

Phemacare Ltd

Phemacare Ltd

Inspection report

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Date of inspection visit:
24 February 2016

Date of publication:
01 April 2016

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

This inspection took place on 23 and 24 February 2016 and was announced.

Phemacare Ltd provides personal care for people in their own home. There were 24 people receiving services for which CQC registration was required at the time we inspected.

A registered manager was not in post at the time of our inspection, but the provider was taking steps to address this. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The provider had not consistently told us about all of the events they are required to do by law. The provider told us they would take action to put this right.

People were protected from the risk of potential abuse and told us they felt safe because of the way staff cared for them. Plans to manage people's individual risks were in place, and staff took action to care for people in ways which promoted their safety. There were enough staff employed to care for people and chat to them so they did not become isolated. Staff reminded people to take their medicines so they would remain well.

Staff had the skills to care for people and knew people's histories and the way they preferred their care to be given. People's consent was appropriately obtained by staff when caring for them. Where people could not directly communicate their choices staff worked with them so their choices would be identified. Staff respected people's rights to make their own decisions and encouraged people to make choices about what they had to eat and drink. People were supported by staff to maintain their health.

People had developed good relationships with staff who were caring. Staff listened to people and took action to make sure people were receiving their daily care in the ways they wanted. Staff supported people to maintain their dignity and understood people's need for privacy.

People or their representatives were involved in deciding what plans for care were put in place and the reviews of their care.

The provider and manager checked the quality of the care provided and introduced changes to develop people's care further. People and were encouraged to give feedback on the quality of the service.

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 supported by staff who knew how to promote people's safety and keep them free from the risk of potential abuse. There were enough staff to meet people's care needs and manage their risks. People were supported by staff to take their medicines as staff prompted people to do so, where required.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and had the skills to meet people's needs and preferences. People made their own decisions about their care and support.

Staff encouraged people to have enough to eat and drink. Staff worked with other professionals when required so people's health needs were met.

Is the service caring?

Good ●

The service was caring.

People's received care met their daily needs, reflected individual preferences and maintained their dignity and respect. People and relatives were very positive about the caring relationships developed with staff.

Is the service responsive?

Good ●

The service was caring.

People's received care met their daily needs, reflected individual preferences and maintained their dignity and respect. People and relatives were very positive about the caring relationships developed with staff.

Is the service well-led?

Requires Improvement ●

The service required improvement in the way it was led.

People were complimentary about the service they received. However, the provider had not consistently told us about events which in law they needed to so we could be assured people were well cared for and supported in safe ways. The provider and manager gave us assurance systems would be put in place to improve this.

Phemacare Ltd

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 was planned to check 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 23 and 24 February 2016 and was announced. The provider was given 48 hours' notice because the location provides homecare services and we needed to be sure someone would be in. One inspector carried out this inspection.

Before we went out to inspect Phemacare we spoke with three people who used the service. We also reviewed the information we held about the service. No notification had been received for the service in the previous twelve months. A notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with five people who used the service and three relatives by telephone. We spoke with the provider's representative, the manager and four care staff.

We looked at four records about people's care, six people's medicine records, six staff recruitment files, staff training records, and questionnaires about the quality of the service completed by people who used the service. We also looked at the service audits and checks the senior staff and registered manager had completed and records about people's safety.

Is the service safe?

Our findings

All of the people we spoke with told us staff looked after them in ways which promoted their safety and well-being. One person we spoke with told us it was very important to them staff always locked their door when they left and said staff always made sure this was done, so they felt safe. Two other people we spoke with said they received their care from regular carers, and this made them and their relatives less anxious about staff being in their homes. All the relatives we spoke with told us staff cared for their family members in ways which made people feel safe. One relative gave us an example of how staff regularly took action to make sure their family member's physical safety needs were met and told us as a result of the actions taken by staff their family member experienced fewer injuries.

