

Phoenix Care Homes Limited

Phoenix Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Good



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?

Good



Overall summary

The inspection visit took place at the domiciliary care office in Northbourne Village on 3 November 2015. The office is located in Phoenix House, which is a residential care service that is also registered with the Care Quality Commission. Phoenix Domiciliary Care Agency provides care and support to people with mental health needs. The agency is registered to support people in their own homes with personal care and domestic duties. People were able to tell us about the care and support that they received.

People had a tenancy agreement and rented their accommodation. People received support in line with their assessed personal needs. The support hours varied pending on people's changing needs. People were able to live in their own homes as independently as possible.

The registered manager manages the domiciliary agency and the residential service. At the time of the inspection there were very few people receiving a service from the agency in their own homes. A registered manager is a

Summary of findings

person who has registered with the Care Quality Commission to manage the agency. 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 agency is run. The registered manager and staff supported us throughout the inspection.

Staff were not always recruited safely. The provider had policies and procedures in place for when new staff were recruited, but these were not consistently followed. All the relevant safety checks had not been completed before staff started work. Some files did not contain appropriate references and gaps in employment had not been explored when staff were interviewed to make sure they were safe to work at the agency. The registered manager took action to address this.

Safeguarding procedures were in place to keep people safe from harm. People felt safe with the staff and the support they received from the agency; and if they had any concerns, they were confident these would be addressed quickly by the registered manager. The staff had been trained to understand their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures. Staff had received training in how to keep people safe and demonstrated a good understanding of what constituted abuse and how to report any concerns.

The service was planned around people's individual preferences and care needs. The care and support they received was personal to them. Staff understood people's specific needs. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent. Potential risks to people in their everyday lives had been identified and had been assessed in relation to the impact it had on people.

Staff were aware of their responsibilities regarding reporting any accidents and incidents. A system was in place to record accidents and incidents. People's health was monitored and when it was necessary, health care

professionals were involved to make sure people remained as healthy as possible. People were encouraged and supported to have a nutritious and healthy diet.

People had their needs met by sufficient numbers of staff. Staff numbers were based on people's needs, activities and health appointments. People received care and support from a dedicated team of staff that put people first and were able to spend time with people in a meaningful way.

There were policies and procedures in place to make sure people received their regular medicines safely and when they needed them. At the time of the inspection no-one needed support from staff with their medicines. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the principles of the MCA and how this might affect the care they provided to people. People had capacity and they were asked to provide their consent to the support being provided.

Positive and caring relationships had been developed between staff and people who used the agency. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People were provided with care that was responsive to their changing needs and staff were aware of people's individual care needs. People felt able to make a complaint if they wanted to and knew how to do so. There had been no complaints made to the agency.

People and staff were asked for their opinions about the quality of the service the agency provided. There were effective systems in place to monitor the quality of the service and these resulted in improvements when required. The culture of the agency was open and honest and the registered manager encouraged open communication.

Summary of findings

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Recruitment procedures were in place but were not fully adhered to before new staff started to work with people.

There were policies and procedures in place to make sure people received their medicines safely.

Risks to people were assessed and staff knew what action to take to keep people as safe as possible.

There were sufficient numbers of staff to meet people's needs.

Requires improvement



Is the service effective?

The service was effective.

Staff had received training and were aware of their responsibilities in relation to the Mental Capacity Act 2005. People gave consent to care they received.

People's health was monitored and medical support was sought when required.

People were supported with their nutritional needs and were encouraged to eat a healthy and nutritious diet.

Good



Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were involved in their care planning and made decisions about their care.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. People's care plans were regularly reviewed and updated.

People knew how to make a complaint and these had been responded to appropriately.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There were systems in place to monitor the agency's progress using audits and questionnaires. Regular audits and checks were undertaken at the agency to make sure it was safe and running effectively.

The staff were aware of the service's ethos for caring for people as individuals and putting people first. The registered manager led and supported the staff in providing compassionate and sensitive care for people, and in providing a culture of openness and transparency.

