

PHC Health Care Ltd

PHC Health Care Ltd

London

## 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

PHC Health Care Ltd London is a domiciliary care service registered to provide personal care to people living in their own homes.

At the time of our inspection there were six people using the service.

Not everyone who used the service received personal care. 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.

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

People told us they felt safe receiving care from staff. There were clear procedures in place to enable them to raise any concerns, should they have any. Risks to people's health, safety and well-being were assessed and regularly reviewed. The safety of people and staff was monitored and well managed by the provider.

People had continuity of care. There were sufficient numbers of staff to meet people's needs and to manage any changes to the services required. Safe recruitment processes were followed to make sure the right staff were employed.

Medicines were managed safely. Infection prevention and control practices were followed by all staff.

People's needs, choices and preferences were assessed prior to receiving care and support from the service. Staff worked together to ensure that people received consistent, coordinated care and support.

Staff received the training, supervision and support they needed. People were confident that the staff had the skills and knowledge to meet their needs.

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 and relatives consistently praised the caring attitudes of the staff. The provider was passionate about providing high-quality care which promoted respect, dignity and independence in every aspect of people's lives. Spots checks, quality assurance processes and surveys all assessed the observance of these values and the adherence to the ethos of the service.

People were involved in decisions about their care and support. There was a clear focus on delivering a personalised service to people which met their needs and preferences.

People and relatives were encouraged to express their views and opinions about the service received. People, relatives and staff told us the provider was responsive to all forms of feedback. A complaint's procedure was in place, should anyone wish to raise a concern or complaint.

The provider carried out audits and checks to monitor the quality and safety of the service. People, relatives and staff felt engaged with the service and were confident that their views and opinions were valued by the provider. Quality assurance records demonstrated the provider used all information and feedback they received to shape the service provided so people's needs could be better met and to facilitate learning for all staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 31 August 2018 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and based on the date of registration.

#### 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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

# PHC Health Care Ltd London

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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. The registered manager was also the provider.

### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be able to support the inspection.

Inspection activity started on 19 April 2022 and ended on 05 May 2022.

### What we did before the inspection

We reviewed information we had received about the service since registering with CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and care staff. We also received written feedback from four members of care staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and multiple records relating to staff training, supervision, and those relating to observations and monitoring staff practice. A variety of records relating to the management of the service, including audits, surveys and quality assurance records were also reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

# 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

- The provider had a safeguarding policy and procedure in place to help them identify and report to local safeguarding authorities any concerns they may have had.
- Staff were trained in safeguarding and had a clear understanding of how to report any concerns. They were confident any concerns would be taken seriously and knew how to escalate them, external to the service, if necessary. One member of staff told us, "When I raise any concerns about my clients the office deals with the situation effectively and efficiently."
- People and relatives told us they felt the care provided was safe and expressed no concerns. One person told us, "I feel safe because if there are any changes at all I know immediately. They ring me or text me straight away and discuss." A relative told us, "From the very first day they (family member and staff) clicked. The communication is so good [they] feel safe with [Name of staff member]."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed at the start of their care package with plans put into place to manage and mitigate risks. These were regularly reviewed or when any changes occurred.
- Care plans clearly identified the risks posed to people and provided guidance for staff. Staff supported the same people regularly and had a good understanding of people's needs. One member of staff told us, "The safety of clients, and staff, is always appropriately managed."
- There was a system in place to ensure any accidents and incidents were recorded and had been reviewed by the provider. Monthly audits were completed to identify any trends. However, records confirmed there had been minimal incidents or accidents.
- Learning from any accidents, incidents or concerns raised were routinely shared with staff at handovers and meetings.

Staffing and recruitment

- There were robust recruitment and selection processes in place. The provider had a procedure in place to complete all pre-employment checks including obtaining references, checking previous experience, and obtaining a Disclosure and Barring Service (DBS) report for all staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough staff to meet people's needs and to manage any changes to the services required. All feedback from people, relatives and staff was positive in relation to staffing.
- People had continuity of care. One person told us, "They always come on time and always stay for the full 30 minutes. They always ask if there is anything else they can do." A relative told us, "There is consistency as

one of the care workers is always the same person."

#### Using medicines safely

- Medicines were managed safely. People were encouraged to manage their own medicines where possible however, where support was needed, the tasks to be completed by staff were recorded following a detailed assessment.
- Staff were trained, and checks were in place to ensure they administered people's medicines safely. One member of staff told us, "Our training is always kept up-to-date and we are observed to make sure we are following correct procedures."
- People and relatives told us they were happy with the way staff provided support with medicines. One relative told us, "They give [Family member] medication every morning and every evening and keep a strict record."

#### Preventing and controlling infection

- The provider had infection prevention and control policies in place.
- Staff received training in infection control and had access to personal protective equipment (PPE) such as face masks, disposable gloves and aprons. One member of staff told us, "Throughout the pandemic, and now, all clients safety was managed well. There is always reassurance for the team, and I have adequate PPE."
- Senior members of staff monitored members of care staff's compliance with infection control policies and procedures as part of their spot checks. Feedback from people and relatives indicated staff wore appropriate PPE and no issues were raised in respect of this.



# 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 care needs, and preferences were assessed before they started to receive support. People and their relatives, where appropriate, were involved in the assessment process.
- Care plans detailed people's wishes and choices regarding their care. This included information about people's preferred routines and how they wished to be supported during each visit they received from staff.
- The provider ensured that staff were delivering care in line with current guidance and best practice through spots checks and working alongside them during visits.

