Phemacare Ltd

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Inspection report

369a Hagley Road West
Quinton
Birmingham
B32 2AL

Tel: 01214547727

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20 August 2020
21 August 2020
24 August 2020

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Ratings

Overall rating for this service	Inspected but not rated

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 34 people with personal care in their own homes at the time of our inspection.

People's experience of using this service and what we found
Systems to monitor the quality and safety of the service were not always effective and had not identified the areas for improvement found at this inspection. There was a risk people might not receive the right care, due to the lack of guidance for staff, which could put people at risk of harm. We saw that there were no individual risk assessments relating to COVID-19 for people using the service.

Spot checks of care worker visits in people's homes, were completed to monitor that people received the support they needed; however, the records did not record any checks on the correct use of personal protective equipment (PPE). Following our inspection, the provider sent evidence to show they were taking action to rectify this issue.

Staff understood how and when to raise any safeguarding concerns. The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored. People received their medicines when needed and staff where trained to administer people's medicines safely.

The provider sought people's and their relatives' views about the service. Telephone calls were made to people on a regular basis to check they were happy with the care being provided.

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

Rating at last inspection
The last rating for the service at the previous premises was Good, published on 4 October 2017.

Why we inspected
The inspection was prompted in part due to concerns received about missed or late calls and the use of personal protective equipment (PPE). Additional concerns were shared with us by local authority commissioners. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvement. 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.
We have identified a breach in relation to regulation 17, good governance at this inspection.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Is the service well-led?

Requires Improvement

The service was not always well led.

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. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the service on 21 August 2020 whilst a second inspector spoke on the telephone to staff on 21 August and 24 August 2020.

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. 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection and to ensure everyone remained safe during the inspection in relation to any risks associated with COVID-19.

What we did before the inspection
We reviewed the information we requested from the provider about the service 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 sought feedback from the local authority who work with the

service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We used all this information to plan our inspection.

Before, during and after the inspection
We spoke with four people and five relatives who used the service about their experience of the care provided. Three people we contacted declined to speak with us. We spoke with 10 members of staff including the operation manager, and care workers.

We reviewed a range of records. This included four people's care records. We looked at four staff files. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management;

- Care records for a person who had a Percutaneous Endoscopic Gastrostomy (PEG) lacked guidance about the care required in relation to the person's PEG site or of any complications that care workers needed to be alerted to. The provider sent us additional guidance several weeks later following the inspection site visit.
- There were no individual risk assessments relating to the current COVID-19 pandemic for people using the service. People's individual health conditions and ethnicity had not been considered. This may have an impact on any further action that may be needed to reduce the risk to the individual.
- Risk assessments on the use of the hoist were not sufficiently detailed in relation to which sling loops should be used. This meant there was a risk that the incorrect loops could be used which would pose a risk of harm to the person. Following the inspection, the provider told us, "The hoist guidance was available in people's home''.
- One relative told us, their family member was not 100% comfortable with having to be hoisted in and out of bed " They commented, "We've never had any accidents and the carers are so understanding and calm with him, that he has grown to accept that he needs to use the equipment and he trusts the carers that they know what they are doing and will keep him safe.

Preventing and controlling infection

- The area manager and registered manager told us that measures they had put into place during the COVID-19 pandemic included the use of full of PPE and small teams of care workers working with individuals. They told us that staff temperatures were checked daily, although they did not make a record of these being completed.
- Prior to the inspection, we had received concerns that care workers were not wearing the correct PPE during some calls. People and the relatives we spoke with told us that PPE was worn by care workers. One relative told us, "The carers always wash their hands thoroughly and always wear masks aprons and gloves."
- Three relatives and a person using the service told us they were under the impression that the care workers themselves had previously had to purchase PPE. One person told us, "I feel like the carers have been put upon particularly in relation to the supply of their masks and gloves. My carers have told me that they've had to purchase these for themselves as the agency have only given them a very limited supply." Three out of seven care workers we spoke with told us that there had been occasions when they had to purchase their own masks as they had not been supplied with sufficient stocks. The provider told us there had been one incident where a suitable apron had not been available for a care worker but that there had been no other issues and they had sufficient PPE. We saw evidence that the service had sufficient stocks of PPE at the time of our inspection visit.
- Staff had completed infection control training.

