

Phoenix Therapy and Care Ltd - Care at Home Support Service

Dunbar Business Centre
Spott Road
Dunbar
EH42 1RS

Telephone: 01620 828 566

Type of inspection:
Unannounced

Completed on:
29 November 2022

Service provided by:
Phoenix Therapy and Care Ltd.

Service provider number:
SP2004006899

Service no:
CS2004062624

About the service

Phoenix Therapy and Care Ltd is a Care at Home service operating from Dunbar, East Lothian. At the time of inspection the service provided support to six people, with complex care needs, living in their own home in different areas of Scotland. The service employs a care manager, two registered nurse team leaders and senior support workers to oversee the care. Phoenix Therapy and Care Ltd is also registered as a nurse agency to allow registered nurses to be employed in services due to the complex nature of support they provide.

About the inspection

This was an unannounced inspection which took place on 22nd and 23rd November. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with people using the service and their family, friends and representatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with involved professionals

Key messages

- People were supported by a team who knew them
- People with complex needs are supported in their own homes
- Personal planning for people required improvement
- Staff training needed to improve
- Communication between people, families and management needed to improve

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst we recognised there were some strengths, these were outweighed by weaknesses. Whilst the strengths had positive impact, the likelihood of achieving positive outcomes and experiences for people was reduced because of the key areas that needed improvement.

People were cared for in their own home supported by staff who treated them with dignity and knew them. People told us they 'feel safe and comfortable with the staff'. Personal plans had important information about people's complex medical conditions however crucial risk assessments were missing from people's homes (see requirement). This meant that staff were unable to access essential information to minimise harm and protect people's safety.

People were supported to undertake some social activities they liked and one person told us 'they would like to plan a holiday'. Improvements were needed to the planning for people's social activities provision to promote their wellbeing and develop their personal activities. This meant people were not able to develop or extend their personal interests as they would have liked.

People's medication was administered and stored appropriately.

The service had established links with essential health professionals. This meant that appropriate referrals and emergency support was available 24 hours a day and people could be confident they would receive timely health care. Staff rotas were in place and the registered nurses provided an on call system which supported staff out of office hours.

Cleaning schedules to care for the equipment were in place in people's homes for staff to follow. Equipment was well maintained which meant people were cared for safely.

There was sufficient Personal Protective Equipment (PPE) and staff used it appropriately helping to keep everyone safe from the spread of infection. Although people benefited from infection control practices, there were no plans in place to direct staff in the event of an outbreak of infection. This had a potential to compromise people's safety. We discussed this during the inspection to ensure the service were aware of the need to have appropriate contingencies in place to support people's health and wellbeing.

Requirements

1. By 28th February 2023, the provider must ensure they make significant progress with reviewing and updating personal plans, risk assessments for people.

To do this, the provider must, at a minimum:

- a) the service should ensure that copies of care plans and risk assessments are present in the service-users homes and that they are kept up to date."
- b) ensure the plans reflect peoples needs and wishes.
- c) ensure staff can access the personal plans and risk assessments in people's homes.

d) ensure any changes are communicated appropriately with workers /and people's families.

This is to comply with Regulation 5(1) and 5(2)(b)(iii) (Personal plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices. (HSCS 1.15).

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst we recognised there were some strengths, these were outweighed by weaknesses.

The service had a wide range of audits with an annual audit plan in place. However the audits did not reflect all actions and outcomes or document areas for development or improvement. The service had completed audit for incidents, accidents and complaints. The service conducted duty of candour reports as well as quality and performance staff surveys.

However the service had no overall quality assurance development/action plan. This meant that quality assurance processes were not able to show the effectiveness of any improvements or any planned improvements for the service (see area for improvement).

During the inspection the service advised us it was progressing with digital care planning for personal plans. This is important to the people as personal plans can be updated more quickly and easily. These should improve personal planning and support the auditing process which has the potential to improve the quality of the service for the people. We will monitor this at the next inspection.

The recruitment process was well documented. The service had experienced difficulty recruiting and were aware of the impact this had and they had vacant posts. To support people, the service were using agency staff to provide cover, as well as the management team supporting shifts. One person who used the service told us that 'the manager spoke with them regarding recruitment', whilst other family members felt communication with regards to recruitment to the people's packages was sporadic'. This meant that people did not always know who was providing care and support. The service should improve communication between people, families and management.

There is a Caretech newsletter which is company wide. Staff surveys take place annually each December. Some team meetings have taken place but these were irregular, some staff told us 'they had not been to a team meeting yet'. However staff reported communication was good via the phone and emails from the office and nurses.

Areas for improvement

1. To support people's wellbeing and safety the provider should ensure that information from quality assurance processes is used to improve the service. This should include, but is not limited to developing an improvement/action plan which outlines the services quality assurance processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we recognised there were some strengths identified these were outweighed by weaknesses.

Once recruited training for staff was supported in a variety of ways. Recruiting staff has proved difficult for the service, people told us 'service appears to struggle with staffing'.

Staff had access to e-learning modules, face to face training when planned and support from the registered nurses. Staff did not have much opportunity to complete practical training. Some staff training was taking place, however most staff had not received manual handling practical training. This meant that staff were not properly trained to perform their role and people's safety was potentially compromised (see requirement).

Supervision of staff took place but was irregular with one member of staff telling us 'they had email and phone contact but had no formal supervision meetings'. Supervision documents were not always signed and dated by staff and actions were not always followed through. This meant that people's welfare or safety could be compromised through staff not being properly supported, developed and trained. We will monitor this at our next inspection.

Key health professionals also provided support and advice to the service. The service had close connections with the specialist home ventilator team of health professionals. This team provided training to staff to support people in the use of this type of specialist equipment. Some staff had not fully completed all the necessary specialist training provided by these professionals. We discussed this during the inspection with the service provider. This meant that staff were not properly trained to perform their role and peoples safety was potentially compromised.

Requirements

1.
By 28th February 2023, the provider must ensure they formally supervise, train and develop staff and maintain clear, adequate records of when this takes place.

To do this, the provider must, at a minimum:

- a) ensure mandatory and person-specific training is brought up to date for all staff
- b) hold supervisions with all staff according to policy
- c) hold and record regular team meetings
- d) have a plan to maintain regular training, supervision and team meetings going forward

e) maintain clear and adequate records of staff learning and development, including minutes of meetings.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

3 - Adequate

We evaluated the service to be operating at an adequate level for this key question. There were a number of strengths which outweighed areas for improvement with personal planning.

Personal plans should provide detailed information to guide staff in how to care for a person in accordance with their needs, wishes and preferences. Personal plans were in place for the people, although not all relevant risk assessments were available. Whilst staff had easy access to personal plans in people's homes, the information in the plans did not always inform staff practice and approaches to people's care and support. (see previous requirement in 'how well do we support people's wellbeing') This meant that the personal plans did always reflect the outcome and wishes of the people.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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