

## Phoenix Homecare and Support Ltd

# Oswestry Office

### Inspection report

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Date of inspection visit:  
14 November 2017

Date of publication:  
12 December 2017

### Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 14 November 2017 and was announced.

Phoenix Homecare and Support Ltd is registered to provide personal care to people living in their own homes. There were 13 people using the service on the day of our inspection.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection.

The provider had taken steps to protect people from abuse, discrimination and any other breaches of their human rights. Staff understood how to recognise, report and respond to any suspected or witnessed abuse. Risks to people were identified with them, and plans agreed to manage these. The management team monitored any accidents or incidents involving people to learn from these and reduce the risks of things happening again. The provider monitored their staffing requirements and capacity, in order to provide a consistent and reliable service. People received the support needed to take their medicines safely and as prescribed. Staff had received training in, and took steps to, protect people from infections.

People's care and support needs were assessed and care plans developed to achieve positive outcomes for people. Staff received effective induction, training and ongoing support to help them succeed in their roles. People received the level of support they needed to prepare food and drinks, and any associated risks were identified and managed. People's care and support needs were met through effective teamwork within the service, and collaborative working with external services. Staff monitored people's general health, and helped them to access healthcare services, when required. People's rights under the Mental Capacity Act 2005 were understood and promoted.

Staff knew the people they supported well, and approached their work with kindness and compassion. People's communication needs had been assessed, and the provider encouraged their involvement in decision-making that affected them. Staff treated people with dignity and respect, and promoted their independence.

People received care and support tailored to their individual needs and requirements. The involvement of people and their relatives in assessment, care planning and care reviews was encouraged. Staff helped people to access their local community, and reduced the risk of social isolation, where this was an agreed part of their care package. People and their relatives understood how to raise concerns and complaints with the provider, and felt comfortable doing so.

The management team valued, respected and supported staff, who approached their work with enthusiasm. Staff benefited from effective leadership and management of the service. The registered manager and branch manager had a good understanding of their associated duties and responsibilities. The management team promoted open communication and effective team working with people, their relatives

and community professionals. The provider's quality assurance activities enabled them to assess, monitor and improve the quality of the service people received.

## 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.

People were protected from abuse, discrimination and avoidable harm. The risks associated with people's care and support were assessed, recorded and plans implemented to manage these. People received consistent support to take their medicines safely and as prescribed.

### Is the service effective?

Good ●

The service was Effective.

People's care needs were assessed, and plans agreed with them to ensure they received effective care and support. Staff received induction, training and ongoing management support to enable them to succeed in their work. People received the level of support needed to prepare food and drinks, and eat safely.

### Is the service caring?

Good ●

The service was Caring.

Staff had taken the time to get to know people well, and met their care needs with kindness and compassion. People's communication needs were assessed and their involvement in decision-making was encouraged. Staff recognised, and promoted, people's rights to privacy and dignity.

### Is the service responsive?

Good ●

The service was Responsive.

People received care and support shaped around their individual needs, preferences and requirements. People and their relatives understood how to raise concerns and complaints with the provider, with confidence these would be addressed.

### Is the service well-led?

Good ●

The service was Well-led.

The management team promoted an open and inclusive culture

within the service. Staff felt well-supported and clear what was expected of them. The provider carried out quality assurance activities to improve the quality of the care and support provided.

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## 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.

This inspection took place on 14 November 2017 and was carried out by one inspector.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of our inspection.

We also reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We contacted the local authority and Healthwatch for their views on the service, and took these into account.

During our inspection, we spoke with two people who use the service, four relatives, a senior social worker and a social work practitioner. We also talked to the registered manager, the branch manager and four care staff.

We looked at three people's care records, medication administration records, incident and accident records, three staff recruitment records, staff training records, selected policies and procedures, complaints records, and records associated with the provider's quality assurance.

## Is the service safe?

### Our findings

People told us they felt safe receiving care and support at home from staff employed by Phoenix Homecare. One person explained they were reassured by the "quality and assuredness" of the care staff. People's relatives also drew confidence from the competence and caring attitude of staff. One relative told us, "I think [person's name] is very safe. I'm there most of the time, and so I observe care staff's practice. They are well-trained and there are two care staff at every visit, which is a safety measure in itself."

Staff received training on how to protect people from abuse and discrimination, and how to promote people's rights to privacy and dignity. Staff were aware of the different forms and common signs of abuse. They told us they would not hesitate to report any abuse concerns. One staff member explained, "I would speak to the run leader first. If I didn't get the response I wanted, I would go to [branch manager], [registered manager] or [operations manager]. If I wasn't able to speak to anyone within Phoenix Homecare, I'd go down the whistleblowing route."