Staff knew what to do if they had any concerns for people's safety. Staff told us they could contact senior staff at any time, if guidance was needed to keep people safe. All the staff we spoke with were confident the manager would take action if they raised any concerns for people's safety. One staff member we spoke with explained they had raised concerns about one person's well-being. The staff member explained these were general concerns about the person, and did not relate to the care provided by Phemacare. The staff member told us action had been taken by the manager who had worked with other agencies to make sure the person's safety needs were taken into account. We saw records which showed the manager had taken these actions so the person's safety needs would be met. Another staff member we spoke with told us they would also be able to contact other organisations who would also help to keep people safe. One staff member we spoke with explained they undertook visual checks to see if there were any hazards which might affect people's safety when they provided care to people. Another staff member we spoke with told us they had remained with a person when they were taken ill, so they could be sure the person was seen by paramedics, and their home was secured before they left. All of the staff we spoke with told us the manager always made sure the right equipment was available for them to use so the possibility of people becoming ill through infection was reduced.

People told us staff had talked to them about risks to their safety before they started to receive care, so they would receive the right care for them. We saw risks to people's physical well-being, including those in relation to medication, self-harm and people's underlying health conditions, were discussed with them before they started to receive care. Plans had been agreed with people so risks to their safety and well-being would be reduced. Risks for staff working in individual people's homes were also considered. Staff we spoke with told us they checked people's care plans or chatted to people so they knew the best way to keep them safe. Staff told us how they shared information on people's changing needs with senior staff and other care staff either immediately, or by updating the communication book.

People said they could rely on staff arriving to care for them and there were enough staff to meet their care and safety needs. Staff told us there was enough time allocated so they could meet people's care needs, and chat to them so they did not become isolated. One staff member we spoke with explained they had approached the manager when one person's care needs changed, as the person now required two people to support them so they would remain safe. The staff member told us the manager had taken action and additional staff had been provided so the person's safety would be maintained. The manager told us the

number of staff employed was based on the needs of the people using the service. The manager gave us examples of times when additional staffing had been put in place so people's care and safety needs would be met. This included when people had become ill.

We saw the current manager undertook checks on the suitability of staff before they started their employment. The checks included obtaining a minimum of two references and DBS, (Disclosure and Barring Service) disclosure, so they knew staff had had appropriate clearance to work with people.

Every person we spoke with told us either they or their relatives managed their medicines. Some people we spoke with told us they were supported by staff to do this, as staff reminded them to take their medicines. People and the relatives we spoke with told us staff always made sure staff prompted them to take their medicines. All of the staff we spoke with confirmed they had received training so they would know how to prompt people to take their medicines so people would remain well. Staff knew what action to take to keep people safe if there were any errors in prompting people, or if people decided not to take their medicines. One set of records which recorded the prompts staff gave to people had a number of gaps. It was not therefore be possible to confirm this person consistently received the prompts they required. We talked to the provider/manager about the records We saw there were checks made by the manager and provider to make sure people had been prompted to take their medicines, and where action was required to improve how people were promoted to take their medicines this was undertaken. The manager told us further medicine training was planned for staff.

Is the service effective?

Our findings

People told us they received care from staff who had the right skills and knowledge to support them. One person told us, "Staff have the right training. They know how to look after me." Another person we spoke with highlighted how good staff were at supporting them so they so their personal care needs were met and they remained well. One relative we spoke with told us they were sure staff had undertaken the right training as their family member was supported well and their physical health needs were met. Staff said they had regular access to training. One staff member we spoke with told us the training they had undertaken and said "It makes you speak to people first, so they get the care they want." Staff members we spoke with told us they had the opportunity to do training which was relevant to the people they supported. Staff we spoke with gave us examples of this, and told us they had done training to help people living with dementia and Parkinson's disease. We saw senior staff kept records of staff training and checked staff's understanding and knowledge through one-to-one meetings with their managers, direct observation and appraisals. Senior staff had made a wide range of training available for staff to undertake, so people would receive the right care. Staff also told us they were encouraged to complete NVQ training, to build their skills further. Staff told us they were confident additional training would be made available if they identified any training they needed, so people would continue to receive the right care as their needs changed. We saw training was being undertaken by staff on the first day of our inspection.

We spoke with two members of staff about their induction. Both staff told us they completed key areas of training, such as safeguarding and assisting people to move safely. They also told us they initially worked with more experienced staff, which gave them the chance to meet people they would be caring for in the future. One member of staff we spoke with told us it was very helpful to do this, as it gave them the opportunity to learn directly from people who used the service. The staff member told us, "It's about getting it right as far as the person is concerned, and respecting their wishes." Two people we spoke with told us new staff supporting them had been introduced in this way, and said this had helped them to feel less anxious about having new staff.

