

Phoenix (SW) Limited

Phoenix Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Phoenix Care is a service providing personal care to people in their own homes. This included older people, people with physical disabilities, people with dementia, people with mental health conditions and people with a learning disability. At the time of inspection 29 people were receiving the regulated activity of personal care. Not everyone who used the service received personal care. The Care Quality Commission only inspects where people receive personal care. Personal care is help with tasks related to personal hygiene and eating, we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they were happy with the care provided. One person told us; "the staff are amazing; they work at a pace which makes me feel confident". People we spoke with had not had any concerns and knew who to contact if they did. Feedback from relatives was also positive. One relative described care staff as "very patient and kind", and another felt staff were "pleasant, approachable and friendly".

We received mixed feedback from staff. Some staff told us they did not feel training was effective because this was mostly online. We found there was not always oversight to ensure staff had completed relevant training before supporting people. We found some improvements were required around recruitment of staff. This included ensuring all staff had a full employment history and checks on people's identity.

Care plans were written in a way that promoted people's dignity, respect and independence, and these were detailed. Audits and spot checks had taken place, but these did not always occur on a regular basis and were not always effective in identifying areas for improvement.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 06 August 2021) and there were breaches of regulations. At this inspection we found the provider remained in breach of regulations for regulation 12, regulation 17 and regulation 19.

At our last inspection we recommended that the provider sought guidance on how to improve their safeguarding processes, how to ensure care plans contain adequate information in line with current best practice, and how to ensure people's communication needs were met. We found some improvement in relation to care plans and people's communication needs. However, we found safeguarding allegations were not always notified to the CQC.

Why we inspected

The inspection was prompted in part due to concerns received about clarity of care plan guidance for staff, infection control procedures, and concerns around staff working excessive hours. A decision was made for us to inspect and examine those risks. We did not find these concerns to be substantiated at this inspection, however we did find breaches of regulation in other areas.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to people's safety, recruitment and management systems at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Phoenix Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 2 inspectors on site and 2 Experts by Experience off site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post; the previous registered manager left several months prior to the inspection. The nominated individual was acting as the manager and intended to apply to become the registered manager.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine staff, six people that use the service, and seven relatives. We reviewed a range of records including care plans, recruitment files, training records, audits and safeguarding records. We spoke with the nominated individual and another director. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure there were systems to demonstrate staff were being safely recruited. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

Staffing and recruitment

- Recruitment was not always carried out safely. We found one staff did not have a Disclosure and Barring Service (DBS) check or risk assessment prior to starting employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The nominated individual had started the application process, but had not checked the application had been progressed. Therefore, the staff member did not have a cleared DBS at the time of inspection, and this meant that people were at risk of harm.
- Some staff did not have a full employment history, particularly where staff had previously worked in care. This meant adequate checks on any gaps and suitability for care work could not be established.
- One staff member did not have photographic identification. This meant there was a risk the person was not who they said they were.

Systems were either not in place or effective enough to demonstrate staff were being safely recruited. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had identified some of the recruitment issues in an internal audit and these were being actioned. However, the audit did not include checks to see if staff had a full employment history, so that gaps could be identified.

- People told us staff arrived on time and stayed for their allocated period. People were happy with the care provided by staff. One person told us "They come in confident in what they are doing and are especially good with personal care". Another person described staff as, "Absolutely great, experienced, and supportive."
- We sought feedback from external professionals as part of the inspection. One professional told us "They seem to recruit very good carers" and, "[Staff] are engaged, tolerant, creative and forgiving, as well as being aware of risks and how to mitigate them."

At our last inspection the provider had failed to ensure systems were in place to demonstrate safety was effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse

- Some staff told us the training they received did not meet peoples' needs. For example, one person told us, "There is mandatory training online – but when I saw [person] that uses a catheter, I didn't know what to do". The staff member also told us, "Now I'm being more selective with who I work with to ensure I am confident to support people".
- Another staff member told us they were asked to support a person with a catheter but did not feel comfortable to do so as they had not been shown what to do. The staff member told us they raised this with the nominated individual. The staff member told us, "[Nominated individual] doesn't listen to us".
- A staff member told us they were sent to support a person that had a grade 4 pressure area. The staff told us they did not feel comfortable to support this person, as they had not completed training in pressure area care. The provider explained the district nurse team are responsible for managing this person's pressure area. However, the provider had not ensured staff had completed the training and had the core understanding of how to support someone with a pressure area, for example, in relation to preventing further damage.
- There were online training courses available in catheter care and pressure area care and some staff had completed these. However, there was no requirement for staff to complete these courses prior to supporting people. There was also no competency assessment to ensure staff understood how to support people with a catheter.
- Staff received training in medicines and had their competency initially checked, however this was not reviewed at the recommended frequency as per the NICE (National Institute for Health and Care Excellence) guidelines, which recommends an annual review of staff knowledge, skills and competency. This meant the provider could not be assured staff had retained their knowledge and skills in administering medicines which increased the risk of error.
- The provider told us moving and handling training was a combination of face-to-face training and online training, however the face-to-face training was not completed by an accredited trainer, and was instead completed by the nominated individual or the senior area co-ordinator. This meant the provider could not be assured staff were competent in moving and handling as the nominated individual and senior area co-ordinator were not trained to complete these observations.

