

Phoenix Care Services Limited

# Phoenix Care Services Ltd

## Inspection report

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Date of inspection visit:  
21 August 2020

Date of publication:  
23 September 2020

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Phoenix Care Services is a domiciliary care agency which provides personal care to people living in their own home. At the time of our inspection, the agency was providing the regulated activity of personal care to 17 people. People receiving the care were either living with dementia or elderly and frail.

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

Since our last inspection we found improvements had been made to the agency. This meant people received safe care as risks to people had been reviewed, medicines management systems had been updated and staff knew how to report safeguarding concerns. Other improvements included the introduction of an auditing programme and spot checks and supervisions carried out with staff. In general, the management of the agency had improved and there was a robustness about the management oversight.

People told us they felt safe with staff and that staff knew them well. Since our last inspection, risk assessments had been reviewed and updated. Detailed guidance was made available to staff and where staff were new to people, key information was provided about the person's needs.

People said their medicines were given to them when they needed them and staff knew what they were doing. The introduction of an electronic medicines system had improved the management of medicines, this included the auditing of them.

People were protected from potential abuse as staff were now aware of what would constitute a safeguarding concern. They reported any concerns to the registered manager and the local authority and worked with them to investigate them. The registered manager had reviewed the requirements of registration in relation to notifications and understood the need to make us aware if there was a reportable incident.

People said staff had a good understanding of infection control and wore appropriate equipment when providing care to them. Staff were given sufficient PPE by the registered manager to enable them to carry out care in a safe way.

People received care from a consistent staff team who arrived on time and stayed for the amount of time expected of them. The agency employed a sufficient number of staff for the care packages they had and there was good communication between them and people who received care.

Feedback from people was sought on how the agency could improve and people told us they felt the agency was well managed and they felt comfortable raising concerns. The registered manager recognised the shortfalls identified at our last inspection and had worked to improve the service they provided and meet the requirements of registration. They continued to look at ways to improve and worked with external

agencies to seek guidance and support to enable them to provide the most appropriate care to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (report published 10 August 2019).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. They had also met the warning notices we issued them with at our last inspection.

Why we inspected

We carried out an announced fully comprehensive inspection of this service on 11 June 2019. Breaches of legal requirements were found and we took enforcement action against the provider. The provider completed an action plan after that to show what they would do and by when to improve the safety and management of the agency.

CQC have introduced focused inspections to follow up on Warning Notices and breaches of Regulation. A focused inspection does not include all key questions. We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

At this inspection we reviewed the key questions of Safe and Well-Led. This report only covers our findings in relation to these key questions.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Phoenix Care Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme when we will carry out a fully comprehensive inspection looking at all key questions. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our Well-Led findings below.

# Phoenix Care Services Ltd

## Detailed findings

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also wanted to check whether the provider had met the requirements of the breaches of Regulation 13 (Safeguarding service users) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registrations) Regulations 2018.

#### Inspection team

This inspection was carried out by three inspectors. Two inspectors attended the offices of the agency on 21 August 2020 and a third inspector carried out telephone conversations with people who received the service on 20 August 2020.

#### Service and service type

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

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

#### Notice of inspection

We gave the agency 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We were mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when carrying out this inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a focused inspection following up on shortfalls found at our last inspection.

We reviewed information we had received about the agency since the last inspection. We sought feedback from the local authority and professionals who work with the agency.

During the inspection

We spoke with five people who used the agency and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager and care coordinator. We also received feedback from a commissioning authority.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the registered manager to provide us with evidence of further risk assessments and recruitment checks which they provided to us.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection we issued a warning notice in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered manager had not always ensured people were sufficiently protected from the risk of harm and medicines management was not always safe. We found at this inspection the registered manager had reviewed people's care records and had responded to risks. We also found the registered manager had introduced electronic medicines records which improved the safety of medicines.

