the local authority had told them not to tell anyone.

When this safeguarding risk had been identified, the registered manager had not followed the service's procedures to protect people.

Processes in place for staff to account for decisions, actions, behaviours and performance were not always clear. The company director delivered care to people in their homes. They told us the registered manager supervised their practice. The registered manager and company director also worked together to deliver care at times. The company director had responsibility for overseeing and supporting the registered manager and the governance systems. This posed a conflict of interest. We discussed this with the registered manager. They told us they worked with another agency, who were independent of the service, and they would look into the possibility of supervision being supported by them.

Systems for governance were not effective. The lack of oversight and good governance placed people at potential risk of harm. This is a breach of Regulation 17 (1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The allegations of abuse was a notifiable incident that must be reported to the Care Quality Commission without delay. The provider's safeguarding policy stated "By regulatory law, as a care provider we will notify the CQC without delay, incidents of abuse and allegations of abuse". The registered manager told us they had not notified the Care Quality Commission of this event in line with their legal responsibilities.

This is a breach of Regulation 18(2)(e) of the Care Quality Commission (Registration) Regulations 2009.

The provider information return stated the service had an open door policy. People told us they were happy with the service and the management were approachable. Comments included "I can ring them whenever I need to" and "They couldn't do anything better". The registered manager delivered care as part of their role

and knew all of the people who used the service. A healthcare professional said "They're really accommodating, they bend over backwards". Staff commented "I enjoy my work" and "We all get on well".

Records were clear, well organised and up to date. An audit system was in place to monitor the quality of the service people received. Records were checked when they were brought back from people's homes to ensure they had been completed properly. Care plans and staff files were checked to ensure they were complete and up-to-date. Unannounced checks to observe staff's competency were carried out on a regular basis.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and through questionnaires. A survey had been carried out in October 2016. The service received 32 completed questionnaires. The majority of the responses had chosen the ratings of good, very good, or excellent. There was a suggestion for improvement in relation to letting people know if staff were going to be late. The registered manager had reminded staff to make sure they contacted the office or the person.

The registered manager was keen to develop and improve the service. They kept up-to-date with best practice through a subscription to a care magazine and by accessing professional websites.

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 18 Registration Regulations 2009 Notifications of other incidents The Commission were not notified without delay of an allegation of abuse. Regulation 18 (2)(e)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operate effective systems for good governance. The provider had failed to mitigate risks to people who used the service. Regulation 17(1)(2)(b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Appropriate action was not taken in response to allegations of abuse being raised. Regulation 13 (3)

The enforcement action we took:

Warning notice