

PHC Home Care Limited

# PHC Home Care Limited

## Inspection report

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13 July 2017

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Our inspection of PHC Home Care Limited took place on 5 July 2017 and was announced. 48 hours' notice of the inspection was given because the manager may be out of the office undertaking assessments or reviewing care in people's homes. We needed to be sure that they would be available when the inspection took place. We returned to the service on 13 July 2017 to complete our inspection.

PHC Home Care Limited is a domiciliary care agency that provides a range of supports to adults living in their own homes. At the time of our inspection the service provided care and support to 54 people.

PHC Home Care Limited was formerly known as Pinner Home Care. The service was re-registered with The Care Quality Commission on 14 August 2015 due to a change name and legal entity. This was their first inspection under their new registration.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service spoke positively about the care that was provided to them. Staff members also spoke positively about the people who they supported.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting. Safeguarding training was provided to staff.

We looked at how the service managed risk to people. Detailed risk assessments containing guidance for staff on how to manage risks were in place for people receiving long term care and support. The service also supported people receiving short term support for a period of up to six weeks following a hospital stay. We found that the service had not developed risk assessments for these people. This meant that we could not be sure that risks to people were always managed safely.

The service had developed care plans for people receiving long term care and support. These contained information for staff on how they should ensure that care was provided to people according to their needs and wishes. However, the service had not developed similar care plans for people receiving short term support. The information that we saw in their care files did not include details of care activities that staff told us that they were providing.

Arrangements were in place to ensure that people's medicines were given and recorded. Staff members had received training in safe administration of medicines.

The service had ensured that recruitment processes were in place to ensure that workers employed by the service were suitable. We saw that checks regarding the suitability of staff members had taken place before they commenced working with people.

The staffing rotas maintained by the service showed that people's support needs were met. People who told us that there had been problems with late or missed calls in the past confirmed that this was not currently a concern. There was a system for ensuring that care calls were managed and monitored. Staff and people who used the service had access to management support outside of office hours.

Staff training met national standards for staff working in social care organisations and staff members spoke positively about the training that they had received. However we found that some staff members had not received regular supervision from a manager to ensure that they received the support that they required to carry out their roles and responsibilities.

The service was meeting the requirements of the Mental Capacity Act. Care documents included information about people's capacity to make decisions. People were asked for their consent to any care or support that was provided.

People's religious, cultural and other needs and preferences were supported. The service had matched people with staff members who spoke their preferred language where this was not English. People told us that staff members respected their wishes and treated them with dignity and respect.

People who used the service knew what to do if they had a concern or complaint. Complaints that had been received by the service had been investigated.

People who used the service and staff members spoke positively about its management. Some processes were in place to monitor the quality of the service, such as satisfaction surveys and spot checks of care practice. However we found that records of other quality assurance processes were limited.

We found four breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe. Risk assessments had not been put in place for some people.

Staff members had received training in safeguarding and understood their responsibilities in ensuring that concerns about people's safety were reported.

The provider had processes in place to ensure that checks had been carried out on staff prior to their appointment.

**Requires Improvement** ●

### Is the service effective?

Aspects of the service were not effective. Although training was provided, staff members had not received regular periodic supervision by a manager to ensure their competency in their roles.

Information about people's capacity to make decisions was recorded and people told us that they were asked for their consent to care.

The service liaised with relevant health professionals in relation to their needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People told us that they were happy with their care staff.

Staff members spoke positively about the people they provided care and support to.

People were matched with care staff familiar with their language and culture.

**Good** ●

### Is the service responsive?

The service was not always responsive. Care plans had not been developed for people receiving short term support. Some care plans for other people had not been updated for over a year.

**Requires Improvement** ●

People's daily care notes were in good order.

People knew how to complain if they had a problem with the service.

**Is the service well-led?**

Aspects of the service were not well led. Quality assurance processes were limited and did not include audits or monitoring of care documents.

Records of up to date policies and procedures and staff team meetings were not easily accessible.

People and staff members spoke positively about the registered manager and deputy manager

**Requires Improvement** 

# PHC Home Care Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited PHC Home Care Limited on 5 and 13 July 2017. The inspection team consisted of a single inspector. We gave the service 48 hours' notice of both inspection visits.