### Assessing risk, safety monitoring and management

- People were known well by staff. They knew people's individual risks and where additional support was required. One person told us, "They (staff) know me very well. They (staff) are terribly nice." A second person said, "If there is a new girl (member of staff) they find out what I like and how I like it."
- People were supported to stay safe and free from harm. One person told us, "They (staff) support me to step into the bath safely and I hold their hand – I feel safe." A staff member told us, "We always get details of what is expected (at a care call) and key information about a person."
- Where there were known risks to people, information was available to staff. One person needed to wear a specially adapted shoe and this was clearly recorded in their care plan. A second person had a specific medical condition. Staff had received training and guidance in this and learnt how this person would be affected as their condition progressed.
- However on two occasions although information was contained in care plans, specific risk assessments had not been developed. We had no concerns that people were at risk because all staff we spoke with knew people extremely well. They were able to describe where people's frailties were and how they should respond to these. Following our inspection, the registered manager sent us evidence of risk assessments they had drawn up for individuals where we had found gaps.
- The service had a contingency plan in place which covered events such as extreme weather or power failure. The contingency plan had been reviewed and updated to include any risks related to COVID.

### Using medicines safely

- People's medicines were managed safely and they received the medicines they required. This was helped by an electronic medicines system which had been introduced since our last inspection. One person told us, "They help me with my medicines – they are marvellous."
- Staff had a good understanding of safe medicines processes. A staff member told us, "Make sure they have taken them, then we have to go onto the app to record they have been given." A second said, "The electronic MARs (medicine administration records) can be checked easily."
- Where people had topical creams (medicines in a cream format) or pain patches, staff used a body map to record the application of these. One person said, "I have cream on my feet and elbows, they (staff) know just

what to do."

At our last inspection we issued a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered manager had not always ensured any concerns which may have constituted a safeguarding concern had been reported to us. We found at this inspection the manager was keeping a record of all accidents, incidents and concerns and had reported concerns in line with requirements.

Systems and processes to safeguard people from the risk of abuse

- Where people had experienced incidents that constituted abuse, staff recognised these and took appropriate action in response. One person said, "I feel very safe, I know I can trust them."
- Safeguarding concerns had been raised with the appropriate authority and the service worked with the safeguarding team to investigate or provide additional information when required.
- Staff had a good understanding of what constituted a safeguarding concern and told us they would report these to the office. A staff member said, "I would report it to my manager. It could be physical, mental or financial, for example a family member hurting them, bruises, how a family member speaks to them. We also have a booklet with safeguarding information in."
- We were told one person had not received one of their care calls. This had been raised with the local authority safeguarding team. The person did not come to any harm as they received more than one call each day and the other calls were completed.
- The agency used encrypted 'pictures' for staff rotas. This ensured that no one outside of the agency could access confidential information about a person.

Staffing and recruitment

- People said they received care from a consistent staff team. One person said, "Yes, most of the time I get ones (staff) who know me." A second person told us, "Always the same person" and a relative informed us, "Even with four calls a day, seven days a week, he gets regular staff."
- People told us staff arrived on time and stayed the time they were expecting. If staff were running late, people received a telephone call to advise them. One person said, "I think so (they arrive on time) – no complaints." A second person told us, "I worry if ever they are late, it doesn't happen very often" and a relative said, "I get a call on my mobile when they are running late."
- Staff felt there was enough of them. A staff member told us, "Yes, because all the shifts are covered." A second member of staff said, "We get plenty of time with people."
- When people required support outside of core office hours, they had access to an out of hours service. Contact information was recorded in their care plan.
- The service had recruited new staff since our last inspection. We reviewed the recruitment records for these staff members and found an application form and health declarations had been completed, references obtained and a Disclosure and Barring Service (DBS) check carried out. A DBS helps ensure prospective staff are suitable to work in this type of service.

Preventing and controlling infection

- People told us staff were good at ensuring they followed infection control processes. One person said, "They wear a mask all the time." A second told us, "They wear gloves and apron when they help me and a mask all the time." A relative reiterated this telling us, "They wear masks and gloves and aprons when assisting Dad."
- Staff said they received infection control training. A staff member said, "Make sure you put gloves and a mask on, use hand gels and sanitiser. If I give personal care, then I change my gloves and wash my hands. We've always had enough Personal Protective Equipment (PPE)." A second said, "We've had donning and



doffing training."

- Management told us they had provided every staff member with their own PPE bag at the start of the COVID pandemic. This included all the necessary equipment they required, together with a bag to dispose of used PPE.

