

Phemacare Ltd

# Phemacare Ltd

## Inspection report

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13 March 2023

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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 4 people with personal care at the time of our inspection.

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

The provider's recruitment practices required improvement to ensure people are supported by suitable staff. The small staff team in place knew people well but care records such as care plans and risk assessments needed more information to give staff clear up-to-date guidance for managing people's risks.

The provider had not followed their own policy in the administration of medication. When people required creams to be applied detailed records for staff to follow were not in place.

Staff adhered to infection control procedures and protected people from the risk of infection. Staff had completed safeguarding training and felt able to raise concerns; however, we found some staff required improved knowledge in safeguarding adults' procedures.

Checks and audits in place had failed to identify the areas for improvement found at this inspection including safe recruitment processes, care planning and risk assessments and medication records. The provider also needed to establish an audit system to monitor calls times and call duration to ensure people were receiving their assessed and required care.

The provider had not completed the last two Provider Information Returns (PIRs). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

People we spoke with said staff provided good care and staff working for the provider told us they felt supported.

The provider took immediate action in response to some of the areas we identified as requiring improvement and planned to take further action following the inspection.

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 and update: The last rating for this service was requires improvement (published 04 December 2020), there was a breach of regulation and a warning notice was issued. At this inspection we found the provider was still in breach of regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service and to look at actions taken by the provider following the last inspection.

We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained as requires improvement based on the findings of this inspection.

### Enforcement

We have identified breaches in relation to fit and proper persons employed and governance systems 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.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 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 onsite inspection was carried out by 2 inspectors on the first day and 1 inspector on the second day.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection there were 4 people using the service.

#### Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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 would be in the office to support the inspection.

Inspection activity started on 08 March 2023 and ended on 15 March 2023. We visited the office location on 08 March and 13 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought

feedback from the local authority and professionals who work with the service.

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well led section of the full inspection report for further details.

We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service about their experience of the care provided. We spoke with 7 members of staff including the registered manager, the operations manager, the branch manager and 4 care staff.

We reviewed a range of records. This included 4 people's care records and medication records for 2 people. We looked at the 4 staff members' files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

### Staffing and recruitment

- The provider had not adhered to safe recruitment practices. This placed people at risk of being supported by unsuitable staff.
- We found the employment application form for 1 member of staff had not been fully completed and there was no record of their employment history. Gaps in employment could be for many reasons. The exploration of these gaps and recording the reasons for the gaps is a way to establish prospective staff's suitability for the role.
- We also found that the reference provided for 1 member of staff had not been verified to ensure it was from a suitable referee.
- The provider had not made the required checks to ensure a member of staff had the right to work in the UK. An initial check had been made but a subsequent 6-monthly check as instructed by the Home Office had not been made and recorded.
- The provider had failed to follow their own recruitment policy with regards to use of employment application forms and requests for employment references.

We found no evidence that people had been harmed however, systems not robust enough to demonstrate safe recruitment. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks had been obtained for staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- The provider took immediate action following the inspection to re-check the right to work information for all staff.
- The provider said they had a small staff team in place, which provided enough staff to cover the existing calls and additional staff would be recruited if more calls were taken on.
- People we spoke with said overall they were happy with call times and call durations; however, we found over the last 12 months the provider had received 12 complaints about call times.
- We looked at call rotas for February 2023 and found that travel time for 1 member of staff was not always scheduled between calls.
- We looked at the electronic call records for 1 person for February 2023 and these showed that some calls were shorter than the agreed length of time. The provider told us call were sometimes cut short at the request of people being supported. However, this had not been recorded therefore we could not be assured of this.

- We spoke to the operations manager about how calls were scheduled and how call times and short calls were monitored. They advised some call audits were completed but acknowledged they did not look at the specific times or reports from the electronic system.