People said that they felt listened to and that they had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service they received.

Phoenix Domiciliary Care Agency

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 agency and to provide a rating for the agency under the Care Act 2014.

We visited the agency on 3 November 2015. This was a small agency and offered care and support to a small number of people. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the agency. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a

Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make.

During our inspection we observed how the staff spoke to and engaged with people. We looked at how people were supported throughout the day with their daily routines and activities. We reviewed one care plan and looked at a range of other records, including daily records, staff files and records about how the quality of the service was managed. We spoke with one person who used the agency, four members of staff and the registered manager. Before the inspection we spoke with a visiting professional who had regular contact with the agency.

We last inspected this agency on 25 September 2013. There were no concerns identified at this inspection.

Is the service safe?

Our findings

People told us that they felt safe receiving support from the staff who visited them in their own homes.

The provider had policies and procedures in place for when new staff were recruited, but these were not been consistently followed. This potentially left people at risk of receiving care and support from unsuitable staff. All the relevant safety checks had not been completed before staff started work. Recruitment records did not consistently demonstrate that all employment checks were carried out satisfactorily before staff began working at the agency. All files contained recent photographs of staff. Of the files reviewed, each one had some required information missing; however, it was not the same information for all staff members. Two files did not have appropriate references to demonstrate evidence of conduct in previous employment in health and social care. One file did not contain a satisfactory explanation of gaps in employment, another did not have any educational or qualification history or proof of qualifications achieved.

Other safety checks had been completed including Disclosure and Barring System (DBS) checks. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Successful applicants were required to complete an induction programme and probationary period.

The registered person had not ensured that all the information was available as required by Schedule 3 of the Regulations before new members of staff started work. This was a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us there were sufficient numbers of suitable staff to meet their needs and staff were punctual and stayed for the duration of the call. One person said, “They are always on time and there is enough staff”. People said that staffing was consistent and it was the same staff who provided care, which they appreciated. They said they knew the staff well and the staff knew them. They said they got on well together.

The registered manager calculated how many hours of care were required each week. This information was used to create a rota to ensure that there were sufficient staff available to meet people’s needs each week. The staff told us that they felt there were enough staff and they were able to provide the required support in the time they had.

People were supported by staff who knew how to keep them safe and what action they would need to take to report any concerns. Staff described the different types of abuse which could occur and told us they would not hesitate to report anything of concern. The registered manager ensured staff were provided with the required skills and development to understand their role in protecting people. Although no referrals to the local safeguarding authority had been required from the agency, clear procedures were in place to enable this to happen.

Steps had been taken to protect people and promote their safety. People’s care plans contained information about how staff should support people to keep them safe. Risks to people had been identified and assessed. There were guidelines on what to do if an incident did happen. One person told us that they had a ‘pager’ so if there was a crisis they could contact staff straight away and they would come to support them. The staff told us that the registered manager encouraged them to report any matters of concern and then action was taken to make sure the risk was reduced. There were risks assessments in place about people smoking indoors. People were educated, supported and encouraged to smoke outside their own homes to reduce the risk of any fires.

There were policies and procedures in place to make sure that people received their medicines safely and on time. People who used Phoenix Domiciliary Care Agency did not require assistance with their medicines. The registered manager told us care files identified the medicines that had been prescribed by people’s GP. The registered manager said, “Even if we don’t support with medicines we know what they are prescribed so we can monitor for any side effects”.

Is the service effective?

Our findings

The people told us they were well cared for by staff who knew what they were doing. One person told us “Staff give me the help I need and involve me as much as possible with everything they do, like cooking, cleaning and laundry”.

