

Phemacare Ltd

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Inspection report

78 London Road
Worcester
Worcestershire
WR5 2DY

Tel: 01905360105

Website: www.phemacare.co.uk

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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?	Good ●

Summary of findings

Overall summary

About the service: Phemacare Ltd. is a domiciliary care agency. It provides personal care to people living in their own homes. Some of the people supported were living with a dementia type illness or had physical disabilities. At the time of this inspection the service was supporting 11 people with personal care tasks.

People's experience of using this service: People received a good, personalised service. Staff knew how to safeguard people from abuse. Most people and relatives told us they were happy with the support they received.

Incidents were analysed, lessons were learnt and embedded into practice. Risk assessments were in place and acted upon appropriately to reduce any identified risks. People were supported with their medicines by staff assessed as competent in this area. Staff had the training and support they needed to carry out their roles well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The manager and provider carried out checks and audits and sought feedback to make sure that the service was delivering a safe and good service. A system for recording and responding to complaints was in place. The management team worked with other agencies and professionals to meet people's needs.

Rating at last inspection: Good overall with well-led rated as requires improvement (report published April 2016). The overall rating at this inspection remains the same and well-led has improved to good. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected: This was a planned inspection to check that the service remained Good.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Phemacare Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one 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: Phemacare is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. All 11 people supported by the service were assisted with personal care tasks.

At the time of this inspection the registered provider was completing the registration process with CQC to become the registered manager of the location. Once registered this means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The registered provider was not present on the day of inspection. Day-to-day matters at the branch were being managed by a representative of the provider and a branch manager.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the manager would be available to support the inspection and for staff to be available to talk with us about the service.

What we did: We reviewed information we had received about the service to plan the inspection. This included details of incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give us some key information about the service, what the service does well and the improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection: We spoke with four people who use the service and four of their relatives. We spoke with the provider's representative, the manager of the service, and three homecare workers. We reviewed a range of records: This included three people's care records, various records related to recruitment, staff training and supervision and the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff knew how to safeguard people from abuse. They told us they felt confident that the management team would address any safeguarding issues they raised appropriately.
- People and their relatives told us that staff helped keep people safe. One person told us, "I must admit I feel very well supported when they are helping me in and out of bed and from the chair to the commode."

Assessing risk, safety monitoring and management.

- Support plans contained detailed guidance for staff to follow to help keep people safe. Risks to people such as their likelihood of falls had been assessed and actions put in place to reduce the risk.
- Emergency contingency plans were in place should they be needed to ensure consistency of service to people in the event of an adverse incident.

Staffing and recruitment.

- Staff told us that staffing levels were sufficient. Some people told us that on occasion more staff supported them than they needed and they would prefer for this not to be the case. We discussed this with the provider's representative who told us this was due to additional staff having time between their own calls. They told us that they would address the matter.
- The suitability of care staff was checked during recruitment to make sure, as far as possible, they were safe to work with people who used the service.

Using medicines safely.

- Staff received training and had ongoing competency assessments from the management team to ensure they managed medicines safely. The management team regularly audited medicine records.

Preventing and controlling infection.

- Personal protective equipment (PPE) was made available for staff when needed.
- The service had a policy in place to help prevent the spread of infection. Staff had received training in infection prevention and control.

Learning lessons when things go wrong.

- The provider's representative told us that no accidents or adverse incidents had occurred since the service started supporting people in September 2018 following a period of dormancy. However, a policy was in place for staff to follow should any occur.
- The provider gave us example of how they had learnt from events that had taken place. considered how lessons could be learnt. For example, they had provided staff with snow shoes following a bout of bad weather, which affected call times. Providing the snow shoes had ensured that they could get to their calls more safely.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support, induction, training, skills and experience.

- People were supported by staff who had the relevant training required for their role. Staff received an induction when they started working for the service, which included the shadowing of more experienced staff. Regular observations of staff practice took place to ensure they were competent in their roles.
- Staff were supported through regular supervision meetings with the management team.

