Phoenix Homecare (Norfolk) Ltd

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Inspection report

6a London Street
Swaffham
Norfolk
PE37 7DG

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:
Phoenix Homecare (Norfolk) Ltd is a homecare service that provides care and support to people in their own homes. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care; this is help with tasks related to personal hygiene and eating. Where they do receive personal care, we also consider any wider social care provided.

People's experience of using this service and what we found:
The service promoted an open and person-centred culture. People, relatives and staff told us the provider was approachable and supportive. The provider monitored the quality of care provided and acted to make improvements when shortfalls had been identified. However, they needed to develop their knowledge in some areas of legislation to ensure they were fully working within the necessary requirements.

Staff sought people's consent and people were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, written consent had sometimes been obtained from people who had no legal authority to give such consent. We have therefore made a recommendation in relation to obtaining consent.

People received care that met their individual needs, and this included at the end of their life. At this time, staff worked closely with other professionals to ensure people's wishes were met. However, people's wishes regarding this area had not been routinely assessed whilst they were well. This would ensure they received the care they wanted should they become ill and their health deteriorate rapidly. We have therefore made a recommendation in relation to end of life care.

People told us they felt safe when the staff provided them with care. Risks to their individual safety had been assessed and staff had a good knowledge on how to support people to remain safe. People received their medicines when they needed them and there were enough staff to complete people's care visits. When things had gone wrong, lessons had been learnt to prevent the issues from re-occurring in the future. The required checks had been made on new staff to ensure they were of good character and safe to work within the service although records regarding this had not always been kept as is required.

Staff had received enough training and supervision to enable them to have the skills and knowledge to provide people with good quality care. People received assistance with eating, drinking and their healthcare needs where this was part of their care package. The service alerted other professionals and worked with them when needed to ensure people were safe and received the care they required.

People and relatives told us staff were kind, caring and treated them and/or their family members with dignity and respect. People's independence was encouraged. People were able to make decisions about their care and this was respected by the service.

Rating at last inspection:
The last rating for this service was Good (published February 2017).

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Phoenix Homecare (Norfolk) Limited

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 Care Act 2014.

Inspection team
The inspection team consisted of one inspector, one assistant 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
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service has two managers registered with the Care Quality Commission who were the sole directors and the provider. They are legally responsible for how the service is run and for the quality and safety of the care provided. They will be referred to as the provider throughout this report.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 13 August 2019 and ended on 15 August 2019 when we visited the office location.

What we did before the inspection
Before the inspection visit to the office location, we reviewed the information we held about the service and the provider. This included any notifications the provider had to send us by law and information we had received from members of the public about the quality of care being provided. We also reviewed the information the provider had sent to us in their Provider Information Return. Providers are required to send us key information about their service, what they do well and improvements they plan to make. We obtained feedback from the local authority who were a commissioner of the service. We used all this information to plan our inspection.

During the inspection
We spoke with eleven people and six relatives about their experience of the care provided. We also spoke with ten members of staff including seven carers, the finance officer, and the two directors of the provider, one of whom was the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and four medicine records for three people. Three staff recruitment and training records were also reviewed along with a variety of records relating to the management of the service including how the provider monitored the quality of care people received.

Good

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.

Assessing risk, safety monitoring and management; Using medicines safely
At our last inspection in December 2016, we found people's records required more information to guide staff on how to reduce risks to their safety and with the management of their medicines. At this inspection we found the necessary improvements had been made.
● Risks to people's safety had been considered. People and relatives told us they felt safe when staff visited them in their home. One person said, "I'm safe and at ease with them. I'm very happy with them calling." Another person told us, "They help me with a shower and I feel very safe with them. They will do anything else for me."
● Guidance was in place to advise staff on how to reduce risks to people's safety. The staff we spoke with demonstrated a good knowledge in this area. For example, staff told us how they checked people's skin regularly who were at risk of developing pressure ulcers.
● People told us they received their medicines when they needed them. Some medicine records we looked at contained gaps where staff had not signed them to confirm the person had received their medicine. However, the provider had investigated these and confirmed the medicines had been given correctly.
● Staff had received training in how to give people their medicines and their competence to do this safely had been assessed in line with best practice guidance.
● Where people received their medicines on an 'as and when basis', there was no information available to staff to guide them on the circumstances in which the person may require these. Having this guidance in place promotes the safe management of these medicines. The provider agreed to implement these protocols.

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to protect people from the risk of abuse. Staff had received training in safeguarding and demonstrated their understanding in this area. The provider had reported any concerns appropriately to the local authority when needed.

Staffing and recruitment
● People and relatives told us the staff had not missed any care visits, that they were usually on time and did

not rush them. One person said, "They take the time to do it all properly. They don't skimp." The staff we spoke with told us there were enough of them to complete people's care visits when required. They said calls were planned so they were able to spend time with people.