Staff were provided with training that was relevant to their role. Staff who offered support to people in the community had received the training they needed to fulfil their role safely and effectively. The registered manager ensured certain courses were delivered during their induction. Staff were positive about the quality of training provided to them and said it was delivered in a way that met their needs. One staff member said, “I think the training is good, we get different types of courses such as face to face and online training.” The records we saw confirmed that staff received training relevant to their role, such as safeguarding and infection control. The registered manager had also implemented the Care Certificate (an identified set of standards that health and social care workers adhere to in their daily working life) and was supporting staff to work through this. Some staff were able to explain about the training they had done and how they put this into practice when caring and supporting people. The registered manager kept a training record which showed when training had been undertaken and when ‘refresher training’ was due. Regular training updates were provided in subjects, such as, moving and handling, first aid and infection control. The registered manager had identified the shortfalls in staff training and there were plans in place to make sure all staff received the training that they needed. Staff had some opportunity to complete other training relevant to their roles including person centred care.

Staff received inductions when they started working at the agency. The induction consisted of time spent going over policies and procedures, getting to know about the agency and the people. As part of the induction period, new staff shadowed existing staff to get to know how things were done. There was one new member of staff going through their induction at the time of the inspection. The staff member’s personnel records showed that they were going through the induction which was being signed off by the registered manager at each stage. There were goals set with different timescales such as within the first week, first

month and first three months of employment. Staff explained that over the first three months they spent time getting to know people and their needs. Staff said they were supported through their induction and were comfortable asking for guidance when needed.

Staff told us that they felt supported by the registered manager. They said that they were listened to and were given the support and help that they needed on a daily basis. Staff received regular one to one meetings with the registered manager. Staff said that they found the supervision sessions supportive and helpful. Records showed that they included observations of staff such as assessing punctuality, communication and documentation, attitudes to colleagues, quality of care and knowledge of policies. It also gave staff the opportunity to raise concerns. When staff had raised concerns this had been acknowledged by the registered manager and plans had been put in place to address this. Training needs were also identified as part of the meetings. Staff said they were able to ask for additional training if they wanted to do something and it would be considered by the registered manager. Annual development plans were put in place for each staff member. These identified the training needs for staff, reviewed performance and allowed staff to comment on their progress. They were linked to performance and development reviews. Staff said they updated these yearly and that it was a fair and open process for them to receive feedback.

The staff team knew people well and knew how they liked to receive their support and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective personal care and support.

People were asked for their consent prior to any care and support being delivered and there were copies of documents had been signed as confirmation of this. The registered manager told us that people were fully involved in deciding what care they wanted and the creation of their care plan. The care plans had been signed by the person to confirm their consent.

We checked whether the agency was working within the principles of the Mental Capacity Act 2005 (MCA) to ensure that people were being supported to make certain decisions about their care and safety. In domiciliary care these safeguards are only available through the court of protection. At the time of this inspection no one required

Is the service effective?

this authorisation. The staff described how they supported people to make decisions where possible and understood the importance of gaining consent. The care plans we looked at also confirmed that staff should seek the person's consent prior to delivering care.

People were supported to eat a healthy and nutritious diet. People could prepare some simple meals themselves but were supported with cooking when they needed it. They chose what food they ate and were given guidance on

healthy options. When they wanted to, people could go to the Phoenix House Residential Home for a meal. Sometimes people went out into the local community for meals.

People were independent when making and attending health care appointments. The staff monitored peoples and if it was necessary staff would contact health care professionals and make sure people were supported to remain as healthy as possible. People had an annual health check with their doctor. If peoples physical and/or mental health declined and they required more support the staff would respond quickly.

Is the service caring?

Our findings

People told us they got on well with the staff and enjoyed their visits and their company. There were positive relationships between the staff and people. One person said, “They do everything good. I am well looked after”. Staff were genuinely caring and had developed positive relationships with people and got on well together. People looked very comfortable with the staff that supported them. They chatted with them and had a laugh and a joke.

The staff and registered manager had a good knowledge and understanding of the people they were caring for. People received care and support from staff who knew and understood their history, likes, dislikes preferences, needs, hopes and goals. Staff were able to talk in detail about people. They knew how people preferred to be supported and what worked well for them and what did not. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff listened to what people said and responded to them appropriately.