Staff support: induction, training, skills and experience

- Staff were supported with a full induction when they first started working at the service and a wide range of training was provided.
- Training records identified when training had been completed, and when an update was required. Records showed that all staff training was up to date.
- Staff told us they felt supported and had regular supervision and observation in their care call visits. One member of staff told us, "I have completed all my mandatory training. The supervisor or the manager always check on my work in the field."
- People and their relatives were confident staff had the skills and knowledge to meet their needs.

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

- People were supported by staff to have enough food and drink where this was identified as a care and support need. The exact level of support the person required was detailed in their plan of care. One relative told us, "[Family member] always has a drink to hand and they (staff) make her a cuppa or anything (to eat) [they] choose first thing and at lunchtime."

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

- Staff worked together to ensure that people received consistent, coordinated care and support. There were effective communication systems in place.
- Care plans and records showed where any liaison with healthcare professionals had occurred. Any guidance received from them was included in people's care plans.
- People's health history, conditions or past illnesses they had experienced which could affect their well-being were known by staff. People could be supported to access health services and attend appointments if needed.

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.

- People's capacity to make decisions relevant to their care and support were assessed and documented.
- Staff we spoke with understood their responsibilities and confirmed they had received training regarding the MCA.

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

- People's diverse needs, including religion, culture and language, were assessed and included in their care plan appropriately. The service matched people to staff who best understood their needs. One relative told us, "The carer always fits the person. [Name of provider] makes sure of it. After a new carer has started, [they] ensure [they] check to see if [they have] made the right match. If not, [they] discretely change the care worker for another one. Always gets it right."
- People and relatives consistently praised the caring attitude of the staff. Comments included, "We can honestly say we are really happy with these carers; they are all really good," and "[Family member] absolutely loves [their] worker. The best I have ever known," and "They are lovely, absolutely lovely. They always introduce a new care worker if they are going on leave etc."
- People were supported by staff to be involved in all aspects of their care. The provider and staff understood the importance of involving people in decision making. We saw that discussions were held with people when their wishes or needs changed.
- There was regular communication between the office staff and people, where people were encouraged to express their views. This information was used to develop individual support plans, where appropriate, and how the service delivered care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted.
- People and relatives told us that staff understood the need to treat people with respect and dignity. One relative told us, "They treat [Family member] like a human and that is the best thing, they really do."
- The provider was passionate about providing high-quality care which promoted respect, dignity and independence in every aspect of people's lives. Spots checks, quality assurance processes and surveys all assessed the observance of these values and the adherence to the ethos of the service.

# 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 a personalised service that met their care and support needs. Care plans included a background history of the person, communication needs, mobility needs, nutritional support and any health conditions. All staff were aware of the impact of these needs on people and the support they were required to provide during each care call visit.
- The provider involved people, and their relatives, in planning their care enabling them to make choices and decisions about their care. People's preferences and choices were at the centre of the planning. One relative told us, "Following discussion they (provider) suggested we [make an amendment to the care package]. My [family member] and I were consulted, it was clear they had thought it all through before suggesting it to us but were open to our thoughts." Another relative told us, "They telephoned me to say [family member] had (description of change in need). We worked out a plan together."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required 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.

- People's communication needs were assessed and recorded in their care plans, with any adaptations or equipment needed recorded.
- Care plans also contained people's communication preferences as to how they wished to receive information such as by phone, letter or email.
- Information could be made available in a different format or translated, when required.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. At the time of inspection, no recent complaints had been made. The system in place ensured that all complaints would be recorded and responded to promptly.
- The provider was responsive to all forms of feedback and this was echoed in the comments we received from people.
- People and relatives knew how to complain if they needed to, however all confirmed that they had never had a cause to make a complaint. One person told us, "If I had any concerns, which I don't, I would know what to do." A relative told us, "I just get in touch. I have no need to complain."

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

- People received a service where caring values were embedded into the leadership, culture and staff practice.
- People and their relatives felt engaged with the service and described good outcomes. Feedback was consistent in that people were very happy with the care they received. One person told us, "Communication is everything and they are excellent keeping me up to date and involved. The care staff, the office and me. It is effective and it works for us all." A relative said, "I would absolutely recommend them if I was unwell, they are very caring and very professional."
- Staff told us the provider valued their views and opinions, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk. One member of staff told us, "The management is lovely, always there for me. I enjoy my job working with the company. We have regular meetings and supervision, and someone is always available on the phone."

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 provider understood their responsibilities under the duty of candour.
- There were clear processes in place to report certain incidents to people, relatives, CQC and other partner agencies such as the local authority, should the need arise.

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

- There were systems and processes in place for monitoring the quality of care provided. These included internal audits and checks of all aspects of the service. Records showed timely action was taken in response to any areas identified for improvement or change.
- There was a clear staffing structure within the service. The provider and senior staff had the skills, knowledge, and experience to lead effectively. There were regular handovers and staff meetings, which included discussions of good practice and the ways in which the service could be developed.
- The provider offered opportunities for people and their relatives to give their views about the service, via phone calls, face-to-face visits, and feedback questionnaires and surveys. They used the information they received to shape the service provided so people's needs could be better met and to facilitate learning for all staff.

- Quality assurance records evidenced a consistent, high level of satisfaction amongst people, relatives and staff.

#### Working in partnership with others

- Staff at the service worked closely with other professionals and services to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- Staff we spoke with, gave examples of working in partnership with a range of health and social care professionals to promote people's well-being.