

Aphoenix Care Ltd

# Aphoenix Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Aphoenix Care is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community. The service operates in various locations in South Lincolnshire.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 33 people were receiving a personal care service.

### People's experience of using this service

The provider was exceptionally kind and caring and often went far beyond formal contractual requirements to promote people's welfare and happiness. Staff went to considerable lengths to promote people's dignity, privacy and independence.

Care planning systems were effective. Staff understood people's individual care needs and preferences and used this knowledge to provide them with flexible, responsive support. Staffing resources were managed effectively to meet people's needs. People received food and drink of their choice.

Training and supervision systems provided staff with the knowledge and skills they required to meet people's needs. Staff worked together in a mutually supportive way and communicated effectively with a range of external organisations. Staff recruitment was safe.

Systems were in place to ensure effective infection prevention and control and people's medicines were managed safely. Staff worked collaboratively with local health and social care services to ensure people had access to any support they required.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The provider assessed and managed potential risks to people's safety and welfare. Staff knew how to recognise and report any concerns to keep people safe from harm.

The service was well-managed and well-led. The registered manager and branch manager provided supportive, non-hierarchical leadership and were respected and appreciated by their team. A range of audits was in place to monitor the quality and safety of service provision. There was organisational learning from significant events and any complaints were managed effectively. The provider was committed to the continuous improvement of the service.

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:

This service was registered with CQC on 28 March 2019 and this is the first inspection.

Why we inspected:

This was a planned inspection following registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Aphoenix Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

#### Inspection team

Our inspection was conducted by an inspector and an Expert by Experience. 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

Aphoenix Care is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means 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 three working days' notice of the inspection visit. This was because we needed to be sure the registered manager would be available to support the inspection.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about).

#### During the inspection

We conducted our inspection between 1 and 10 March 2021.

As part of the inspection we spoke with the registered manager; the branch manager; three members of the care staff team and 10 service users or relatives.

We reviewed a range of written records including two people's care plan, staff recruitment and training records and information relating to the auditing and monitoring of service provision.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of abuse. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare.
- Almost everyone we spoke with told us they felt safe using the service. For example, one person said, "I feel safe with them coming into my home. They give me good care and ... are nice people."

Staffing and recruitment

- In organising staffing resources and scheduling care calls, the provider tried to ensure people were supported consistently by the same team of staff, whenever this was possible. For example, one person said, "I have three regular carers who are brilliant ... I couldn't wish for better. I very rarely get different carers, which really counts." Another person told us, "I know all my carers and I get on with them all."
- Most people told us staff usually arrived on time and let them know if they were delayed. For example, one person said, "I had to swap care companies as the other company was totally unreliable and that is no good when you need care. I've been with this company about a year to 18 months and [have] not had to make any complaints. If the carers are running late, they phone and let me know."
- We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work in the service.

Assessing risk, safety monitoring and management

- The provider ensured potential risks to people's safety and welfare were assessed and managed. For example, staff had been given guidance on how to manage risks associated with a particular medical device used by one person. Senior staff reviewed and updated people's risk assessments on a regular basis. Reflecting feedback from our inspector, the registered manager took prompt action to further improve the recording of some specific risks to people's safety.

Using medicines safely

- When people needed support to take their medicines, this was provided safely in line with their individual needs and preferences. One person told us, "I can get confused over whether I have taken [my medicines] or not. Having the carers do [it for me] reassures me that I am getting them ... at the right time."
- Staff received training in the safe handling of medicines and maintained a detailed record of any medicines they administered. Senior staff audited these records monthly and followed up any issues as required.

Preventing and controlling infection

- The provider had reviewed and strengthened existing infection prevention and control measures in

response to the COVID-19 pandemic. For example, staff had been provided with additional personal protective equipment (PPE) and were tested weekly to reduce the risk of COVID-19 spreading within the service. One relative told us, "[The] staff all wear PPE and I have seen them putting it on when they get out of their cars. So know it is being changed [between visits]."

#### Learning lessons when things go wrong

- The registered manager had an open and reflective leadership style and reviewed incidents to help reduce future risks to people's safety and welfare. For example, in response to two recent incidents, the registered manager had organised additional first aid training for her team.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by senior staff.
- The provider used a variety of information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislative requirements. The registered manager told us, "I go online if I need something. I need to make sure I am covering all the bases."

Staff support: induction, training, skills and experience

- Most people told us staff had the right knowledge and skills to meet their care needs effectively. For example, one person's relative said, "Based on my experience up to now, I would recommend the care provider, as the care my parents are getting now is good [and meeting their needs]. We had .. concerns over [my parents'] previous care providers."
- The provider maintained a comprehensive induction and training programme for staff. Commenting positively on their medicines training, one staff member said, "The training was helpful. [I was taught to] check; double check and check again."
- Staff told us that they felt well supervised and supported by the registered manager and other senior staff. One new member of staff told us, "I've had my first [one-to-one supervision] with [the registered manager]. It was really good. I like to know if what I am doing is right or wrong." Describing the branch manager, one staff member said, "[Name] is just the same as [the registered manager]. Very helpful and supportive."

