

Phoenix Gold Home Care & Support Limited

Phoenix Gold Homecare

Main Office

Inspection report

27 Frensham Drive
Nuneaton
Warwickshire
CV10 9JS

Tel: 07519607681

Date of inspection visit:
17 May 2019
20 May 2019
21 May 2019

Date of publication:
20 June 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Phoenix Gold Homecare is a domiciliary care agency that was providing personal care and 'supported living' to people aged 18 and over in their own homes in the community. At the time of the inspection 12 people were using the service.

People's experience of using this service:

The provider and registered manager needed to ensure they had effective systems in place to have full oversight of the quality and standard of care.

People were happy with the care and support they received; they had developed positive relationships with staff.

Staff were described as friendly, caring and passionate about the work they did. Always having time with people to chat and have a laugh.

The service had a positive ethos and an open culture. The registered manager and provider were approachable, understood the needs of people, and listened to people, staff and relatives.

People were treated with respect, kindness, dignity and compassion. They had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with their personal preferences.

People were protected from the risk of harm and received their prescribed medicines safely.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

People were supported to maintain good health and nutrition and were assisted to access other health professionals when needed.

Information was provided to people in an accessible format to enable them to make decisions about their care and support.

People knew how to raise a concern or make a complaint and there was a system in place to manage any complaints received.

The service met the characteristics for a rating of "requires improvement" in one key question and "good" in four we inspected. Therefore, our overall rating for the service after this inspection was "good".

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

Why we inspected: This was the first comprehensive inspection since the service has registered with the Care Quality Commission in June 2018.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Phoenix Gold Homecare Main Office

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and an assistant inspector.

Service and service type:

Phoenix Gold Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

Not everyone using the service receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the CQC. 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 visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 17 May 2019 and ended on 21 May 2019. We visited the office location on 17 May to see the registered manager and provider; and to review care records and policies and

procedures. We also met with a person using the service and a relative of another person using the service. We made telephone calls to people using the service, relatives of people and staff on 20 and 21 May 2019.

What we did:

We reviewed the information we had about the service which included any notifications that had been sent to us. 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 service, what the service does well and improvements they plan to make. The provider returned the PIR in April 2019 and we took this into account when we made judgements in this report.

During the inspection, we spoke with three people who used the service and two relatives. We also had discussions with seven members of staff that included four care staff, a service manager, the registered manager and the provider.

We looked at the care records of three people who used the service. We also looked at records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information, complaint records and accidents and incident information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were cared for safely. One person said, "Care staff keep me safe, they know what they are doing, and I feel comfortable with them." A relative said, "I am very confident [relative] is safe, they are never left."
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow.
- The registered manager and provider were aware of their responsibilities to keep people safe and took appropriate action to address any concerns raised.

Assessing risk, safety monitoring and management.

- People's risk had been assessed, and risk management plans provided staff with the information they needed to manage the identified risk. For example, a risk management plan for someone at risk of falling had clear instructions about the number of staff required to support the person and what equipment must be used.
- Staff confirmed the information was clear and helped them to provide care safely. A relative said, "My [relative] needs two care staff to move them and they always send two staff, they know what is needed."
- Fire and health and safety checks were carried out prior to people receiving care. This ensured people and staff were safe in the home environment.

Staffing and recruitment.

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the agency.
- People told us there was sufficient staff to meet their needs and that they knew the staff who supported them. One person shared with us a copy of the rota they received each week which informed them of which staff to expect each visit.

Using medicines safely.

- Medicines were managed safely.
- Staff had received training and their competencies were tested regularly.
- Audits of medicine administration were undertaken which ensured any shortfalls were addressed.

Preventing and controlling infection.

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example,

staff wore disposable gloves and aprons when providing support with personal care.

- Staff had training in infection control and there was a policy and procedure in place which staff could access.

Learning lessons when things go wrong.

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and information was sent to staff. For example, following an incident in relation to money a financial check sheet was put in place to ensure all transactions for a person using the service were recorded daily and receipts kept.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- People were supported by staff who had the skills and knowledge they required to deliver effective care.
- There was an induction programme in place and all new staff were required to complete the Care Certificate; this is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. However, we found that this was not consistently delivered.
- Staff received supervision and a plan was in place for all staff employed for a minimum of 12 months to have an appraisal.

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

- People's needs were fully assessed by the registered manager before any care was agreed and delivered. This ensured that there was enough staff to provide the care and support required.
- The plans included people's preferences, their likes and dislikes, communication needs and their cultural background.

Supporting people to eat and drink enough to maintain a balanced diet.

- Information was recorded in care plans as to what support people required in relation to eating and drinking. For example, staff were instructed to liquefy all foods for one person due to their difficulty in swallowing.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- Information in care records confirmed that the service liaised with other professionals when required to ensure that people had access to the right support and help, for example occupational therapists and district nurses.
- One person said, "The staff will come and stay with me when I need them to sometimes when I see the District Nurse, they are very good." A relative said, "[Name of staff] always goes to any health appointments [relative] has, they know [relative] and helps them understand what's happening."