The provider had safeguarding procedures in place to ensure any suspected or actual abuse were reported to the appropriate external agencies, such as the local authority and police, and investigated. We saw they had previously made notifications, conducted investigations and taken action to protect people from abuse in line with these procedures. For example, following concerns regarding potential financial abuse, the provider had reviewed, updated and reissued their financial transaction policy to all staff. People and their relatives were clear how to raise any concerns in relation to abuse, or any other breaches of their human rights, with the provider.

Before people's care started, the management team met with them and, if appropriate, their relatives or friends to assess the risks associated with their care and support at home. This assessment took into account the foreseeable risks to the individual, including their mobility needs and risk of falls, the risk of pressure sores, and any potential hazards within their home environment. Plans were agreed with people to manage these risks, which were kept under regular review to ensure they remained effective.

Staff knew where to locate guidance on how to work safely, within the care files in people's homes and the provider's policies. They told us the management team, and their work colleagues, kept them up to date on any changes in the risks to people or themselves. This was achieved through regular email updates from the management team, and by reading the communication books and care logbooks within people's homes. Staff confirmed they had access to the equipment they needed to provide safe care and support in people's homes. One member of staff described how the branch manager had arranged a formal assessment by an occupational therapist, following staff concerns about one person's declining mobility.

Staff received training in relation to the provider's health and safety systems and procedures, to enable them to provide safe care and support. Emergency plans were in place, providing staff with guidance, for example, on how to respond in the event of adverse weather, fire or utility failure. In the event people were involved in an accident or incident, staff recorded and reported these events to management. The management team monitored and sought to learn from these events, and took action, where necessary, to

keep people safe. For example, following one person's fall, staff were reminded to remain vigilant about any potential trip hazards within their home environment.

People and their relatives confirmed they received a reliable service from Phoenix Homecare, provided by familiar, consistent staff. One relative told us, "They (provider) are very reliable. The care staff can be five to ten minutes late, but not regularly. They will normally explain that they are late because the last call ran over." People and their relatives appreciated the fact that the weekly rota they were sent included a photograph of each staff member who would be carrying out their care calls over the coming week. They found this a reassuring and useful addition. They confirmed that staff stayed for the agreed duration of their care visits. One person said, "They (staff) stay for the full time, and even longer sometimes." The provider used a call monitoring system to monitor the punctuality and consistency of the service people received. The registered manager explained that they assessed their staffing requirements based upon the total number of care hours provided. A senior social worker told us, "They (provider) are a small company that are very careful not to overbid for work, and who don't overstretch themselves."

The provider carried out pre-employment checks to confirm the suitability of prospective staff to provide care and support to people in their homes. These included references and an Enhanced Disclosure and Barring Service (DBS) Check. The DBS carries out criminal records checks to help employers make safer recruitment decisions. However, we found the provider did not always strictly adhere to their recruitment policy, when obtaining employment and character references for successful job applicants. We discussed this issue with the registered manager, who assured us this would be addressed from that point forward.

People and their relatives were satisfied with the support staff provided with people's medicines. One relative explained, "They (staff) supervise [person's name] and witness them taking their medicines. They have to prompt them." The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed. People had a 'my medication' plan in place, setting out the specific support they needed with their medicines. People's medicines were handled and administered by trained staff, whose competence was checked on a regular basis. Staff had been provided with information about the use and side-effects of people's medicines. Guidance had also been produced on the use of 'as required' and topical medicines, to ensure staff understood the circumstances and manner in which to use these. However, we saw hand-written entries and amendments on people's medication administration records (MARs) were not signed by two competent members of staff. We discussed this issue with the management team, who assured us this would be addressed moving forward.

Staff received training in relation to infection control and food hygiene to help them understand their related duties and responsibilities. Regular unannounced spot checks were completed with staff, in order to ensure they were working in a manner that protected people from the risk of infection. Staff confirmed they had access to adequate personal protective equipment, which they replenished as needed.



## Is the service effective?

### Our findings

People's needs, including their health-related and social needs, had been assessed, with their involvement, before their care started, and kept under regular review. Care plans had been agreed with people to ensure the care and support provided was effective, and achieved positive outcomes for people. Staff had received training on the importance of equality and diversity in order to ensure they did not discriminate against people in the planning or delivery of their care.

People, their relatives and community professionals had confidence in the knowledge and skills of the staff employed by Phoenix Homecare, and their ability to effectively meet people's care needs. They used words like "competent" and "professional" when referring to the care staff.

Upon starting work for Phoenix Homecare, all new staff undertook the provider's induction training to help them settle into their new roles and understand their duties and responsibilities. This provided new starters with the opportunity to work alongside and learn from more experienced colleagues, read people's care plans and complete initial training to enable them to work safely and effectively. Staff spoke positively about their induction experience. One member of staff told us, "It was really good, really informative and thorough, but also fun as well." Another staff member said, "If you felt you needed to take more time in shadowing, you would have been provided with extra. They do make sure you are absolutely on the ball when your start."