We reviewed records held by the service that included the care records for 11 people using the service and seven staff records, along with records relating to management of the service. We spoke with the registered manager, deputy manager, office manager, administrator and director of the company. We also spoke with four care staff and seven people who used the service.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received. We also spoke with a representative from a commissioning local authority.

# Is the service safe?

## Our findings

One person said, "I feel very safe with [my care worker]. She makes sure that I have things done in the way that is best for me." Another person told us, "I can't fault them [care workers]. They check that I feel safe and happy when they are supporting me to do things."

We looked at the risk assessments for 11 people. We found that risk assessments had been put in place for people receiving long term care and support. These were detailed and included guidance for staff members on managing risk. However we found that risk assessments for three people had not been updated for over a year. This meant that we could not be sure that they addressed current risk to people. In addition we found that the provider had not put risk assessments and management plans in place for four people receiving short term care and support [reablement] following a hospital stay. We noted, for example, that two people were receiving support in relation to decreased mobility, but there were no assessments in place to identify specific risk in relation to this. This meant that we could not be sure that people receiving reablement care were supported in a safe way.

This demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the registered manager and deputy manager. They acknowledged our concerns and told us that they would take action to ensure that risk assessments were put in place for everyone receiving support from the service.

The service had a policy and procedure for administration of medicines. The care plans for some people showed that they received support from staff members to take their medicines. Staff members had received training in safe administration of medicines. We looked at completed medicines administration records for two people and saw that they had been completed appropriately. Risk assessments for people requiring support with medicines had been completed and provided guidance for staff.

The service had an up-to-date safeguarding policy and procedure. The staff members that we spoke with were able to demonstrate that they understood the principles of safeguarding and the potential signs of abuse. They told us that they would immediately report any concerns to a manager. We looked at the safeguarding records maintained by the service and noted that concerns had been appropriately reported and recorded.

We looked at seven staff files. Recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. We saw evidence that staff members were not assigned work until the service had received satisfactory criminal records clearance from the Disclosure and Barring Service (DBS).

There were sufficient staff members available to support the people who used the service. The registered manager told us that, where possible, staff members were assigned work within a given area to reduce travel

time between care visits to people. She said that this was important as many staff members did not drive. The staff members that we spoke with confirmed that they had sufficient time to travel and that this reduced the likelihood of lateness

The service used an electronic call monitoring system which identified if there were missed or late care calls. We were shown how this worked in practice. The service received an alert if a staff member hadn't logged into the system within 5 minutes of the due time, and this was immediately followed up by the service. The registered manager told us that there had been concerns about late and missed calls in the past and that the service had worked to reduce the likelihood of this happening in the future. The registered manager and deputy manager told us that they would provide care and support to people where a staff member was not available. Two people that we spoke with said that they had received support from the registered manager. Another person said, "There was a time when my carers did not turn up, but it has improved now."

All staff had received training on infection control procedures and were provided with personal protective items such as disposable gloves, aprons and anti-bacterial gel. We saw that stocks of these were held at the office. Staff members that we spoke with confirmed that they came to the office to obtain fresh supplies of these.

The service maintained a 24 hour on-call service. Staff members and people who used the service told us that they were aware of this and would use it if they had any concerns outside of office hours.



## Is the service effective?

### Our findings

People who used the service felt that the care and support that they received was effective. We were told, "The lady who comes to help me does everything I need," and, "I had some problems with the people who came before, but I can't fault the care that I get now."

We looked at seven staff records and found that only two contained a record of recent supervision from a manager to ensure that they were supported in their roles. The records showed that there had been no recorded supervision for four staff members during the past year. The staff members that we spoke with told us that they had received supervision, but were unable to tell us when this had taken place. This meant that we could not be sure if staff members received the support that they required to undertake their roles effectively.

This demonstrated a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the registered manager and deputy manager. They acknowledged that there had been a failure to record formal staff supervisions. They told us that this was being addressed. The office manager showed us how they had developed a staff supervision matrix for the service. We noted that this showed that regular supervision sessions for staff were now planned. We saw that some staff members had received an annual performance appraisal and the registered manager told us that the new supervision matrix would include annual appraisals for all staff.