Using medicines safely

● Care workers had received training in how to administer medication safely and effectively and had their competencies observed.

● People received their medicines, as prescribed. One person told us, "I have my tablets provided by the pharmacist and he puts them in those separate packets so that all the carer has to do is pick up the one for the day and empty them onto my hands together with giving me a glass of water and once I've taken them it all gets written up in my records here in the folder."

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe with their care workers.

● Staff were aware of their responsibilities to report and act on any safeguarding concerns.

● Where a safeguarding concern had previously been raised, we were informed by the local authority that action had been taken by the provider to resolve the issues.

Staffing and recruitment

● Prior to this inspection concerns were received around missed, short and late calls. During the inspection we spoke with the area manager about how these were monitored. The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled "care workers'' visits and punctuality to be monitored. The area manager told us there had been some late calls during the COVID-19 pandemic due to issues with public transport and they had worked to reduce late calls.

● People told us they have a small number of regular care workers who they see most of the time. They told us that care workers usually arrived when they were expected to and stayed for the full amount of time. One relative told us, "There's always been two carers come to look after him. I don't think I could recall any time when one didn't appear".

● One person raised an issue that recently their care worker had been late, and they were concerned their call was going to be missed, but when they contacted the office staff this was resolved. Another person told us, "It must be well over a year since I had a totally missed call and I feel more confident now that I have my regular carers who let me know which days of the week they will be covering."

● The provider followed safe recruitment procedures to ensure care workers were suitable to work with people who used the service.

Requires Improvement

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.

At the last inspection, this key question was rated as Good. At this inspection, this key question has now deteriorated to 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.

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

- Systems and processes were not effective in reviewing and maintaining oversight of the service being provided, to ensure good quality care at all times.
- The operation manager and registered manager were not aware of government guidance about how care workers should correctly put on and take off PPE. Staff had been issued with guidance that did not follow correct, current guidelines regarding PPE use. The provider's systems in place for the management of effective infection control had failed to identify this. Following the inspection, we were sent evidence to show that the provider had taken steps to issue revised guidance.

- The provider had a 'Covid' policy in place. However, this had not been reviewed and the provider had not identified it contained out of date information.
- The management team completed spot checks and observations on staff to monitor staff performance and competency. We identified the records did not record any checks on the correct use of PPE and the provider's quality assurance systems had not identified this.
- The provider had completed 'Covid' discussions with staff, but these were not sufficiently detailed regarding all risk factors for staff, the level of risk and how risk was managed.
- Systems in place had not ensured that some records required for the safe management of the service were not up to date. For example, the safeguarding log did not record a recent safeguarding that had been raised and resolved.
- Audits had failed to identify that care records relating to people's care were not always sufficiently detailed to ensure staff had access to consistent and accurate information about people's support needs.

The lack of governance systems and poor oversight meant people were receiving poor quality care and were placed at risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that work was currently underway to change care records to an electronic system which they envisaged would result in improvements to the recording systems.

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

● Nearly half of the people and relatives we spoke with, raised issues about the management side of the agency. One relative told us, "I know that they have recently moved offices, and I have to say that I have struggled to get through on the telephone to the new office." Two relatives were not happy about the way concerns were dealt with. One relative told us they had discussed with office staff about not wanting a particular care worker to return. They told us, "I wasn't very impressed with the agency's whole attitude to my concerns because I ended up feeling guilty for even asking them to change."

● Care workers we spoke with had mixed views about the level of support provided by the management team. One care worker told us, "The manager needs to listen more when you speak with them, they don't really take any notice." Another care worker told us, "I'm quite happy working for the agency and feel I get support."

● The area manager and registered manager understood their responsibilities in relation to the duty of candour regulation.

● The provider sought people's and their relative's views, about the service. Telephone calls were made to people on a regular basis to check they were happy with the care being provided.

Working in partnership with others

● We collect information on the impact of COVID-19 via a CQC tracker for domiciliary care providers which asks them to share with us the issues they are facing so local, regional and national support can be mobilised. We identified that the provider had not ensured completion of the daily survey form. The area manager told us they would ensure these were completed in future.

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	Regulation 17 HSCA RA Regulations 2014 Good governance You had not ensured systems and processes were operated effectively to ensure that there is assessment, monitoring and mitigation of risks relating to the health, safety and welfare of service users or staff.

The enforcement action we took:

Warning notice issued