Staff were able to describe the different ways people preferred to be cared for and any likes and dislikes they may have. Staff told us they valued the relationships they had built up with people and enjoyed the time they spent with them. The same staff were assigned to care for people so that relationships could be developed over time. Staff told us this consistency helped them build relationships with people.

People and staff told us there was sufficient time available on each call for staff to be able to develop positive relationships and carry out any tasks in an unhurried manner. People’s care plans described their needs in a personalised way and gave staff clear guidance about the preferred way to care for each person. Care plans contained information about people’s likes and dislikes and how this impacted on the way they preferred to be cared for.

People were involved in making decisions and planning the care to be provided. One person said, “The registered manager did a review of what I wanted and is helping me sort things out”.

Records confirmed that people had been involved in providing information for their care plans. Care plans were reviewed with people on a regular basis. Changes to the care plans had been made based on any feedback people had provided. Staff told us the information in people’s care plans was accurate and helped them to understand the way people wished to be supported for. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff described how they involved people in day to day decisions relating to their support and gave people choices. Staff chatted to people what they were planning for the day. People were able to go out independently and told staff when they expected to be back, so the visit to their home could be arranged for that time.

Staff explained to us how they made sure people received help with their support in a way which promoted their dignity and privacy. People told us they were treated with dignity and respect by staff. When a person wanted to discuss something with the staff they were taken to somewhere private so they would not be overheard. People said they were treated well by staff.

People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. People were encouraged and supported to do as much as possible for themselves. For example, one person required assistance to prepare cooked meals but was able to prepare simple meals themselves. Staff encouraged them to do this and made sure they had the necessary food in stock.

Is the service responsive?

Our findings

People told us they received the support they wanted and this met their needs. One person said, “The staff do everything that I need them to do. They would do more if I asked. They provide good care. The staff know what needs doing.”

Before people started to use the agency the amount and length of calls they needed was agreed. The registered manager was able to schedule each call at people’s preferred time and also gave staff a realistic rota. If people required additional support for any reason staff would stay for the amount of time required to ensure that people received the support they needed. The registered manager responded to a change in one person’s needs by decreasing the amount of time the staff spent on each call as the person had been supported and guided to become more independent and therefore did not need so much input from staff. People were encouraged and supported to participate in social activities and community involvement. People chose what activities they did to meet their needs and wishes. Everyone worked together to make sure people got everything they needed.

The staff told us they were provided with sufficient information about people’s needs before visiting them for the first time. One member of staff said, “We get the time to read people’s care plans.” Staff also told us that they felt the registered manager listened to their feedback if they felt a person’s care needs had changed.

People received consistent, personalised care, treatment and support. People’s care and support was planned proactively so the staff anticipated any changes needed. People were involved in all aspects of their care planning. Staff supported people to be involved in planning their care; they talked through with them how they wanted things done and where they thought they needed support. Staff supported people to set goals and targets when they planned their care. These were reviewed regularly in partnership with people. People and their relatives said that the care and support was flexible and changes could be made to accommodate people’s wishes and specific needs. The care plans were personal and gave a full picture of the person. There was detail on how people preferred to be supported with their care, communication, behaviours,

money, medicines, meals and activities. They contained all the information needed to make sure that people were receiving everything they needed in the way they preferred. People’s plans were reviewed regularly or sooner if their needs changed and they were provided with support that met their needs and preferences.

Some people had transitioned through the providers other services. One person told us, when they first started receiving care from the provider they lived at Phoenix House Residential Home. They said they got the support and care they needed and their mental health improved significantly. They became more independent and moved from the residential service into their own accommodation. At the beginning they had a high amount of input from the domiciliary care agency staff, but over time they had become more independent and confident and this support had reduced. They were now ready to take the next step and move independently to nearby town where they had more access to more community facilities. The registered manager and staff fully supported and encouraged these positive changes and improvements.

