

Phebdan HealthCare Services Limited

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Inspection report

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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

Phebdan HealthCare Services Limited is a domiciliary care agency providing personal care to older people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection the service was supporting 17 people.

People's experience of using this service and what we found

The risk of people experiencing avoidable harm were reduced by the risk assessments in place and the training staff received. The provider carried out the appropriate checks to ensure staff were suitable to provide care and support. People's medicines were administered safely and staff followed good hygiene practices to protect people from the risk and spread of infection.

People's needs were assessed and reviewed. Staff were trained and supervised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access healthcare services whenever required.

Staff were caring and treated people and their homes with respect. People's cultural needs were respected and their independence was encouraged. People decided how they received their care.

People received personalised care and support in line with their agreed care plans. Where it was within their care plans, people were supported with social activities. People's communication needs were met and the provider managed complaints appropriately.

The registered manager audited the quality of the service. People, relatives and staff regularly shared their views about the quality of care being delivered and this was acted upon. The provider worked with others to ensure people's changing needs were met.

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

Why we inspected

This service was registered with us on 1 April 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Phebdan HealthCare Services 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and one 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to four people, seven relatives, the director and the registered manager. We read five people's care records and four staff files. We read staff surveys, team meeting minutes and records related to quality assurance. After the inspection we spoke with two staff by phone to gather their views about the service and we requested additional information from the registered manager.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who provided their care. One person told us, "I have been having care from this agency for just over a year and in that time I have felt safe with my carers and have had no problems what so ever." Another person said, "I have never felt unsafe with any of the carers who call on me."
- People were protected from the risk of abuse. The provider had safeguarding policies and procedures in place and staff received safeguarding training.
- Where safeguarding concerns were identified, these were reported to the appropriate agencies for investigation and review.

Assessing risk, safety monitoring and management

- People's risks were assessed, and measures were in place to reduce risks to people. For example, where people presented with needs related to their health, these were assessed by healthcare professionals and staff had guidance in care records.
- The provider had plans in place in the event of people not answering the door to care calls. These included contacting relatives and identified contact people and informing social workers. If staff, the registered manager and social workers remained concerned about people's welfare they would contact the police to investigate. This meant people were protected against risks associated with missed care calls.

Staffing and recruitment

- People were supported by staff who were recruited using processes to ensure they were safe to deliver care and support. These processes included interviewing candidates, obtaining employment references, establishing identities and carrying out checks against criminal records data bases.
- The registered manager told us the provider employed enough staff to meet the assessed needs identified in people's care plans. This meant people did not experience missed care calls.
- People and their relatives told us there were enough staff to ensure punctual care and no missed care calls. One relative told us, "We are not left without care."
- People were supported by consistent staff. One person told us, "I get a schedule in advance so I know who is coming and at what time." When staff were on leave the member of staff covering was given an induction beforehand. One person told us, "If they are going to send a new carer they make sure they have shadowed my more experienced carers." This meant people knew the covering member of staff and staff were familiar with their needs and preferences.
- People and staff had access to the provider outside of office hours through an on-call number. This meant management guidance and support was available 24 hours a day.

Using medicines safely

- People received their medicines safely. One person told us, "They give me the medication I need at the right times and record what they have given me."
- Staff were trained to administer medicines and the registered manager confirmed the on-going competency of staff to administer medicines through observation.
- The registered manager regularly reviewed people's medicines administration records to ensure they were accurate and did not contain any gaps in recording.

Preventing and controlling infection

- People were protected from the risk and spread of infection by the infection prevention and control practice of staff. One person told us, "Everyone who has come to me has worn a mask and used disposable aprons and gloves."
- All staff providing care and support to people had received COVID-19 vaccinations
- Staff received training in infection prevention and control and food hygiene to protect people from food-borne illnesses.

Learning lessons when things go wrong

- The registered manager reviewed incidents to ensure lessons were learned and shared learning with staff. This meant care and support improved and the possibility of recurrence was reduced.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 needs were assessed. People and their relatives participated in needs assessments. This meant care records reflected people's preferences for how their care and support should be received.
- Where required people had assessments in care records undertaken by health and social care professionals. These provided staff with guidance on meeting people's individual needs in line with best practice.

Staff support: induction, training, skills and experience.

- People were supported by trained and supervised staff.
- New staff received an induction before delivering care and support.
- The registered manager ensured staff received on-going training. One person told us, "I can see they have had good training and lots of it." One member of staff told us, "I get lots of new training and refresher training. It is motivating and helps me do my job better."
- Staff received training in areas such as moving and handling and used this training to support people to transfer safely. One person told us, "If moved incorrectly I could suffer injury. They do know how to transfer me from bed to wheelchair."
- Staff told us they received regular supervision. One member of staff told us, "I find supervision helpful and supportive." Staff records showed supervision meetings were used to discuss people's changing needs, staff training and the support staff needed to receive from management.
- Appraisals were being arranged for staff who have worked at the service for a year.

We reviewed supervision records and found issues such as safeguarding and training were discussed.

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

- Where it was stated in their care plans, staff supported people to eat and drink enough.
- Where people were unable to eat and required foods to be delivered directly into their stomachs, staff received training from specialist trainers and nurses. One person told us, "They always record what they have given me."
- People, relatives, the registered manager and healthcare professionals regularly reviewed people's nutritional requirements and support.

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

- The provider supported people to access healthcare services when required. One person told us, "If I am

unwell they will ring the GP for me."

