

Phemacare Ltd

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Inspection report

3 Park Street
Lye
Stourbridge
DY9 8SS

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Phemacare Ltd is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 46 people from the location, with personal care in their own homes at the time of our inspection.

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

We were hindered in carrying out this inspection due to records not being available when requested whilst at the location. This was due to documents and files being removed from the location and taken to another office for scanning purposes and the lack of organisation of stored documents.

There was a lack of provider oversight which meant risks to people's safety had not been responded to appropriately. Systems to monitor the quality and safety of the service were ineffective and placed people at the risk of harm. The systems in place had failed to identify the areas for improvement found at this inspection including the safe administration of medication and care planning.

Care plans were not in place for known health conditions to enable staff to have the information they needed to mitigate risk and meet or respond to their needs.

People we spoke to said they felt safe however, one relative told us that they had to show and tell staff how to support their family member correctly, as they did not know how to use the hoist.

Staff we spoke to told us they had received some training to meet people's needs. However, we saw from records that staff had not completed training on all of the health conditions of people using the service, to give them the knowledge and skills to support them safely.

Medication administration records (MAR) did not always include the current list of medications prescribed for people using the service. This meant care staff did not have accurate records to refer to, ensuring they were giving the correct medication at the correct time.

Spot checks of staff visits in people's homes were completed to monitor that people received the support they needed.

Audits need to be improved to provide clear and robust information and evidence of outcomes for people. Systems and process which were in place were not robust to protect people from potential harm. Staff we spoke to told us they understood their roles and responsibilities, had received some training and felt supported by the management.

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

Rating at last inspection

This service was registered with us on 12 February 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines and infection control. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions.

The overall rating for the service following the first inspection is Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe care and treatment of people using the service and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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. 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience who supported with telephone calls to people who use the service.

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.

The service had a manager registered with the Care Quality Commission. However, the registered manager was not available on the day of the inspection.

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.

Notice of inspection

We gave the service prior 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including the operations manager, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider, service users and care staff to validate evidence found.

We looked at training data, medication administration records, care plans and minutes from meetings.

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 since the service was registered. This key question has been rated as Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed however, we did not find any evidence during our inspection that people had been harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff members had a good understanding of how to safeguard people from abuse, they were able to explain how to protect people they supported. Staff had received training in these areas.
- Staff were aware of the whistleblowing policy and told us how they would raise concern, ensuring people were protected.
- People told us they knew how to raise concerns or make a complaint.

Assessing risk, safety monitoring and management

- The provider had care plans in place which detailed the support people required. However, these were not always sufficiently detailed. For example, care plans for people's specific health conditions such as Schizophrenia, Parkinson's disease or Diabetes did not include any signs and symptoms to help staff identify if people's conditions were deteriorating, so appropriate support could be provided. People who display behaviours that may challenge others did not have behaviour support plans in place to inform staff of what may trigger behaviours and what steps to carer should take to offer assurances, to enable them to reassure the person to reduce their distressed behaviour.
- During a conversation with a family member we became aware that one person's care plan did not mention they had a health condition that required the use of specific equipment. Care records didn't reference the treatment required for this condition. Staff we spoke with were aware of the persons health condition but had not been provided with training or written guidance from the Provider.
- One relative told us when asked if staff knew how to support the person, "We have had issues with staff who usually supported people who need one carer and not those who need two carers, so they do not know what to do or how to use the hoist correctly. I stay with the carers when they are here as they do not always know what they are doing. It's not right." However, another person using the service told us, "Feeling safe is not an issue with them. They are extra careful about my privacy and my needs."
- Risk assessments we viewed for one service user had not been updated since their health condition and treatment plan had changed. This meant there was conflicting information in the care plan, risk assessments and what people told us their health conditions and treatment were. One person's risk assessment said they had pressure sores, however, their relative told us these had now healed. Another person's care plan and risk assessments had conflicting information regards their health condition and how this was managed.

Using medicines safely

- Prior to this inspection we were made aware by the local authority safeguarding team of concerns which had arisen with medication.
- One person told us, "They don't give me my medication on time. I need to take it a specific time due to a medical condition." They told us how this impacts on their mental well-being and causes them to display behaviours that are challenging towards their relative. Call monitoring records we viewed demonstrated that this person's call times did vary on occasions and the Provider had failed to recognise the impact that this was having on the persons emotional wellbeing.
- One relative told us, "The carers give me all my medication, it is done on time and is correct as it comes out of the dosette box." A dosette box is a plastic tray which organises your medicines into separate compartments for different times of the day for each day of the week.
- When people required medicines to be administered on an 'as and when required' there was no guidance in place for staff to follow so they would know when to give the medicine or how many tablets to give when the dose varied. This meant there was the risk 'as and when required' medication might not be given in a consistent and safe way. For example; The provider should give guidance to care staff of when to give one or two tablets if it is a variable dose. Medication Administration Records should specify the maximum dose of tablets in a 24 hour period. For example, a maximum of Eight paracetamol in 24 hours. This meant there was a potential risk for over use of these medications.
- Medication Administration Records we looked at did not give clear guidance of which day, once weekly medications should be taken. Also, they did not give the times when items such as Inhalers prescribed twice a day should be given or directions of when and where creams should be applied. This places people at risk of not receiving their prescribed medication at the correct times.
- Staff we spoke to told us that they had received training in the safe administration of medication and records confirmed this.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Prior to the inspection we had received concerns that care workers were not wearing the correct personal protective equipment during some calls. Personal protective equipment (PPE) includes items such as gloves, aprons, masks and eye protection.
- Some people we spoke to told us that staff wore PPE. One person told us, "They [care staff] wear gloves, aprons and masks. I tell them to take their masks down so I can understand what they are saying. I know I shouldn't, but I can't hear what they are saying. Some of them used to take their masks down before but not now." Another relative told us, "They [care staff] wear masks, some wear gloves and aprons and some don't."
- Previous concerns of staff not wearing the correct PPE, which the provider had been made aware of had been actioned resulting in staff being dismissed.
- At the time of the inspection there were no individual risk assessments relating to the current pandemic for people using the service. Following the inspection, we have been provided with evidence that they have started to individually assess the risk to each person using the service.
- We saw that checks were completed on carers when supporting people in their own homes to check they were wearing the correct PPE, no issues had been identified during these checks.