Staff working with other agencies to provide consistent, effective, timely care

- Senior staff had established effective working relationships with a range of external organisations to support them in the provision of effective care and support. For example, they had worked closely with the occupational therapy service to ensure people had the right equipment to enable them to live as independently as possible.

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

- Staff were aware of people's individual food preferences and assisted them to enjoy food and drink of their choice. For example, one staff member told us, "[Name] doesn't like ready meals. Tonight [I will be cooking] ham hock, potatoes, cabbage and brussels sprouts. [Name] likes fresh veg."
- The provider was aware of potential risks relating to nutrition and hydration and took steps to address them. For example, one person had been assessed at being at risk of getting urinary tract infections (UTIs) and staff were instructed to encourage the person to drink regularly throughout the day.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local services whenever this was necessary. For example, the registered manager said, "We noticed [name] had infected legs. We rang the district nurse and they came out. We [also] rang the GP for antibiotics."

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

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and were satisfied that staff understood the importance of seeking consent before providing care or support. Procedures were in place to support staff in making formal decisions in people's best interests, should this ever be necessary.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

### Ensuring people are well treated and supported

- Describing her philosophy of care, the registered manager told us, "I always say to new staff, 'Look after everyone as if they are family.'" This determination to support people in a compassionate, person-centred way was clearly understood by staff. For example, one staff member told us, "[My clients] are all individuals. [Name] and I walk up to the graveyard together. She used to be a florist and likes to look at the flowers. If you don't care about the people, you can't do this job." Describing the kind, friendly approach of staff, one person said, "I have a laugh and chat with them and that makes my day."
- Talking of one person, the registered manager said, "[Name]'s underwear wasn't fitting very well. One of the carers took it home. Her mum is a seamstress and she re-sewed them for [name]." Of another person, the registered manager told us, "We are taking [name] to Oxford for an outpatient appointment next week. One of the carers is taking him. She will get paid but we are not charging [name]."
- We identified many other examples of the provider's exceptionally caring approach, which often went far beyond the formal contractual agreement. For instance, the branch manager told us, "At Christmas because [the rules changed] on Christmas Eve, some people couldn't go to their families on Christmas Day, as planned. So, we cooked some Christmas dinners and [the registered manager] took them out. [The clients] couldn't believe it. There was no charge." People received flowers on their birthday and a personalised gift at Christmas. The registered manager told us, "We had a suggestion board for staff to suggest bespoke [Christmas gifts] for service users. We gave [name] oven gloves and [name] a jigsaw."
- In a further compelling illustration of the provider's deep compassion for the people in their care, the branch manager told us of one person who had recently passed away. She said, "[Name's] biggest fear was dying on her own. Towards the end, [name of staff member] sat with her every night after work, staying with her until she fell asleep. [On the night she died], [the staff member] rang me at 10pm and I went round. We stayed with her [until she died]. We promised [name] she wouldn't be on her own and we kept that promise. None of our time will be charged." The registered manager added, "They are our family, we can't switch off."

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

- Staff took time to involve people in decisions about their care and responded to their individual wishes and preferences in extremely thoughtful and sensitive ways. For example, as they had approached the end of their life, one person was no longer able to leave their bed. In response to their request, staff had repositioned the person's bed so they had a better view from their window, providing some pleasure to the person in their final days.
- Another person had developed problems with their teeth and was struggling to chew their food. In

response, staff had supported the person to buy a blender which enabled them to eat more easily, to the benefit of their physical health and emotional well-being. A staff member commented, "[Name] is eating loads more [and enjoying] lots of different flavours. Before, they were just eating tomato soup."