People were able to come and go as they pleased from their own homes. They organised their own activities and involvement within the community. When they wanted to people could ‘pop-in’ to Phoenix Residential Home to visit friends, have a meal and join in any activities that were taking place. One person said that they enjoyed coming to the residential home on a Wednesday as they had music sessions where they played music, sang and had a ‘good’ laugh. People enjoyed spending time visiting nearby towns, going out for lunch and doing their own shopping.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. There had been no complaints received in the last 12 months relating to the domiciliary care agency. People said that the registered manager and staff were approachable and said they would listen to them if they had any complaints or concerns. They felt confident the registered manager would take the necessary action. They told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did.

Is the service well-led?

Our findings

People and staff told us the agency was well led. They said that the registered manager was approachable and supportive and they could speak to her whenever they wanted to. People told us the registered manager listened to what they had to say and 'sorted things out' if there were any problems. The staff said the registered manager always dealt with issues in a calm and fair way. On the day of the inspection people and staff came in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. Despite the constant demands, the registered manager remained calm and engaged with people and the staff.

Quality assurance systems were in place to monitor the domiciliary care agency. The registered manager and staff audited aspects of care both weekly and monthly such as care plans, health and safety, infection control and fire safety and equipment. The business manager, who was the providers' representative, visited weekly to check that all audits had been carried out and supported the registered manager and the staff team. They completed an improvement plan which set out any shortfalls that they had identified on their visit. This was reviewed at each visit to ensure that appropriate action had been taken.

The registered manager and staff were clear about the aims and visions of the agency. People were at the centre of the agency and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. Staff talked about supporting people to reach their full potential and be part of the local community. The registered manager knew people well and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the agency could only operate for the benefit of the people who lived in it with good team and management support.

Staff said that the registered manager was available and accessible and gave practical support, assistance and advice. Staff communicated with each other daily to high-light and discuss any changes in people's needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured

that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the registered manager. The registered manager clearly stated in the minutes of meetings the expectations in regard to staff members fulfilling their roles and responsibilities. The registered manager had recognised the challenges of the agency and was taking action to manage these.

Quality assurance questionnaires were given to people to assess their feedback about the agency. There was an overview sheet which recorded how many people had responded and any additional points that they had raised. Where people had made comments, the action and outcome had been recorded such as "Meal chart", "Key working sessions" and "Plan for CPA". Questions included "Do you know who to go to with any concerns", "Do you agree with your plan of care" and "Do you feel supported by the manager of the home". One person had replied that they felt the registered manager "Has a good team of staff".

Quality assurance questionnaires were also sent to family, friends and care professionals who were involved with the agency. For the most recent survey where the results were published in 2015. Feedback was positive and additional comments included "Staff work well with service users who are challenging and build up positive relationships with them".

Staff were sent quality surveys to assess staff opinion of the agency. Questions included "Do you feel Phoenix Care Homes offers enough training?" "Do you read care plans prior to delivering care?" and "Could communication be improved?" If yes, how? Staff had responded with their suggestions such as "More staff meetings to improve communication". The comments had been acknowledged by the registered manager and meetings were held regularly.

People could meet with the registered manager whenever they wanted to and discuss any changes they wanted to make. People said the registered manager always listened and took action.

Staff meetings were held regularly. Meeting minutes showed that meetings were used to communicate any changes and updates to staff and allow staff the opportunity to discuss and raise any concerns or suggestions that they had. Staff said "I find them useful to find out what is going on" and "We are encouraged to have

Is the service well-led?

our say". Minutes showed staff were also informed of training opportunities such as "Staff now have access to the care certificate courses online and these need to be completed within 12 weeks".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC),

of important events that happen in the agency. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received no notifications from the agency in the last 12 months.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had not obtained all the information as stated in Schedule 3 for each member of staff.</p> <p>Regulation 19 (3)(a)</p>

This section is primarily information for the provider

Enforcement actions

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