We found no evidence that people had been harmed. However, staff had not received appropriate training to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they recognise training is an area they need to improve. The provider responded immediately following the inspection and told us they were introducing new competency frameworks and would be reviewing staff's competency more frequently. The provider told us they were introducing tissue viability training as a new mandatory training course for staff, and that they recognise the need for an accredited moving and handling trainer.

- Staff could raise concerns about people through the online staff portal and the nominated individual had

oversight of these.

- People and their relatives told us they were safe. One relative told us "Yes, I do feel she is safe with [staff], I have no reason to think otherwise. There have been no issues. [Staff] are pleasant and [person] has never said anything negative about [staff]".

Assessing risk, safety monitoring and management

- Risks assessments for people were detailed and information was transferred over to peoples' care and support plans on how to reduce these risks.
- Each person had a key worker and a small team of staff to support them regularly, most of the time. This meant staff knew people well and how to support them safely. One relative told us "It's a consistent group of [staff] between 4 and 5. As [person] has [health condition] it helps, as [person] may not remember names but [staff] have a routine and know [person's] needs".
- People and their relatives told us they were safe and had no concerns. One person told us staff had helped build their confidence.

Using medicines safely

- We reviewed MAR (medication administration records) charts which showed some medications were not signed for, due to technical errors rather than errors relating to medication administration. These were automatically notified to the management team through the online system. We saw the nominated individual had addressed these gaps with staff.
- Medication audits were completed regularly.
- Staff told us they had received training in medicines and felt this was effective.
- One staff member told us "We use [online system] and it is so clear. But if I had any concerns, I would call the office. Once I had a concern and phoned the office and [management] came and took the medication to be returned".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our last inspection the provider had failed to ensure decisions for people that lacked capacity were made in line with the MCA. This was a breach of regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As we only looked at the safe and well-led domains, we did not follow up this breach fully at this inspection.

- We found staff had received training in MCA.
- People's care plans contained guidance for staff in line with the MCA. For example, one person's care plan stated, "Please be understanding while communicating, allow me time to express my requirements".

Preventing and controlling infection

- There were effective infection prevention and control measures.
- Staff told us there was enough PPE (personal protective equipment). One staff told us, "When it's getting low there is a form you can fill out, sometimes [staff] don't fill it in, but there is always PPE in the office," and, "We were running low once and I called the office and [management] delivered the PPE to where I was working".
- Staff had received training in safe infection control practices.

Learning lessons when things go wrong

- There were systems for staff to report concerns or accidents to the provider. Accidents and incidents were recorded, and actions were identified to help minimise the risk of further occurrence for people.
- Some audits were effective in identifying areas for improvement, for example, monthly care note audits identified that where a person was regularly refusing personal care. We saw actions were taken as a result of this such as contacting the person's key worker and reviewing the person's care and support plan. However, other audits were not effective, for example the safeguarding audit did not identify where incidents should have been reported to CQC.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the provider had failed to ensure systems were in place or effective enough to demonstrate that the service was effectively governed for quality and safety. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider was not always aware of their responsibilities in relation to submitting notifications to CQC. We found safeguarding incidents had not been sent to us where appropriate. The provider informed us they were informed they should only notify CQC if the incident or allegation related to another NHS body or registered care provider, and therefore was following this guidance. However, the provider is responsible for ensuring they meet the regulations in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded immediately and sent the relevant notifications retrospectively.
- This was identified as an action point from the previous inspection.
- The provider had not identified all necessary training relevant for their staff to carry out their roles, and the provider had not maintained oversight of this.
- The nominated individual did not always ensure regulatory requirements were met. For example, ensuring staff had a DBS applied for or risk assessment prior to starting work.
- The provider had completed audits in relation to medication, staff files, client documentation, care notes and closed alerts. These were effective in identifying some issues however there were some areas that needed to be improved. For example, the staff file audit did not include checks to ensure staff had a full employment history.
- Some improvements from the last inspection were made., However, areas for improvement identified at this inspection were also identified at the previous inspection and there were repeated breaches in relation to ensuring people were safe. This meant the provider had failed to act on past risks.

We found no evidence that people had been harmed however, systems were either not in place or effective enough to demonstrate that the service was effectively governed for quality and safety. This placed people

at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service supported people by small groups of staff and each person had a key worker and people spoke positively of this. One person told us, "Having people I know is really important to me." This meant care was person centred and people were able to build meaningful relationships with staff, leading to positive outcomes.
- People and their relatives told us they were asked for feedback. One relative told us, "We get asked all the time for feedback, and asked if we are happy. It can be by email or an odd call. I like that we have the [online system] as I can see everything that has gone on and know about any issues straight away."
- Staff were positive about the support they received from the management team. One staff member told us, "I don't know what I would do without [nominated individual]." Another staff member told us, "[Nominated individual] is a really good boss, I have always gone to [nominated individual] before. Even when we had a registered manager, [nominated individual] always tries to help."

Continuous learning and improving care; Working in partnership with others

- The provider was open, transparent and receptive to feedback. The provider responded to concerns identified at the inspection. However, we found areas which required improvement in relation to recruitment and governance systems, which were also found at the previous inspection.
- We saw the service worked with other organisations such as social workers, Occupational Health, and district nurses. We received positive feedback from professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured staff had received appropriate training to demonstrate safety was effectively managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems were in place or comprehensive enough to demonstrate that the service was effectively governed for quality and safety.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured systems were in place or comprehensive enough to demonstrate staff were being safely recruited