- One person had very specific care needs. To promote consistency and continuity of care, they were supported exclusively by their own small team of staff. There had been a recent vacancy on the team and the provider had taken care to involve the person in the recruitment process, giving them choice and control over who was selected as the new team member. The registered manager told us, "[Name] wrote a really good advert."
- Staff also maintained a close relationships with people's relatives and others involved in their care. One relative told us, "I am involved with [my parents'] care packages so I know what is going on. I liaise with the manager, if and when needed."
- The registered manager was aware of local lay advocacy services and helped people obtain this type of support, whenever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- Staff had all received equality and diversity and dementia awareness training and were committed to supporting people in ways that respected their dignity and promoted their independence. For example, one staff member said, "[Name] has dementia but [still] likes to do the washing up. He can remember that part of his life. We leave three or four plates for him to wash. He says, 'That's my job, isn't it?'. It empowers him and gives him a feeling of worth."
- Staff were supporting another person to register for online shopping to enable them to purchase exactly what they wanted, rather than having to rely on staff to buy things on their behalf. The registered manager told us, "It's important that people stay at home for as long as they can [and that] we empower people to do what they can."
- Staff also understood the importance of supporting people in ways which helped maintain their privacy and dignity. For example, one staff member told us, "[Name] likes to get washed and dressed privately. So I take him into the bathroom and close the door."
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and staff used a fully encrypted messaging app to communicate with each other.
- Reflecting their training, staff understood the importance of caring for people in a non-discriminatory way which reflected their cultural preferences. For instance, some people had been supported to take part events at their local church. A staff member told us, "Everyone is an individual with their own different characteristics."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- If the provider had sufficient staffing resources to take on a new client safely, the registered manager and branch manager normally conducted a home visit to discuss the person's needs and preferences and agree an individual plan of care. Describing the provider's approach towards handling new enquiries and referrals, the registered manager told us, "We have a waiting list and can handpick the clients we take on. We don't want to get any bigger. I've run a big company and the bigger you get, the less of a personal touch you provide."
- The care plans we reviewed set out people's individual needs and wishes in a detailed and person-centred way. For example, one person's plan stated, 'Please knock and come in and then shout out that you have arrived. I will be in the lounge, still in my nightclothes. I am able to get dressed and washed myself, however I do need prompting.' Senior staff reviewed each person's care plan on an annual basis, or whenever there was a change in a person's needs.
- People told us staff had a good understanding of their individual preferences and provided them with responsive, personalised support. For example, one person said, "I like to be known by my second name and the carers all call me that. It makes me happy that they respect my wishes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was unaware of the AIS but told us she would incorporate it into the provider's approach for the future. In the meantime, staff understood the importance of responding to people's individual communication needs and preferences. For example, the registered manager told us how staff had adapted their approach to ensure more effective communication with someone who had had a stroke.

Improving care quality in response to complaints or concerns

Most people told us they were highly satisfied with the care they received and had no reason to complain. For example, one person said, "I would recommend this care company. I have not had to complain about anything." Reflecting this feedback, the provider had received just one formal complaint since the service was registered. This had been handled correctly in accordance with the provider's policy.

End of life care and support

- As described in the Safe section of this report, staff cared for people with great sensitivity and compassion

as they approached the end of their lives. To further increase staff knowledge and awareness in this important area, the registered manager had recently booked additional end of life care training for her team.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Most people we spoke with during our inspection told us they thought the service was well-managed. For example, one person told us, "I certainly would recommend this company, I am quite happy with the standard of care they are giving me." Another person said, "I would give them 10 out of 10 and would recommend them to anyone. I am happy and content with them."
- Throughout our inspection, the registered manager and other senior staff demonstrated an open, reflective approach. Describing the registered manager, the branch manager told us, "She leads by example and doesn't expect carers to do what she wouldn't do. She owns the company but is happiest when she has gloves and an apron on, working alongside the staff." The registered manager said, "There's no hierarchy. No matter who you are, you are part of the jigsaw. Teamwork makes the dream work!"
- The registered manager's accessible, democratic approach set the cultural tone in the service and was respected and appreciated by her team. For example, one staff member told us, "[The registered manager] really cares and is open to any suggestion to make [the] service better. I've not known anywhere where they work together like they do here." Another staff member said, "[The registered manager] is the best manager you can ever find. We are like a family, including the manager."
- The provider promoted the welfare and happiness of the staff team in a variety of ways. For example, staff received a gift hamper at Christmas and a "banquet" of food was provided at team meetings. One staff member told us, "The management sent me ... flowers ... when someone passed away and I was sad. Management ... are always there for you."
- Reflecting this caring approach and the positive organisational culture it had created, staff told us they were pleased to work for the provider and enjoyed their job. One staff member said, "It's the best place you can work. I recommend it, absolutely 100%. I've not a single bad thing to say." Another member of staff said, "I love it. It's the best thing I've done in my life."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was involved in all aspects of the running of the service and maintained regular contact with people and their families, as required. For example, on several occasions during our inspection visit, the registered manager had to stop talking to our inspector to take telephone calls from people and

relatives with queries. Of one person, the registered manager said, '[Name] rings me three or four times a day.'

- The provider maintained a variety of systems to monitor and improve the quality of the service. These included care plan reviews and monthly audits of medication records.
- The provider also conducted surveys of people, their relatives and staff to assess their satisfaction. We reviewed recently completed questionnaires and noted the responses were generally very positive. For example, one person had written, 'I feel Aphoenix do really care about what service they are providing and want to do their best.'
- People's satisfaction with the service was also reflected in the thank you messages and cards received by the registered manager. For example, a relative had written to say, 'We cannot begin to thank you enough for everything that you did for Mum. All of you approached the task in hand with such compassion and professionalism, that it gave Mum comfort and dignity in the last months of her illness. We still consider you all part of our family.'
- The provider was committed to the ongoing improvement of the service in the future. For example, work was in hand to introduce electronic medicine administration records, to further enhance the safety of this aspect of service provision.
- As detailed elsewhere in this report, the provider had established effective partnerships with a range of other professionals including GPs, district nurses and therapists.
- The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.