Ensuring consent to care and treatment in line with law and guidance.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- The registered manager confirmed no one using the service were currently subject to any restrictions to their liberty under the Court of Protection.
- People's consent was sought prior to any care being delivered and people had completed consent forms.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People consistently told us how kind and caring all the staff were. One person said, "They [staff] are all good friends, they treat me kindly."
- People were supported by a regular set of staff who had the time to spend with them and had built up positive relationships. One person said, "I have the same staff each day, they print off a rota for me, so I know whose coming. They are all very friendly and we have a good laugh and a joke, I look forward to them coming."
- Care plans detailed people's preferences, likes and dislikes. This included people's religious and cultural needs.

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

- People were listened to and involved in their care. One person said, "We talked through the care plan together and I agreed it, it changes when I need it to change." A relative said, "At the beginning we sat down together to go through the care plan for my [relative]. We make changes when [relative's] needs change."
- Staff understood the need to provide the care and support people wanted. One care staff said, "We support people in the way that meets their individual needs and preferences."
- The registered manager was aware of the need for people's voice to be heard. However, at the time of the inspection there was no information available to people as to how they could access the support of an advocate if needed. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. We spoke with the registered manager about this who agreed to ensure information would be made available.

Respecting and promoting people's privacy, dignity and independence.

- People told us that they were respected, and their dignity maintained. One person said, "The staff make me feel very comfortable, they are very respectful and talk things through with me."
- People remained in control of their care and were encouraged to be as independent as possible. A relative said, "Staff treat [relative] carefully and they always take into account what [relative] can do and take their time with them."
- Staff described to us how they maintained people's dignity. One said, "I always make sure we close the bathroom door and any blinds or curtains. If there are other people in the house I would take them to one side and explain to them the need to protect the person's dignity."
- Staff understood the need to keep people's information confidential. This was confirmed by people as they explained staff never spoke to them about other people using the service.
- Care records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- People and their families were involved in developing their care plan. One person said, "We [care staff] work together, the care plan is now superseded by practice." A relative told us, "I am always involved with [relative's] care plan, the staff and I communicate well together."
- People told us they were listened to and staff supported them in the way they preferred. One person said, "They [staff] always ask me what I want." Care staff commented, "[Name of person] knows what they like to do, they like to be out and about, so we always support them to go out and take part in things they like." The person's relative confirmed that staff provided the support their relative wanted.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with other. We saw evidence that the identified information and communication needs were met for individuals. For example, care staff explained how they supported one person when they met with health professionals so that they understood what was happening.

Improving care quality in response to complaints or concerns.

- People knew who to speak with if they were unhappy and wished to make a complaint. One person said, "I would tell them [service] if anything was wrong; [Name of provider and registered manager] often come in so I would just speak to them." A relative said, "[Name of provider] is very approachable, I would just speak to them if I was unhappy about anything."
- There was a complaints procedure in place and we saw when complaints had been made the registered manager had responded and the outcome shared with staff to make sure a similar situation did not arise again. However, the procedure was not followed consistently which meant that people were not always made aware of where else they could raise their complaint if they remained unhappy with the providers response. We discussed this with the provider who agreed to review their procedure and ensure it was consistently followed.

End of life care and support.

- There was no end of life care being delivered at the time of the inspection.
- People were asked about their wishes in relation to end of life care. We saw advanced care plans in place for some people which detailed where and how they wished to be cared.
- Staff had received training in palliative care and had the support from the registered manager and other health professionals when needed.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Improvements were required to ensure that the provider and registered manager had full oversight of the quality and standard of care. Information gathered from audits, 'spot checks' and accident/incident reporting was not collated so that areas for improvement and development were clearly identified.
- Staff recruitment and training procedures needed to be strengthened so that there was full oversight of staff training and development needs.
- The provider needed to ensure that any issues raised with the local authority around safeguarding also needed to be notified to the Care Quality Commission (CQC).
- The provider and registered manager needed to ensure that when complaints were made consideration was given as to whether any of the issues raised linked to other procedures such as safeguarding, which may require a notification to the CQC.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work which ensured they provided the care and support at the standards required by the provider.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People's feedback and conversations with staff confirmed that Phoenix Gold Homecare provided care which was person-centred. One person said, "[Name of care staff] is coming today, they know I like to chat about history, we share an interest in history."
- Staff told us that the registered manager and provider knew the people and understood their needs and listened to them if they felt people's needs had changed. One care staff said, "if we need more time with someone, we let the office know and they look at how we can do this."
- There was an effective on-call system in place which ensured that there was always someone for staff to contact if they had any concerns. One care staff said, "I just have to phone on-call, they pick up and sort things out then and then."
- The registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics.

- People and their relative's feedback was sought. A recent questionnaire had been sent to people, the response was overall positive with comments including, 'They always treat my wife with the utmost compassion and respect.' and 'We have been very happy with the service.'
- The registered manager and provider sometimes delivered the care so took the opportunity to check with people how they felt about the service. Several people told us how approachable they both were.
- Staff spoke positively about staff meetings, commenting that they were encouraged to raise any concerns or ideas as to how the service could be improved and developed.

Continuous learning and improving care.

- The registered manager kept themselves up to date with changes in legislation and guidance through accessing information via websites.
- Plans were in place to develop systems around human resources and the registered manager was actively looking for local forums to join to be able to share experience and knowledge.
- The provider was reviewing how they developed care plans with people to ensure they were as person-centred as possible.

Working in partnership with others.

- Good relationships had been developed with local health and social care professionals such as social workers, District Nurses and Occupational Therapists.