Staffing and recruitment

- We looked at staff recruitment records. The files we looked at demonstrated safe recruitment process were followed.
- Staff we spoke to told us they received an induction, shadowing opportunities and training for them to be

able to carry out their role safely. The training records we saw confirmed this.

- Staff told us they received regular supervisions and we saw evidence in staff records of this.

Learning lessons when things go wrong

- Records showed that accidents and incident were investigated. During the inspection we did see that the provider was using accident and incident information to learn from and prevent similar accidents or incidents occurring in the future.

We will check this during our next planned comprehensive inspection.

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 since the service was registered. This key question has been rated as Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We experienced some difficulty in carrying out the inspection due to some staff and care records not being available at the location for us to review. Also records at the location were not always stored in a way so they could be easily identified, documents were stored in unlabelled boxes, in an office.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centered, open, inclusive and empowering, which achieves good outcomes for people

- The management of safety, risk and governance had not been effective. We identified concerns about people's safety during the inspection.
- There was an auditing system in place, but this had not been operated effectively and had failed to identify the concerns we found during the inspection.
- Audits had failed to identify that accurate records relating to people's care were not being maintained, to ensure staff had access to consistent and accurate information about people's support needs. For example, risk assessments were not always updated or reviewed following a change in the person's needs. Care plans for specific known health conditions were not in place to provide care staff with knowledge of the persons condition and how to support them.
- Audits had failed to identify discrepancies in the administration of medications and administration records were not maintained with up to date information. The Providers audits had not identified they were not consistently following their own policies.
- Audits were in place that reviewed people's medication that was given, but these failed to identify discrepancies in the amount of medication being recorded as administered by care staff to people did not reconcile with the information recorded on the Medication Administration Record (MAR) as to the dosage of medication to be administered. These variations had not been identified or looked into.
- Medication Administration Records (MAR) we looked at did not contain a full list of up to date, prescribed medications for each person to include the name of the medication, dosage and frequency to be administered.
- The managers carried out observations of the care team when supporting people in their homes, to ensure that care plans are followed. Records showed observations had taken place and the people we spoke to told us they saw the managers and spoke to them on the telephone.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

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 operations manager understood their responsibilities about duty of candour and promoting an open and honest culture.
- One relative told us she had been told by a carer, of an incident which had taken place in another service user's home. This is a breach of confidentiality and should not be discussed with other people using the service. We spoke to the operations manager about this information and they were not aware of this incident at the time of the inspection. Following the inspection, the operations manager spoke to staff after about this incident and they confirmed they had discussed the incident with another person using the service. The Provider told us they had taken action with the staff member involved.
- Staff we spoke to told us that they felt supported by the management team and said if they made suggestions they would be listened to.
- People we spoke to told us that they knew how make a complaint, others told us that they had never had to make a complaint as they were happy overall.
- One person told us they had spoken to the office as they were not happy about one of the carers. They told us the management made some changes to the carers visiting them, and they were now happy with this.
- Some people told us they had received a care review and had the opportunity to discuss the service but other people said they had not received a review.
- We saw from records that people's feedback was gathered on the quality of the service. 'Your voice' surveys had been completed with some people who use the service. However, this was the first time this information had been gathered and the provider had not had the opportunity to review the findings and take action based on the information shared with them.
- Recent visits to people's homes had also taken place in the days prior to our inspection, to gather their feedback on the care and service they received.

Working in partnership with others

- We contacted health professionals before the inspection took place. One professional we spoke to shared their concerns about the management of the service in relation to care records and risk assessments not being reflective of current health conditions.
- Care records demonstrated that when care staff identified concerns with people using the service, these were raised with the office to arrange health professionals, when support was needed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Aspects of the service were not always safe and there was limited assurance about safety. Care plans, risk assessments and medication records were not reflective of service users needs and risks.</p>

The enforcement action we took:

The provider and registered manager were issued with a warning notice and required to complete an action plan to evidence measures had been taken to mitigate risks for people using the service.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Poor governance, systems and processes in place. Auditing systems and processes are not robust in identifying shortfalls in the service.</p> <p>Lack of oversight of the service and the impact on service users due to known risks not being managed effectively.</p>

The enforcement action we took:

The provider and registered manager were issued with a warning notice and required to complete an action plan to evidence measures had been taken to ensure systems and process' were robust.