



The Regulation and  
Quality Improvement  
Authority

Phoenix Nursing Agency (Homecare  
Division) Ltd  
RQIA ID: 11016  
Ardmore Gatelodge  
1 Belfast Road  
Newry

Inspector: Caroline Rix  
User Consultation Officer: Clair McConnell  
Inspection ID: IN023758

Tel: 02830268884  
Email: [admin@phoenix-ni.com](mailto:admin@phoenix-ni.com)

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**Unannounced Care Inspection  
of  
Phoenix Nursing Agency (Homecare Division) Ltd**

**7 March 2016**

**The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 7 March 2016 from 09.30 to 14.45 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Phoenix Nursing Agency Ltd/Barbara Rafferty	<b>Registered Manager:</b> Mary McConnell
<b>Person in charge of the agency at the time of Inspection:</b> Barbara Rafferty	<b>Date Manager Registered:</b> 1 September 2009
<b>Number of service users in receipt of a service on the day of Inspection:</b> 40	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

#### 4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered person
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with four service users and seven relatives in their own home on 15 October 2015 to obtain their views of the service. The service users interviewed live in Newry and receive assistance with personal care. The UCO also reviewed the agency's documentation relating to five service users.

On the day of inspection the inspector gave the registered person ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. One staff questionnaire was received following the inspection, with feedback included within the body of this report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Four staff meeting agendas and minutes for October 2015 to January 2016
- Four staff quality monitoring records
- Staff duty rota for March 2016
- Staff Handbook
- Monthly monitoring reports for December 2015 to February 2016
- Annual quality report
- Procedure for management of missed calls
- Management staff daily contact log records/on call logs for February and March 2016
- Three communication records with trust professionals

#### 5. The Inspection

Phoenix Nursing Agency Homecare division is based at Ardmore Gatelodge, 1 Belfast Road, Newry. The agency was registered on 1 September 2009 and has been operational since February 2010. Under the direction of the manager Mary McConnell staff of 38 provides a range of services to 40 people in their own homes. The services provided include personal care, social support and some practical domestic care. Service users are adults who require assistance with either physical, mental health needs and/or learning disability. The Southern

HSC Trust commissions their services and some service users may buy services privately. The areas currently covered by the agency in Northern Ireland are County Down and Armagh.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 3 March 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 5.2</b>	The registered manager is recommended to expand their 'Restraint' policy and procedure to include specific guidance on the use of bedrails/lap belts and include the review process for service users who require restraint.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policy and procedure 'Restraint and Restrictive Practices' dated March 2015 was reviewed and ad been expanded to include clear guidance for staff on the use of bedrails/lap belts and include the review process for service users who require restraint.	

### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding service users and/or representatives. The referrals detailed the services being commissioned and relevant risk assessments recorded on DC1 forms. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

The documentation relating to five service users were reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment; one care plan required to be amended, which had subsequently been carried out. The log sheets reviewed were being completed appropriately by the carers; however some variation in call times were noted. This area was discussed with the registered person and records evidenced an agreed call time flexibility was in place with this service user.

## Is Care Effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. The complaints log indicated that no complaints had been received during the past year. Compliments had been received with very positive feedback regarding the care provided and these had been shared with staff at team meetings and individually, and examples of thank you cards available in office for staff to view.

Questionnaires are sent out by the agency to obtain the views of service users or their representatives. Management visits and phone calls are taking place on a regular basis to discuss the care being provided by the agency; however none of the people interviewed were able to confirm that observation of staff practice had taken place.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis, most recently during February 2016. No staff practise issue were identified during these spot checks. The monitoring visit records noted positive comments received from service users/relatives regarding staff.

Records evidenced that questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Records of the 2015 Annual Quality Report was viewed which contained feedback from service users and/or representatives, with planned areas for improvement, and had been shared with all service users.

## Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Phoenix Homecare. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect; however one relative felt that care is sometimes rushed. This area was discussed with the registered person who confirmed a care review meeting had taken place and this issue has been addressed.

Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "The girls are very friendly. I enjoy the craic with them."
- "We have a good crowd of carers."
- "They're brilliant."
- "Very dependable."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included dementia and working with service users with limited communication and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or surveys for the agency.

Service user records viewed in the agency office found that service users' feedback had been recorded during care review meetings in service users' homes, with details of requests being implemented, where possible, in liaison with the trust care manager.

One staff questionnaire was received following the inspection day. This member of staff confirmed they were satisfied with the training received in relation to core values and communication methods. This member of staff indicated that she was unsatisfied that service users receive timely support from multi-disciplinary team e.g. occupational therapist, community nurse or doctor; this area was discussed with the registered person who agreed to review their communication and support received from other professionals when assistance has been requested.

### Areas for Improvement

No areas for improvement were identified regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

### Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and/or late calls. The agency has procedures for management of 'Missed or Late Calls' and 'Access to service users home' which were reviewed during inspection and found to provide staff with clear guidance. The agency's records verified all staff had been provided with these procedures as part of their staff induction programme. Staff meeting minutes evidenced that service user changing needs had been discussed. The staff had been provided with a reminder notice in February 2016 referencing their responsibilities to ensure they do not miss a service user's call.

### Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced missed calls from the agency.

The registered person confirmed that four service users had experienced a missed call by carers in the past year and a small number of late calls. Details of these were captured on a variety of records reviewed during inspection. These include duty logs, computer logs of actions taken regarding the missed/late calls, follow up action and measures taken regarding

staff involved. Communications with the referring HSC Trust had taken place via telephone calls and emails.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed.

Review of the February/March 2016 staff rota for two staff groups within two service areas reflected a process for allocating the staff numbers to service user calls; however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

### **Is Care Compassionate?**

No concerns were raised regarding the carers treating the service users with dignity or respect.

Staff questionnaire indicated that she was unsatisfied that staffs have time to listen and talk to service users; this was discussed with the registered person as an area for review.

### **Areas for Improvement**

No areas for improvement were identified regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### **5.3 Additional Areas Examined**

The inspector reviewed the agency's RQIA notification of incidents log, with no reports received during the past year.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

## 3.0 No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Mary McConnell	Date Completed	11.4.16
Registered Person	Paul [Signature]	Date Approved	11.4.16
RQIA Inspector Assessing Response	Caroline [Signature]	Date Approved	26.4.16

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**