● The provider planned the care visits to ensure there were enough staff to cover them. Annual leave or sickness of regular staff were covered by bank staff or when required, by staff working in the office.

● The provider demonstrated they had completed the required recruitment checks before employing new staff to the service. However, they had not kept clear records regarding this. For example, staff member's full employment history had not been recorded on their file or a copy of their identification kept. The provider agreed to keep a record of all the necessary information in the future.

Preventing and controlling infection

● People and relatives told us staff took precautions to reduce the risk of the spread of infection. One relative told us, "Yes, they use gloves and an apron when helping [family member] to wash."

● Staff demonstrated a good knowledge regarding this subject. This included wearing appropriate equipment such as gloves and aprons and regularly washing their hands.

Learning lessons when things go wrong

● Staff understood they needed to report any incidents or accidents to the provider if they occurred. Incidents or accidents had been recorded on the provider's electronic care system and investigated.

● Lessons had been learnt when things had gone wrong. For example, the service had missed three care visits in July and August 2019. The reason for this had been a breakdown in communication between the office staff and the staff member delivering care. The provider told us this had been discussed in a recent team meeting to reduce the risk of it re-occurring. They were also looking to invest in a new system that would enable them to monitor the completion of care visits in a timelier manner. This would help reduce the risk of people care visits being missed.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 physical and mental health needs had been assessed. Consideration had been given to people's social needs, life history, personal aims and goals.
- Technology was used to plan care visits and staff rotas. Staff had hand held devices which aided communication about people's care needs. The provider was investing in further technology to help them monitor staff attendance to care visits, so they could monitor this area more closely.

Staff support: induction, training, skills and experience

- People and relatives told us they thought staff were suitably experienced and trained to provide them with safe and effective care. One person said, "Yes they are well trained. They all know what they are doing, and they tell me the courses they are doing sometimes." The staff we spoke with agreed with this.
- New staff completed an induction which included a period of shadowing of more experienced staff to assist their learning. Staff said they were not rushed during this period and very well supported.
- Staff completed training in mandatory subjects such as moving and handing and infection control but were also able to complete training in other subjects. Staff told us how they had received training in diabetes and how to encourage people living with dementia to eat more food.
- Staff were encouraged to gain qualifications in social care and new staff had completed the Care Certificate, which is a nationally recognised qualification in social care. Staff told us they received regular supervisions and support. This included checks that their care practice was safe. The staff records we looked at confirmed this.

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

- The service supported some people with their eating and drinking. There was information in people's care records to guide staff on how people liked their meals or drinks prepared. Staff demonstrated a good knowledge regarding the monitoring of people's dietary intake. For example, one staff member told us how they always encouraged people to drink to help prevent them from having infections.

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

● People told us staff supported them with their healthcare when required. One person said, "They will tell me if I might need the doctor and it's a good thing that I like about the service, that it helps keep an eye on me."

● The staff we spoke with demonstrated they knew people well and said as they saw the same people, they quickly picked up when someone was unwell. One staff member told us how they would contact the person's GP or emergency services if necessary. Records we looked at confirmed staff had taken this action when appropriate.

● Staff told us they worked well as a team to deliver good quality care to people. They also told us they worked with other professionals to ensure people were supported effectively. For example, one staff member told us how they had reported a concern to the office staff regarding a person's ability to move safely when they were helping them to get up. This had resulted in the service working closely with an occupational therapist to ensure the person had the appropriate equipment in place to keep them and the staff safe.

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.

● People we spoke with told us the staff regularly asked them for their consent before they were provided with care. Staff had received training in the MCA and those we spoke with, demonstrated an understanding of this legislation. They were clear about always offering people choice and supporting them to make decisions where required.

● In some cases, relatives had signed the care contract on behalf of the person without holding the relevant legal authority to do so such as a Power of Attorney. The provider told us the people who received the care had capacity to consent themselves but had been unable to physically sign the contract. The provider agreed in the future to note this to be the case, rather than obtaining consent from a family member who legally could not provide this on behalf of the person.

We recommend the provider reviews best practice guidance regarding obtaining consent.

Good

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 relatives told us they were treated with kindness and respect. A common theme was they viewed the care staff as friends and said they were very professional. One relative said, "I feel at ease with them. They are a bit like a friend. They are polite and respectful, and they are considerate in the house." One person told us, "I have two carers who I know well now. They are like friends who call regularly. They have been very good, and we can talk about things. They've always been nice as well, polite and respectful."
- The staff we spoke with demonstrated genuine kindness and compassion for the people they supported. They spoke of them with fondness and showed concern for people's wellbeing.
- People and relatives told us they saw the same staff which helped to build caring and trusting relationships. The staff we spoke with confirmed this was the case. Staff demonstrated they knew people well including their individual preferences, routines and personalities.