Following induction, staff participated in a rolling programme of training, based upon the provider's assessment of their learning and development needs. Staff told us the training provided enabled them to work effectively, and kept them up to date with good practice guidelines. Staff felt able to request any additional training they felt would be beneficial to their work. One member of staff explained, "If there is anything you are unsure about, they (provider) will sort out a training course for you to go on." In addition, staff attended regular one-to-one meetings with their line manager to receive constructive feedback on their work and raise any work-related issues. On the subject of these meetings, one member of staff told us, "I feel they are really useful. They motivate you because [branch manager] encourages you." The provider also maintained a system of 24-hour on-call support to address any urgent requests for guidance and advice staff may have outside of office hours.

Community professionals spoke positively about their experiences of making referrals to, and working with, Phoenix Homecare to ensure people's care and support needs were met. A social work practitioner praised the flexibility of the service, describing occasions when the provider had been able carry out welfare checks on people who were distressed, at short notice. A senior social worker commented on the proactive approach taken by the management team to any significant changes in people's care needs. They told us, "I think they (provider) are very quick to speak to the multi-disciplinary team. They don't take risks; they are very quick to flag things up."

People and their relatives were satisfied with the support staff gave people to prepare food and drinks, where this was an agreed part of their care package. Any complex needs or risks associated with people's eating and drinking were clearly recorded in their care files, and plans were in place to meet these. One

relative explained their family member needed their food prepared to a specific consistency, due to swallowing difficulties, and that staff managed this well.

People and their relatives told us staff were vigilant in monitoring people's general health, and helped them to seek professional medical advice or treatment if they were unwell. One relative described how staff had noted, and reported to them, a patch of sore skin on their family member during their personal care. This had enabled them to contact the GP and obtain support from the district nursing team. This relative told us, "They (staff) highlight everything; they are very observant." We saw people's care files contained information about their current health needs and any long-term medical conditions, to help staff understand this aspect of their care needs.

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.

We checked whether the service was working within the principles of the MCA. People and their relatives told us staff respected people's right to make their own decisions, and sought their permission before carrying out their care. One relative explained, "They (staff) chat to [person's name]. They tell them everything they are doing, such as when they are about to use the hoist. They give [person's name] reassurance all the time." The management team and staff we spoke with understood people's rights under the MCA. We saw records of people's consent to care in their care files, along with the mental capacity assessments that had been carried out.

## Is the service caring?

### Our findings

People and their relatives praised the kind and compassionate approach staff adopted towards their work. They confirmed staff listened to what they had to say, and spoke to them in a respectful manner. They told us staff had taken the time to get to know people well as individuals. One relative told us, "I think they (provider) are wonderful. The care staff are lovely and really kind to [person's name]. They are cheerful and reliable. They are the ambassadors of the company and really do Phoenix Homecare proud. I think they're amazing." Another relative said, "The care staff [person's name] has got are just so caring and lovely with them. They go above and beyond ordinary caring. They went on to say, "They (staff) are cheerful, caring and [person's name's] face lights up when they come into the room." The staff we spoke with referred to the people they supported with clear affection and respect. They also demonstrated good insight into people's individual needs and requirements, and how to meet these.

People and their relatives were satisfied with the support and encouragement staff gave people to participate in decisions about their care and support. People felt they could readily share their views with the staff and management team at any time. We saw people's communication needs had been assessed and recorded in their care files. The management team explained that no one currently using the service required information to be presented in alternative, accessible formats, but that they had the facility to meet such needs, if required.

People and their relatives told us staff treated people in a respectful and dignified manner and that they promoted people's independence. One relative explained, "They (staff) encourage [person's name] to use their Zimmer frame, so they keep their strength in their legs as much as possible." Another relative praised the vigilance of staff in protecting their family member's modesty whilst carrying out their personal care. People's care files contained guidance for staff on how to promote their independence. Staff received training to help them understand people's rights to privacy and dignity. On this subject, one member of staff told us, "I treat them (people) how I want to be treated."

## Is the service responsive?

### Our findings

People received care and support from Phoenix Homecare and Support Ltd that was shaped around their individual needs and requirements. One relative explained, "They (provider) are very flexible, amenable, accommodating and will carry out extra duties for you." Another relative praised the willingness of staff to stay beyond the agreed duration of care calls, if necessary, to ensure people had everything they needed.

