

Phoenix All Care Ltd

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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?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Phoenix All Care is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who uses domiciliary care services receive personal care. 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 inspection there were eleven people who received personal care support.

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

Care planning documentation required improvements to ensure people had a complete care plan setting out their personalised needs and preferences. This included improvements to end of life care planning so people and their family members, where appropriate, had the opportunity to discuss their wishes and preferences.

People were safely cared for. The registered manager and staff knew how to follow safeguarding procedures when required. Checks were undertaken to ensure staff were suitable for their roles.

People received support from a small team of consistent staff which included the registered manager. Processes were in place to support people with their medicines if required. Infection control measures were in place including staff use of personal protective equipment (PPE).

People's needs were assessed before the package of care commenced. Staff received an induction and training for their roles. People were supported with their eating and drinking needs if this was required.

The registered manager liaised with health and social care professionals to maintain people's health. People's capacity to make their own decisions was assessed. 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.

The staff team were kind and caring. There was good team work and staff felt supported by the registered manager. People received care which respected their privacy, dignity and promoted their independence. Consent was sought before any care was delivered.

The registered manager was developing and embedding a system of quality assurance checks to ensure good oversight of the running of the service. They worked in an open and transparent way. Any issues that arose were dealt with promptly.

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

Why we inspected

This service was registered with us on 8 January 2021 and this is the first inspection.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was 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?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

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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

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. They were also the provider.

Notice of inspection

We gave the service 24 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.

Inspection activity started on 6 April 2022 and ended on 11 April 2022. We made telephone calls to people and relatives on 6 April 2022 and visited the office location on 11 April 2022.

What we did before inspection

We reviewed information we had received about the service since registration. 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We received feedback from four members of staff including the registered manager, director and two care staff.

We reviewed a range of records. This included five person's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures, training records and meeting minutes were reviewed.

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 of 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

- People received safe care and support in their homes. One person told us, "Oh yes, we feel safe, if anything goes wrong I only need to ring the [registered] manager."
- The provider had systems in place to safeguard people from abuse and were aware of how to follow local safeguarding protocols should this be required.
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood the whistleblowing procedure and how to report any concerns.

Assessing risk, safety monitoring and management

- The registered manager and staff knew the risks associated to people's care and monitored these on an ongoing basis. They were in the process of developing and embedding the risk assessment documentation to ensure risk assessment procedures were robust.
- The registered manager undertook care calls with a small team of staff. There was regular and effective communication between them to discuss people's risks, for example risk of falls, skin integrity, moving and handling. This ensured people's safety was continuously monitored.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. The registered manager planned to review application processes to ensure any gaps, for example gaps in employment history, were identified and explained.
- Consistent care was provided by a small team of staff which included the registered manager. Support visits took place as planned and were flexibly re-arranged if needed, for example, if a person had a medical appointment. Records and feedback confirmed this.

Using medicines safely

- At the time of inspection one person received support from staff with their medicines. When an issue had arisen recently about administration frequency and times, the registered manager addressed this promptly.
- For medicines which were administered 'as needed', further detail was added to staff guidance by the registered manager during the inspection. This ensured staff had clear instructions to ensure the safe and appropriate administration of these medicines.
- The registered manager undertook a recent audit of medicines practice and identified areas which required actions. For example, for staff to always record reasons if medicines are not administered. We saw this had been followed up.

Preventing and controlling infection

- Staff had sufficient stock of personal protective equipment (PPE) available which included hand sanitiser, masks, gloves and aprons. This ensured care was provided which reduced the risk of infection spread.
- Staff participated in testing for COVID-19 in line with government guidance.

Learning lessons when things go wrong

- At the time of inspection, no incidents or accidents had occurred since the provider started to deliver packages of care. They were aware of processes to follow and planned to introduce an accident and incident form.

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 of 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

- People's needs were assessed by the registered manager before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- Care was delivered in line with people's assessed needs and the registered manager advocated on people's behalf when necessary to ensure they received sufficient support. For example, one person received one care call per day before the package of care transferred to Phoenix All Care. Their relative told us, "[The registered manager] could see straight away we needed more support so they sorted that out. It is now five times a day, and it is so much better. It's early days, but it's all worked well so far."

Staff support: induction, training, skills and experience

- Staff received an induction which included shadowing the registered manager to learn about people's care needs and safe care delivery. They then supported an experienced staff member on calls which required two staff, or completed further shadowing and introductions before visiting people on their own.
- The registered manager ensured staff had mandatory training in key areas such as safeguarding, equality and diversity, moving and handling and infection control.
- The registered manager was a qualified nurse and trained staff in healthcare tasks such as catheter care and good practice in supporting people with their intimate personal care.

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

- Where people received support from staff with meal preparation, care records recorded information about this, including instructions for staff about tasks required during each visit. The registered manager planned to add further detail to ensure staff had sufficient detail about people's needs and preferences in this area.