Ensuring consent to care and treatment in line with law and guidance.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Relatives told us that care staff respected people's decisions and gained people's consent before they provided personal care.
- The management team told us that people supported at the service all had capacity to make their own decisions however they were aware of their responsibilities should any decisions be needed in a person's best interest.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed prior to them receiving support from the service. This included their healthcare needs.
- Advice given by healthcare professionals was followed by staff. This helped ensure that people were being supported with their health and well-being.

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

- Staff supported some people with meal preparation. One person and another person's relative told us they felt the skills of some staff could be improved in this area as they appeared unfamiliar with how to reheat items safely and make tea. We discussed this with the management team who said they had already addressed the issues raised with the staff members involved.

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

- The service worked well with other organisations. Staff contacted doctors and other healthcare professionals as and when needed. One relative said, "The carers always make sure that they let me know if there're at all concerned about [person's] health or well-being."

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.

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 told us staff were caring. One person said, "All the carers are very thoughtful. They make sure the shower is nice and warm and I have a lovely warm towel waiting for me when I'm all done."
- Most relatives told us that they also found the staff were kind and caring. One relative told us that they would like it if carers spent more time chatting with their relative once tasks were completed.
- We saw feedback had been received from one person's relative which said, "The carers always sit and have a nice conversation with [person] which she really appreciates as she lives alone with just her cat and rarely has anyone visit."

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

- We found that staff showed concern for people's wellbeing. They ensured that people received care and support that suited their needs. One staff member told us, "You have to get to know your client first, you respect your client and work as a team with them."
- Staff knew people's communication needs well. The service was aware of the need to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and told us that if information was required in a different format they would access it for people on an individual basis.
- People were involved in making decisions about how wanted their care and support needs to be met through telephone surveys. However, some people had not yet received surveys due to the short period of time the service had been operating.

Respecting and promoting people's privacy, dignity and independence.

- Staff knew how to maintain the privacy and dignity of the people they cared for and were aware that this was a key part of their role. One staff member told us, "We make sure people are covered up, doors and curtains are closed."
- A member of staff told us, "We try to promote people's independence." Staff recognised the importance of encouraging and enabling people to do as much as they could for themselves.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships.

- The service identified people's information and needs by assessing them prior to providing support. One relative said that the manager had "talked through exactly what help [person] needs."
- People's outcomes and desired goals were identified. Once identified, people's needs and preferences were regularly reviewed.
- Support plans were person-centred and contained detailed information as to how to support individuals to enable them to be as independent as possible. For example, one person's support plan detailed exactly where staff should leave items so that they were accessible to the person once they had gone. This was very important to the person as they had sight issues.
- Staff worked in a person-centred way with people. They knew people's likes and dislikes very well.
- Staff described how they supported one person with a social call to access local community facilities. The person told us, "A carer comes and takes me out once a week so I can get some shopping done, visit the doctor and have some lunch out. I really look forward to it, as I don't get out much apart from that."

Improving care quality in response to complaints or concerns.

- Systems were in place to ensure complaints were acknowledged, investigated and responded to by the manager and provider.
- Most relatives told us that they knew how to make a complaint. Formal complaints received had been managed appropriately.

End of life care and support

- No one using the service was receiving end of life care.
- The service had an end of life care policy to guide staff if end of life care needed to be provided.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The service had a quality assurance system which included checks carried out by the manager and the provider.
- Staff at all levels of the organisation understood their roles and responsibilities.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility.

- The provider understood their responsibilities and legal requirements. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Feedback had been sought from people. Some relatives told us they would appreciate the opportunity to give more feedback and have more contact with the management team. We discussed this with the provider who told us they would address the issue.
- Staff told us they were listened to and that the manager was approachable. One staff member told us, "Everything is running smoothly, the management team are on top of things, we are blessed, the manager is lovely."
- Staff understood the provider's vision for the service in putting the people supported at the heart of service planning and delivery.

Working in partnership with others.

- The service worked in partnership with a range of other agencies and professionals. A multi-disciplinary approach was taken to meeting the needs of people.