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

- People and relatives told us they could express their views and felt involved in making decisions about their care. However, most said they could not recall having a review of their care needs. The provider told us these were completed annually and confirmed everyone had received one. They said these were delivered either face to face or over the telephone.
- Staff told us how they adapted their communication with people who found it difficult to verbally communicate, to help people express their views. For example, one staff member told us how they picked up on a person's body language when they were not well.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the care provided promoted people's privacy and dignity and independence. One person said, "It's all done with dignity and they check with me as they help me."
- Staff demonstrated they promoted people's independence. They told us this was one of the main aims of the service. One staff member described how they encouraged a person to help them prepare a meal. This

they said, was so the person felt empowered and independent in making their own meals.

● Staff told us how they promoted people's dignity and privacy. They said they always ensured that people's curtains and doors were closed when providing personal care. One staff member told us how they never spoke about people's care in front of other people, to protect their privacy.

● The service had received several compliments from relatives in relation to how they had helped their family member remain independent and able to remain within their own home.

Good

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People told us they received care and support that met their individual needs and preferences. One person told us, "The times [of calls] are okay. They were all agreed with me." A relative told us, "They come at the right time and they wash and dress [family member] and things I'd struggle with. They call again later to get [family member] ready for bed if they want to go."
- People and relatives told us they had been involved in planning their care and support when they first started to use the service. The provider had taken this information and designed an individual record for each person detailing how they wanted their care to be delivered. This included people's personal preferences, aims and goals.
- These records would benefit from more information in relation to some people's health conditions. For example, where people had diabetes or were receiving support from staff with the care of a catheter, there was no information to guide staff on how to recognise complications within these areas or what action to take should any complications occur. The provider agreed to introduce this information.
- The staff we spoke with were mindful that some people could be socially isolated. Therefore, they provided them with information about different organisations that could help increase their social activity.

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.

- People's communication needs had been considered by the provider during the initial assessment of their care. For example, one person found verbal communication difficult and therefore, all communication with them was conducted over email or by a computer.
- The staff we spoke with had a good knowledge about people's individual communication needs. The provider told us they could provide communication in various formats if required including large print or braille.

Improving care quality in response to complaints or concerns

● People and relatives told us they had not had any reason to complain to the service but would feel confident to do so if this was needed. One relative said, "Yes, I can get in touch with them. We've had no complaints at all."

● The service had not received any formal complaints since our last inspection. The provider told us there was a procedure in place to investigate and deal with complaints should one arise.

End of life care and support

● Where people were reaching the end of their life, the provider and staff told us the person's wishes had been gathered and were respected. They gave us examples of other professionals they worked with to ensure the person had a comfortable death.

● Most staff we spoke with told us they had received training in end of life care. The provider confirmed that only staff who had received this training provided people with support at this time.

● The provider told us some people's preferences and choices regarding their end of life care was discussed such as whether they had a 'Do not resuscitate' order in place. However, there was no specific plan of care in place detailing people's specific wishes, unless they had reached the end of their life. Not capturing people's end of life wishes whilst they were well, increased the risk they may not receive the care they would like should their health deteriorate rapidly.

We recommend the provider reviews appropriate best practice guidance regarding seeking and recording people's end of life wishes.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 provider understood the duty of candour but did not demonstrate a full understanding of regulatory requirements. For example, some records had not been kept regarding the employment of staff as is required and consent to people's care had not always been obtained in line with relevant legislation. Also, the rating awarded by CQC from the last inspection of the service had not been displayed on the provider's website which is also required under regulations. This rating was added to their website shortly after our inspection visit.
- The provider conducted several audits to monitor the quality of care provided. This included audits of people's medicine records and daily notes completed by staff. We saw action had been taken when shortfalls had been identified to drive improvement.
- Staff were clear about their individual roles and told us communication between them and the provider was very good. They said they had all the information they required about people's individual needs and preferences to ensure that people received the care they wished for.

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

- All the people and relatives we spoke with told us they were happy with the care provided by the service and that they would recommend it to others. They said they could contact the service when they needed to and confirmed the provider was open and approachable.
- Staff told us there was a culture in the service of openness and of delivering care that put the person first whilst respecting them as an individual. They said they felt fully supported and valued by the provider who they described as approachable and available when they required advice or guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People using the service had been regularly asked for their opinion about the running of the service and the quality of care provided. This included an annual survey which had last been conducted in September 2018. We viewed this and saw that in the main, the responses had been positive.

● Regular meetings where held with staff where they could comment on the quality of care provided and how this could be improved. Staff told us certain information such as any patterns found from incidents were shared with them at this time. This was so they could change their practice to improve the care people received. For example, a new system had been put in place for staff to report any potential medicine errors. This meant they were investigated and dealt with in a timely manner.

● The provider and staff worked well with other healthcare professionals to ensure people received good quality care and that they received an appropriate service. This included the local authority who commissioned the service and health and social care professionals.