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

- The provider worked in partnership with health and social care professionals to maintain people's health. For example, care records showed recent communication with social workers, the mental health team and palliative care nurses.
- The registered manager and staff had good knowledge and understanding about people's healthcare requirements. The provider told us that if anyone's needs were changing or increasing, for example one person recently became distressed, the registered manager would attend the care calls so they could monitor the person's needs carefully.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- The registered manager and staff demonstrated they understood the principles of the MCA.
- Feedback from people and their relatives confirmed people received care which respected their decisions. One relative told us, "They have said to me it is all about what my [relative] wants, which is good."
- Processes were in place to assess people's capacity to make their own decisions, as and when this may be required. The registered manager completed MCA assessments and planned to develop these further when specific decisions needed to be assessed.

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 of this newly registered service. This key question has been rated good. This meant 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 and their relatives told us people received care from staff who were kind and compassionate. A person told us, "I think they are extremely good. They are so kind and helpful. I can't fault them. They are brilliant." A relative told us, "My [family member] is pleased with how caring they are."
- The registered manager and staff team knew people well, and provided good quality care which met their needs.

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

- The registered manager and staff regularly discussed people's care and care preferences with them and their family members as appropriate. This ensured people were involved in decisions about their care.
- People and their relatives told us people received support in the way they preferred. One person said, "Oh yes they do personal care in the way I want it. I thought I would be nervous but they are so good and I have got used to it now." Another person told us, "They do things the way I want, they are respectful, kind and caring. They do everything well."

Respecting and promoting people's privacy, dignity and independence

- Staff provided care which was respectful of people's privacy and dignity. Feedback from people and their relatives confirmed this.
- People were supported to maintain their independence as far as possible. For example, one person told us they wanted to get ready for bed by themselves for as long as they could, so staff gave them a phone call in the evening to check they were safe and well.
- Personal information was kept securely at the office location. Staff were aware of the importance of confidentiality and keeping information safe.

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 of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care planning processes required further development and improvements were required. Staff had access to written instructions of what tasks to do during each care call on their electronic system. However, people did not have a detailed and person-centred care plan outlining different aspects of their lives and support needs, and how staff were to support in key areas. This meant there was a risk of people not receiving consistently personalised care or care which met their needs, particularly when these changed or increased.
- People did not have a care plan in their homes and told us they had not seen or signed a copy. This increased the risk of miscommunication and of people not having full choice and control over the care they received. For example, one person who had a mental health diagnosis did not have a care plan setting out what this meant for their daily care needs, and how staff should support them with this. This led to inconsistencies with their personal care routine at times.
- Following the inspection the registered manager submitted further information showing how they planned to develop and implement improved care planning documentation, including people and their relatives in the process.

End of life care and support

- Improvements were required to ensure people receiving a package of support had the opportunity to discuss end of life wishes and preferences if they wanted to, as part of an end of life care plan. We found not everyone had been offered this opportunity.
- The registered manager planned to explore options for more specialist training for staff to attend to support their delivery of good quality end of life care.
- The registered manager and staff team provided care and support to some people who were entering the final stages of their life. No concerns were raised about the care provided. A policy was in place to support this area of care.

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.

- Information could be made available to people in a variety of formats, such as easy read or large print, as required.

Improving care quality in response to complaints or concerns

- Complaints policies and procedures were in place. At the time of inspection, no formal complaints had been received.

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

- The registered manager was committed to delivering good quality care to people in their homes. They undertook support visits regularly and remained involved in day to day care delivery, alongside the staff team.
- Staff put people at the centre of the service and provided good quality care that focussed on their care and support needs. When any issues arose, these were addressed. One relative told us, "There have been a few issues, they are very good at listening and are supportive when we raise things."
- Staff told us they worked well together as a team and felt supported by the registered manager. Formal supervision sessions were planned so staff had the opportunity to discuss their roles, development and receive any support

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

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.

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

- The registered manager was clear about their role and responsibilities to people using the service now and in the future.
- The registered manager had started to develop their system of quality assurance checks to ensure good oversight of the running of the service. For example, audits of medicines and spot checks of staff infection control practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback was regularly sought from people and their relatives to ensure good quality care and to drive improvements as the service developed. Although feedback was discussed verbally, this also needed to be reflected in people's care records.
- Team meetings were held regularly, and detailed minutes were recorded. This gave staff an opportunity to receive information and updates as well as discuss topics relevant to their roles.
- The registered manager was supportive of the inspection process and receptive to all suggestions offered.

They participated in local networks for providers and registered managers and found these useful to learn and share information and good practice.

Working in partnership with others

- The registered manager and staff team worked in partnership with other health and social care professionals. They provided examples of how they did this recently to ensure people had access to the support they needed.