#### Assessing risk, safety monitoring and management

- The provider had care plans and risk assessments in place but these did not give clear and detailed instruction to staff on how to provide safe care and support. For example, 1 person needed support with catheter care, the information on the care plan did give staff instruction on what this support included and what actions to take if there were any concerns. We received an updated care plan immediately following the inspection.
- The care plan for 1 person did not include up-to-date information on the care and support they required with their mobility; it had not been updated to show their current needs and support. We received an updated care plan immediately following the inspection.
- There was small staff team supporting people. We spoke with 4 staff all of whom knew people well and the risks to their well-being. However, improved care plans are required because if the current staff became unwell and agency staff needed to be relied on, clearer and more up-to-date guidance would be needed for them to meet people's needs.
- People we spoke with said they were happy with the care provided and with the support of staff.

#### Using medicines safely

- Records relating to management of people's medicines required improvement.
- One person needed staff to apply a prescribed cream. The provider's medication policy stated: 'Clear information must be available to inform staff what the cream is for, how much to apply, where precisely to apply the cream, the frequency of application and how long the application is to continue, a record for the application of a cream.' This information had not been recorded.
- The care plan for a second person instructed staff to support the person by applying a cream. The care plan did not record if the cream was a prescribed medicine or an over-the-counter medicine. There were no records of application. The provider's medication policy stated: 'Clear information must be available to inform staff what the cream is for, how much to apply, where precisely to apply the cream, the frequency of application and how long the application is to continue. a record for the application of a cream.' This information had not been recorded.
- Care plans did not include required information about what medicines people were taking and why.
- People we spoke with were happy with the medication support they received.

#### Preventing and controlling infection

- We checked training records for 4 staff, and they had all received training in infection control.
- During the inspection people told us that care staff wore the correct personal protective equipment during calls. Personal protective equipment (PPE) includes items such as gloves, aprons, and masks.
- One person told us, "[Staff] always put gloves on. They don't wear them coming in; they put them on here in the house."

#### Systems and processes to safeguard people from the risk of abuse

- There were no records of any safeguarding concerns, therefore we were not able to check records to see what action had been taken in response.
- Staff members had received recent safeguarding training; however, 2 staff we spoke with were not clear on the action to take if they needed to raise concerns externally. We discussed this with the provider who said they would take action to re-check staff understanding.
- People we spoke with told us they knew how to raise concerns or make a complaint.



### Learning lessons when things go wrong

- There were no records of any accidents or incidents, therefore we were not able to check records to see what action had been taken in response.
- The provider told us the actions they would take in the event of any accidents and incidents, including reviewing the cause, reporting them to relevant organisations and sharing lessons learnt with staff.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

At our last inspection 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Continuous learning and improving care;

- The provider's systems in place to review care plans and risk assessments had failed to identify that more information was required to ensure clear guidance and instruction to staff on how to provide care and support to keep people safe.
- The provider's systems in place to review care plans and risk assessments had failed to ensure care plans included up-to-date and accurate information.
- The provider had systems in place to check and review recruitment records. However, these had not been effective in identifying that their own recruitment policy had not been followed to ensure safe recruitment.
- Processes in place had not enabled the provider to ensure medication records contained the correct level of information to meet their own medication policy.
- Systems in place had not identified that there was no travel time scheduled between some care calls. There was not a robust auditing system in place to monitor call times and call duration. This meant people were at risk of not receiving their assessed and agreed care.

We found systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not completed the last two Provider Information Returns (PIRs) sent to them by CQC. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.
- The registered manager acknowledged where improvements could be made and took immediate action on some matters. This included action to update care plans.

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 said they felt able to speak with the management team and care staff when needed and a record of 'on-duty calls' was maintained to record the actions taken in response.
- The provider had held reviews with people to seek feedback on the care provided and where some changes had been requested these had been actioned.
- The provider also completed telephone surveys which the registered manager told us gave them opportunity to 'check in' with people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 including their duty to submit statutory notifications about key events that occurred at the service in line with the provider's CQC registration.
- Staff were positive about the registered manager. One member of staff told us. "They [registered manager] are always there for advice and support."

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care. For example, the service had sought input from healthcare professionals when appropriate.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe recruitment processes were not followed to ensure fit and proper people were employed at the service.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement robust systems and processes to ensure they had oversight of the service and identify where improvement needed to be made.</p>

### **The enforcement action we took:**

A Notice of Proposal was issued to impose positive conditions, to help guide the provider with improving the governance and oversight of the service they provide.