- Staff supported people to attend appointments with health and social care professionals including dieticians, social workers and physiotherapists.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity was assessed and people were treated in line with the MCA
- People told us that staff always obtained their consent before providing support. One person told us, "I really like these carers, they always ask beforehand."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were well treated by staff and spoke positively about them. One person said, "They are very kind and compassionate to me." Another person told us, "They are very kind to me and will do anything for me. If I am feeling a bit down in the dumps, they will cheer me up." A third person said, "I like my carers, all of them. They make me happy."
- People's cultural needs were assessed and met. For example, staff supported one person to attend a place of worship each week.
- People told us that where it was important to them, they were supported to choose the gender of their care staff.

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

- People decided how they received their care and support. Details of people's choices regarding their care were stated in care records.
- People and staff knew each other well. New staff were introduced to people by the registered manager.
- People told us that staff maintained professional boundaries. One person told us, "There is a firm line between my private life and theirs. We don't discuss this as we have a professional relationship."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful. One person told us, "The carers do understand that this is my home and not theirs."
- Staff maintained people's privacy and dignity. One person told us, "When I use the toilet they leave me in private, turn the light on and shut door until I am finished." A relative said, "They ensure the curtains are closed and ensure doors are also closed so no one can intrude...they also wash [family member] protecting their dignity as they do so."
- Staff promoted people's independence. One person told us, "They do try to get me to do as much as I can for myself." A relative said, "They do encourage my [family member] to do things which they are capable of doing and give a lot of support and encouragement."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 received personalised care to meet their assessed needs. People and their relatives participated in reviews of people's care periodically and when people's needs changed.
- We received mixed views from people about receiving care at times they chose. One person told us, "They are not very flexible with timings." One relative told us the service was unable to make the changes needed to, "The times we would have liked during my [family member's] summer break which has restricted us in a way." We found the provider met people's assessed needs in line with people's care plans, and was recruiting more staff to increase its flexibility.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager ensured that people's communication needs were assessed and recorded. Care plans provided staff with information about supporting people's communication.
- Staff used the communication methods preferred by people. For example, one relative told us, "My [family member] is non-verbal so the carers have had to learn how to read her expressions and her eye pointing." Other communication methods used by staff included signing and using pictures."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were aware of people's spiritual needs and the support they required. One person told us, "Carers understand about prayer times, and other needs that must be met."
- Where it was within their care plan, staff supported people to engage in activities at home and in the community. One person told us, "I like to do colouring and drawing. The carers do this with me." A relative told us, "If the carers have time they will take my [family member] out in their wheelchair for a walk."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which people and their relatives received copies of and which they understood.
- People and their relatives told us they were generally satisfied with the provider's response to complaints. One person told us, "I know if I call the office with a problem, they will help me." One relative told us, "If I

have a complaint about anything it is usually resolved." A second relative said, "I tell them when they have fallen short and they usually take it onboard."

- Where complaints indicated there may be a safeguarding concern, the registered manager made appropriate referrals to the local authority and noted in records where allegations were not substantiated.
- Some complaints have been resolved via reviews to which people, relatives and social care professionals attended. This meant all parties could agree to the actions required to resolve issues and improve care and support.

End of life care and support

- At the time of the inspection none of the people being supported by the provider had been identified as requiring end of life care.
- The service had experience of supporting people through the end of life pathway and had worked alongside specialist healthcare professionals to ensure people received personalised, pain-free care and support.
- Staff received training to provide end of life care and the registered manager held an advanced certificate in end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; eEngaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt the registered manager was open and the service well-led. One person told us, "I think the manager runs the service very well. I can speak to them or the office staff at any time. I am very happy with the service I receive." A relative told us, "I do think the service is well-led. I have the manager's direct number and contact her either by phone or email. They listen to me and talk to me about any issues that might have arisen."
- People told us the office staff were accessible and helpful. One person told us, "It is easy to get on to the office. They talk to me and do their best to help me. They always ask about my care and if I am pleased with it." Another person said, "The office staff are approachable and responsive. They listen to me and from time to time they do ask if I am happy with my care and tell me if I need changes to let them know."
- The registered manager carried out surveys of people's views and regularly phoned people and their relatives to get feedback. One relative told us, "To begin with the manager rang weekly to ensure the care was okay. Now she rings monthly to check we are happy."
- Staff were supported to share their views at team meetings. These meetings were held to discuss changes and improvements to people's care and support.

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 registered manager understood their responsibilities to keep people, relatives, commissioners, healthcare professionals and the CQC informed when things had gone wrong.
- The registered manager was a registered nurse and ensured they maintained the skills and knowledge required to continue to be registered.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Care staff and the managers of the service were clear about their roles and responsibilities and those of their colleagues.
- The registered manager carried out a range of quality checks. These included checks of care records and staff training.
- The registered manager gathered views of people and their relatives about the care and support being delivered. The registered manager gathered this feedback through survey's and telephone calls.

Continuous learning and improving care

- The registered manager carried out regular spot checks of staff at people's homes. These checks were planned with people and their relatives and were used to observe how staff delivered care and support in line with people's care plans and their most recent training.
- Staff progress in obtaining qualifications to develop their skills and knowledge was reviewed by the registered manager with staff. Where staff required additional support to progress, this was provided. For example, support for staff to complete studies included increased one-to-one meetings with the registered manager and mentoring. Staff were also directed to resources such as training materials.
- The registered manager shared information such as videos and links to training with staff on their mobile phones via the provider's social media group. This meant continued learning was encouraged.

Working in partnership with others

- Staff worked collaboratively with a range of health and social care professionals including dietitians, nurses, GPs, social workers and behavioural therapists.
- The provider worked closely with one local authority's intervention service to support people's behavioural support needs. This meant people's behavioural support needs were met in a planned and consistent way and in line with good practice.