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. Applications to deprive someone of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of the inspection, the provider had not needed to make any applications to the Court of Protection. We saw the provider had made sure staff had access to training to help them understood the requirements of MCA. We saw records which showed senior staff had worked with external agencies to highlight any support requirement people

may have in relation to capacity to consent to care and treatment. Staff we spoke with told us they were confident senior staff would work with other organisations where people's capacity to consent to care and treatment was changing.

People told us they had been asked to consent to their care. One person we spoke with explained staff always checked if they were in agreement to receive care. The person told us if they were unwell, staff would suggest things which they could do to assist and were "Concerned but not pushy", if they declined additional assistance. Staff knew what action to take if people did not consent to their care. One staff member we spoke with gave us an example of what they would do if anyone refused care. This included offering the care again later and letting senior staff know if they thought this would affect a person's health and well-being. The staff member told us, "We can't force things. We know it's their choice." Another staff member we spoke with told us how they checked people were consenting to care if they were not able to directly communicate. The staff member told us they always checked people's facial expressions and body language, so they could be sure people were consenting to care.

Staff supported people so they would have enough to eat and drink. People we spoke with told us staff always prepared food they had chosen. One relative we spoke with told us staff were very effective in encouraging their family member to eat and drink enough. The relative told us staff encouraged their family member to be involved in preparing some of their own food, but if their family member was not well staff would prepare something for them. The relative told us their family member weight had improved since they had been receiving support, and they were doing well with assistance from staff. Staff we spoke with took time to make sure people were getting enough to eat and drink. The staff member described how they would encourage the person and make time to re-offer them the opportunity to eat at a later point during care. Another staff member we spoke with told us how they had escalated concerns to the manager regarding one person who did not eat regularly. The staff member explained action had been taken which involved other agencies so the person would receive enough to eat and drink and maintain their health and well-being.

People were confident if they needed any support to get in touch with health professionals they would be supported by staff to do this. Staff we spoke with were clear about what actions they would take if a person became unwell. This included contacting people's GPs if they needed support to do this, or staying with people in emergency situations until health professionals arrived. The provider and manager explained how they routinely worked with other agencies so people's health needs would be met in a safe way. This included assisting people so they could access healthcare relating to their physical and psychological health, so they would remain well. A staff member we spoke with told us how they worked with one person's main carer so one person's health would be looked after.

Is the service caring?

Our findings

All the people and relatives we spoke with told us staff were caring. One person told us staff were kind and described the staff who supported them as "Brilliant, I can't praise them enough." Another person we spoke with said, "(Staff) are friendly and polite. They are excellent." One person told us how staff put them at their ease and said, "I can't speak highly enough of them." Three people told us they had initially been reluctant to have care in their home, but the caring attitude of staff had helped to ease their concerns. Another person we spoke with said staff were very kind and went on to explain staff helped them to feed their pet, as staff knew how important this was to them. All the relatives we spoke with were positive about the staff caring for their family members. One relative we spoke with told us they were sometimes in their family member's home when staff delivered care. The relative told us quite often, staff were not aware they were there. The relative said staff always took time to chat with their family member, and "To have a laugh and a joke with [Person's name]." The relative told us their family member was very comfortable with the staff who cared for them.

People we spoke with told us they had the opportunity to start to get to know the senior staff when they first came out to find out the best way to care for them. Two people we spoke with told us they were nearly always supported by the same staff members, and this helped them to build good relationships with staff, who knew what was important to them. One person said staff also got to know their family, too, and this had made the whole household feel more comfortable having care staff come in to their family's home.

Staff told us they found out about the things which were important to people they supported through chatting to them and their relatives. Staff also checked people's life histories and assessments and care plans. Staff spoke warmly about the people they supported and showed us they knew about things which were important to people. One staff member told us how important it was for them to make sure people felt cared for and said, "I want to put a smile on people's faces. If I do, I have done my job." Another member of staff told us, "You concentrate on (people). You want to leave people comfy when you leave them." One member of staff told us, "You need people to be comfortable with you, it's about listening, and making people being more relaxed." We saw information about what was important to people was recorded in people's care files. Staff members also recognised the importance of making sure people's families were at ease when they were in their homes. One staff member gave us an example of what this meant to the person they were caring for, as the whole household had built trust with the staff team. Another staff member told us they made time to chat to people so they could find out what common interests they had. The staff member said they chatted to one person about sport, as this was something the person enjoyed talking about. The staff member told us, "Staff listen and do what they say they will, so confidence and trust is built with people."