Learning lessons when things go wrong

- Where people had incidents or accidents these were fed back to the office and recorded and responded to appropriately. A staff member said, "If I found someone on the floor, I would make sure they were okay and then call 999. I would record the incident on the daily app (so it would be seen by the office)."
- An accident and incident log was kept. We reviewed some of the incidents reported to the office and noted these had been followed up. For example, staff alerted a family member to one incident and on another occasion the GP was called and asked to visit a person.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we issued a warning notice in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered manager was not auditing the service to check people were receiving a good quality of care. We also found the registered manager did not complete spot checks or supervisions with staff to monitor their performance. Since that inspection a programme of audits had been introduced, spot checks were carried out and office staff had a much better management oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The agency worked hard to keep good communication links with people, a consistent staff team and provide the level of care people should expect. One person told us, "If I was worried, I could talk to them about anything." A second said, "The staff are absolutely brilliant." A third person said they had raised a concern and the registered manager had listened and responded to their concern, "No messing." A staff member told us, "Communication is good."
- There was evidence of improvement within the agency since our last inspection. Care plans had been updated to include additional information and were more person centred. Oral health assessments had been introduced and body maps improved to include an area to record pre-existing bruises. Each care plan included a cover page which summarised a person's needs, any allergies, what medicines people took and whether they had a DNAR in place.
- Staff received appraisals and supervisions, giving them the time to meet with their line manager on a one to one basis to discuss their role and performance. A staff member told us, "I have supervisions and the office door is always open. I do feel supported." A second said, "If there are any problems, I am taken seriously (by the registered manager)."
- Spot checks were being carried out now to observe staff working with people and providing care. This meant management could check staff were following good practice and as such ensure people had a good experience from the care they received.
- People felt the agency provided care well and this resulted in them being happy with the service. One person said, "They really are very good at their job." Another told us, "I would recommend this service to my friends – it is a great service."

At our last inspection we issued a breach in Regulation 18 of the Health and Social Care Act 2008 (Registrations) Regulations 2014 because notifications of harm to people had not been submitted to CQC in line with the requirements of registration.

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

- Since the inspection, office staff had reminded themselves of the requirements of registration in relation to notifications. They understood what constituted a notifiable incident.
- We noted prior to our inspection that the agency's website was not displaying the correct CQC rating for the most recent inspection report. We raised this with the registered manager who resolved this promptly.
- People told us the agency was well managed. One person said, "I would go to her (the registered manager) with any problems. I think it is (well managed)." A relative told us, "There is a good support network in the office of people that know what is going on."
- Since our last inspection an auditing regime had been introduced and due to the transfer to an electronic MAR system the office were easily able to audit the medicines. We reviewed some of the medicines monthly audits and found where shortfalls had been identified and action had been taken in response. For example, carrying out competency checks with staff.

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

- We found management to be open and honest with us during our inspection. They were clear on where they felt they had improved but also acknowledged there had been shortfalls in the service previously.
- Management demonstrated a duty of candour. Where a missed care call to one person had occurred, the staff member told us, "I hold my hands up to that – it was my fault. I felt so bad I immediately went to [person's name] house to apologise."

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

- We heard the agency was flexible and listened to and responded to their requirements. A relative told us, "The care is reviewed whenever there are changes. I needed some additional care for [name] and Phoenix Care helped me to navigate the support I needed." They added, "There is good communication from the office."
- People received a questionnaire from time to time to check they were happy with the care they received. One person told us, "We fill it in – we have to report on how things are going."
- We reviewed the results of the most recent audit (February 2020) and read people were happy. Comments included, 'polite and friendly', 'care is excellent', 'care staff have always achieved what was in the care plan' and 'I think this is a very good company'.
- Staff were happy working at the agency. One staff member told us, "I love working for them (the agency). I love my job looking after people." They added, "I can come here (the office) if there is a problem and I want to chat. I feel valued."

Continuous learning and improving care

- Since our last inspection, the agency had produced a 'Stop and Look' book. This acted as an aide memoir as it covered a range of topics and conditions that people may have. For example, UTIs, sepsis, mouthcare, hydration and nutrition. The book gave guidance and tips to staff.
- In addition to the handbook, Waterlow assessments had been added to all care plans. This enabled management to assess people's risk to developing a pressure sore.
- A local commissioner told us, "From my initial visit there had already been improvements, they appeared to be very caring and were working hard to make the improvements."

Working in partnership with others

- The agency worked with the district nursing team, local authority in relation to care packages and reviews

of care and a hospital team with regard to one person's individual medical condition.