People and their relatives confirmed the provider actively encouraged their participation in the assessment and planning of the care provided. One relative told us, "I had a full meeting with one of the office staff. They wanted to know all about [person's name's] likes and dislikes. It was very comprehensive; I was impressed with it." Another relative said, "It feels like teamwork; we're all part of a team working to make sure [person's name] is happy at home, safe and well." They went on to say, "They (provider) did a very thorough assessment before they started working with [person's name]. We do have regular reviews. Sometimes these are telephone reviews. I can also contact the office at any time if things change or there is anything bothering me."

People's care plans were individual to them, and covered a range of needs. This included an assessment of people's religious and cultural needs, along with guidance for staff on how to promote effective communication with individuals. People's social needs were also assessed, and they received support to access the local community, and so reduce the risk of social isolation, where appropriate. We saw evidence of the involvement of people and their relatives in the development of their care plans. People's care files also included 'about me' documents, which set out what was important to people.

Staff understood the importance of working in accordance with people's care plans and told us they had time to read and refer back to these, as needed. On the subject of people's care plans, one staff member told us, "They are quite accurate and if anything changes they are always updated." The branch manager met with people and their relatives, at regular intervals, to review their care plans and ensured these continued to reflect their needs and preferences.

People and their relatives were clear about how to raise any concerns or complaints in relation to the care and support provided by Phoenix Homecare and Support Ltd. They told us they would contact the office staff or branch manager regarding any issues of this nature. We saw the provider had a complaints procedure in place to ensure all complaints were handled fairly and openly. We looked at a recent complaint received in relation to the conduct of a member of staff. We saw the management team had investigated the matter and taken prompt action to resolve the complainant's concerns.

## Is the service well-led?

### Our findings

Staff spoke about their work for Phoenix Homecare and Support Ltd with clear enthusiasm. One staff member told us, "I am really enjoying everything; it's a nice company." The management team had a clear vision about the kind of culture they wanted to promote within the service, based upon openness and respect for staff. They described the steps they took to ensure staff felt supported and valued. This included offering incremental pay increases, based upon qualifications attained and length of service, and an 'employee of the month' scheme to reward hard work. Staff meetings were also organised on a monthly basis to consult with staff and invite their views and suggestions, as a group.

Staff felt valued, well supported and clear what was expected of them at work. One member of staff told us, "They (management team) are clear about the direction they want us to go in. They manage staff performance really well. They offer good support and it's very involved. I've even met the directors. You know exactly who you are working with from the top to the bottom." Another staff member explained, "When you come to the office, no matter who you approach, you feel you can talk to any of them. They've always got a smile for you and time for you. They appreciate you; you can tell by the way they answer the phone to you." Staff felt a sense of shared purpose with the management team, and referred to successful teamwork with colleagues, in working to provide quality care to people in their homes. One staff member told us, "We all know what each other are doing; there's good teamwork." Staff understood the purpose of whistleblowing, and felt able to challenge any decisions taken by the provider which they disagreed with.

During our inspection visit, we met with the registered manager and the branch manager who were responsible for the day-to-day management of the service. The management team demonstrated a good understanding of the duties and responsibilities associated with their respective posts. This included the need to treat staff in a fair and equal manner, and to promptly address any staff conduct issues. They were also aware of the need to submit statutory notifications to CQC in line with their registration with us. Our records showed these notifications had been submitted as required.

The management team kept themselves up to date with legislative changes and current good practice guidelines. They achieved this through, amongst other things, participating in further training, accessing care resources online, and attending relevant events, such as care roadshows.

People and their relatives described an open culture within the service, and spoke positively about their dealings with the management team and office staff to date. They informed us the management team carried out care calls, from time to time, when the service was short-staffed. They felt able to share their views with the management team, with confidence these would be listened to. One relative told us, "As a family, we're all so confident with Phoenix Homecare." The provider distributed annual feedback questionnaires, as a further means of gathering people's feedback and views on the service. We saw the provider analysed and acted upon the feedback they received. They shared the results of feedback surveys with people and their relatives, explaining their plans to address any significant issues or concerns raised.

Community professionals also commented positively on their experiences of working with the management

team. They described a flexible, accommodating service that understood the limitations of its current resources, and was proactive in bringing issues or concerns to the attention of the multi-disciplinary team.

The management team carried out a number of quality assurance activities to assess, monitor and improve the quality of the service provided by Phoenix Homecare. These included monthly audits by the registered manager, three-monthly 'branch audits' by the provider's compliance officer and regular audits on the quality of care log sheets and people's medication administration records. In addition, the management team carried out regular unannounced spot checks on staff, to ensure they continued to work as expected. The provider's quality assurance had resulted in a number of improvements in the service. These included developments in staff training, and the introduction of communication books in people's homes, to ensure effective communication with people, their relatives and visiting professionals. An 'employee of the month' scheme had also been introduced, and the opening hours of the office extended to facilitate recruitment interviews and training on weekends.