Every person we spoke with told us they were encouraged to be involved in making decisions about their care on a day to day basis. One person we spoke with told us staff always asked them what support they needed and how they wanted this to be given. Another person we spoke with explained their health and independence changed daily, so staff always checked to see what day to day tasks they could do independently. People told us staff offered them choices, listened to their decisions and this made them

feel valued by staff. One staff member we spoke with told us they offered people choices about how they wanted their personal care given and what food and clothing choices people wanted to make. We saw people's care plans prompted staff to make sure people were involved in daily decisions about their care.

People's dignity and privacy was taken into account by staff. People told us staff always checked if they were happy for staff to enter their home, and promoted their dignity in the way they cared for them. One person we spoke with explained staff recognised their need for privacy when they had a bath. One relative told us staff showed respect to their family member's wish to have the same gender of staff member as themselves. The relative told us staff respected these wishes. Staff told us how they made sure people were treated in a dignified way during personal care, such as by making sure people were appropriately covered when some types of care were given. We saw records which showed people's need for privacy in relation to their information was discussed with people before they began to receive care.

Is the service responsive?

Our findings

People told us staff encouraged them say what type of care they wanted, and how they wanted their care to be given. People we spoke with told us they began to discuss this when staff first came out to meet with them, before they started to receive care from the service. People said they had been asked a wide range of questions about how staff could best support them. One person we spoke with told us their first meeting staff, "Looked at my assessments, there was no stone left unturned, and this has meant I am getting the care I want." Another person we spoke with said staff asked what times of the day they wanted their care to be given and staff kept to these times. One relative we spoke with told us staff had taken time when they first discussed their family member's needs to put their relative at their ease. The relative told us their family member's preferences for the way they wanted their care to be delivered were discussed. The relatives said, "Staff interacted so well with [Person's name] and we were listened to. (Staff) do things in exactly the way [Person's name] wants."

Staff we spoke with told us they talked to people about their preferences, likes and dislikes so their care could be tailored to meet their needs. The provider told us the manager matched the skills and interests of people with those of staff, so staff were able to chat about things which were important to people. A staff member we spoke with confirmed this was the case, and explained how they had been matched with a person who had an interest in exercise. Another staff member we spoke with told us how staff had involved a person's family member in developing their care plan, as the person was not able to directly communicate with them. We saw people's preferences for the way they liked their care to be delivered was recorded in their care plans. Care plans also contained details of people's life histories. Two staff members we spoke with told us these helped them get to know people and how they could best meet their needs.

People we spoke with told us plans for their care had been developed with their needs and wishes in mind. People told us they had copies of their care plans to refer to if they wanted to. One relative we spoke with told us they had let staff know about ways which care could be given to their family member so their risks of falling would be reduced. The family member told us staff took this into account, and their relative had experienced fewer falls as a result. Records we saw showed staff had considered people's physical and psychological care needs and developed care plans and risk assessments so these would be responded to and people's health and well-being would be maintained.

People and relatives told us their plans had been reviewed with senior staff as their needs changed. One person we spoke with told us the support they needed varied each day, and staff responded to this by asking if there was any additional support they could provide. One relative we spoke with told us staff were responding to changes in their family member's medication needs. These had been discussed at a recent review, and plans were being developed for staff to administer their family member's medication. Staff told us if they thought people's care needs were changing they were able to discuss these promptly with the manager, and gave us examples of where this had happened. People's care plans had been adjusted through working with external organisations so people still received the care they needed. Two staff members also told us there were opportunities to discuss people's changing care needs at their one-to-one meetings with their manager. Staff also told us there were systems in place so any immediate changes

would be shared with other staff who cared for people, so people would benefit from assistance from staff as soon as their immediate care needs changed.

We talked with people about complaints. All of the people we spoke with told us they had not needed to make any complaints about the care they received. One person told us, "I have no concerns what so ever." Another person told us they had not needed to make a complaint, or raise any concerns, but they would be happy to raise theme with the manager if needed. They told us they were confident the manager would take action if any concerns were raised. The manager and provider said they had not received any complaints in relation to the quality of care provided. Staff we spoke with confirmed they had not needed to support anyone to make a complaint about the service. Staff knew what action to take if a person wanted to make a complaint and confirmed they would advise the manager of people's complaints so action would be taken and lessons would be learnt.

Is the service well-led?

Our findings

There was not a registered manager in post at the time of our inspection. However, the provider was taking steps to address this. The previous registered manager had completed a notification to tell us they were leaving but the provider had not sent the notification to us at the time of our inspection. We also saw there were some other events which we should have been notified about, but this had not happened. A notification is about important events which the provider is required to send us by law and includes information about people's safety. The Care Quality Commission needed to be advised of these incidents, so we could make sure people were well cared for. In the cases where we should have been notified, we saw the provider and manager had taken steps to support people, so risks to their well-being and safety were reduced. We discussed this with the provider and were given assurances they would take action to further develop their quality assurance systems, so we would receive future notifications promptly.

The manager had undertaken quality checks when they first came to work at the service, so they could be sure people were receiving a good standard of care in a safe way. These had highlighted the previous management team had not consistently followed the correct process when staff were recruited. This had not been identified by the checks the provider undertook. We saw the manager had worked with the provider so steps were taken to quickly address this. We also saw there was one instance where a request by a local agency with responsibilities for keeping people safe had not been followed. This related to sharing information with another statutory agency. The provider and manager told us they would now do this. The provider also told us they would put a log in place so it was clearer what actions staff had taken to support people to remain safe.

People we spoke with were positive about the way the service was managed by the current management team, and said communication was good. One person we spoke with told us if staff were going to be a few minutes late, for example because of problems with traffic, senior staff always contacted them so they knew what was happening. Another person told us staff made sure they had the out of hours telephone number, so they could contact staff any time they needed to. A person we spoke with described the manager as dedicated. One relative we spoke with told us, "I'm very happy with the service, there's really good communication, and I can rely on them. It's really working for us as a family. It's well managed and I would recommend it."

There were checks made by the provider and manager on the quality of care people received. People told us about some of these, which included regular telephone calls as well as visits by senior staff when people were asked about the care they received. Questionnaires, which asked people what they thought about the service, were also used. One person we spoke with said, "(Senior staff) come out and check the care I get is done well." Another person told us, "I don't want anything different. I'm happy and well looked after." People told us they were confident if they made any suggestions for improving their care they would be acted upon. One of the few people who did not have regular staff members who provided support told us they had asked for a copy of the staff rota. The person said they liked the reassurance of knowing which staff were coming in to support them. The person told us the manager made sure this happened so they were reassured. We saw some of the returned questionnaires during our inspection. People's response to

questions about the quality of the care they received were positive. We also saw checks the provider had made to satisfy themselves the quality of the care provided was good. As a result of these checks, the provider had recognised people's care plans would benefit from being more detailed. We saw during our inspection action was being undertaken to improve these, so it would be clearer what steps staff needed to take to make sure people received the care they needed in the way they wanted.

Staff told us they felt supported by the manager and gave us examples of the type of support they were given. One staff member told us about the support they had received when an unexpected event had occurred which meant they would not be able to complete their visits with full concentration on the needs of the people using the service. The staff member explained the manager had immediately made it possible for them to leave their work by ensuring the remaining visits were covered. Staff also told us senior staff undertook spot checks on the care they delivered, so they had the opportunity for their practice to be reviewed and improved. Another staff member we spoke with told us they felt suggestions they made were listened to and acted upon. The staff member gave us an example of when they had suggested one person needed additional staff to care for them. The staff member told us this had been acted upon by the manager. One staff member told us, "It's well run now, I feel supported and can ask the manager anything I need to." Staff said they had regular one-to-one meetings with their managers, so they could discuss any concerns they had or make suggestions about improving the care people received.

The manager told us they felt supported by the provider. For example, the provider had supported the manager to introduce new systems to check people were receiving the right care. The manager also said their own development, and that of the rest of the staff team, was being supported by the provider, so the quality of the care given to people would be further developed