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Care Certificate for workers in health and social care services and included time shadowing more experienced staff members. Mandatory training that was provided to all staff members included sessions on safeguarding, moving and handling, medicines, health and safety and infection control. We saw that a programme had been put in place to ensure that training was 'refreshed' on a regular basis. There was a training room at the service's office. The registered manager told us that this was used regularly for training sessions, and to provide support to staff members who experienced difficulty with undertaking training that was delivered 'on line.' Staff members that we spoke with were able to list the training that they had received. One staff member told us, "We have lots of training and it is regular." Another said, "The training is good and it has helped me a lot in my job."

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 Act 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.

We checked whether the service was working within the principles of the MCA. The care plans for people who used the service clearly showed whether or not they had capacity to make decisions, and provided

guidance for staff about how they should support decision making in day-to-day care. The service had an up to date policy on The Mental Capacity Act (2005).

Care plans included information about people's capacity to make decisions about their care. There was guidance for staff about how to communicate with people to ensure that they were supported to make decisions. People had signed care documents to show that they consented to the care and support that was being provided. One person said, "They explain this to me and it's always what I need."

Care plans contained information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care notes.

Care staff were involved in meal preparation, and we saw that care plans for people who were being supported with eating and drinking provided information about food preferences and when people should be supported.

## Is the service caring?

### Our findings

People told us that they considered that the service was caring. One person said that, "The person who comes to help me is lovely." Another person said, "They are very good. The people they send talk to me about the care that I want them to give me."

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. A staff member said, "I really like the people I work with. Sometimes it's difficult, but I talk to them and we work things out." Another staff member told us about how they supported people and said, "It could be me some day, so I always think about that when I am caring for someone,"

The registered manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person's needs and establish a relationship with them. We saw records that showed that this had taken place. Records of care and staffing rotas showed that people usually received support from regular carers.

We asked about approaches to dignity and privacy. One person said, "They are very good at listening to me and doing things the way that I want." Another person said, "they help me to do things for myself but they are there if I need more help." A staff member told us, "Sometimes people have different moods, so I always need to check that they are happy with the way I support them."

The care plans that had been developed for people included information in relation to people's cultural, language and relationship preferences. People's records showed, for example, that staff members had been assigned to work with people where they were able to communicate with them in their first language. This was confirmed by the staff members that we spoke with.

We viewed information that was provided to people who used the service and saw that this was in an easy to read format. Copies of care documents were kept in people's homes. People told us that they were satisfied with the information that they were given. One person said, "They come to my house and go through the plan with me. They ask me if I am happy with it which I always am."

## Is the service responsive?

### Our findings

People who used the service told us that they were pleased with the support provided. One person said, "I've had problems with them in the past but the people they send now are excellent." Another person said, "They have made changes when I have asked. I know it is difficult to get my regular person if I change things, but so far we've been able to manage it."

Care plans for people receiving long term care and support were linked to assessments of their care needs. These assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. They also included information about other key professionals providing services or support to the person.

However three care plans that we looked at had not been updated for over one year. Care plans had not been developed for people receiving short term reablement support following a return from hospital. We saw that people's files included a copy of the local authority care plan. This included information about which activities should be supported and when. However, the service had not developed their own care plans for people receiving reablement support and there was no guidance in relation to how support should be provided. Reablement support is intended to enable people to regain independence over a six week period. Consistency of approach by staff delivering care and support is essential in achieving this. The deputy manager and a staff member described exercises and support that they were providing to a person who had recently returned home from hospital. Although we saw a copy of guidance in relation to exercises that were required, there was no plan in relation to other support that was described to us, such as supporting the person to use the stairs in their home. This meant that we could not be sure that staff members were providing consistent support to people.

This demonstrated a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the registered manager and deputy manager. They told us that they would ensure that care plans were put in place for people receiving reablement support and that all care plans would be regularly updated.

The care plans that were in place were clear about the importance of ensuring that staff members communicated with people about how their care was being delivered to enable choice and participation in care activities.

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for six people and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. The care notes that we saw were in good order. However, the care notes for one person receiving support with eating and drinking did not always identify the food and drink that were provided. Another person's notes recorded similar text for each visit and lacked any detail about the person's demeanour and how their

care was provided. The deputy manager told us that these were reviewed on a regular basis. However the service had not kept a record of these reviews. This meant that we could not be sure that actions had been put in place to address the quality of care notes, or identify any other concerns in relation to people's care. The deputy manager told us that a form for recording reviews of care notes and any subsequent actions would be put in place immediately.

The service had a complaints procedure that was available in an easy to read format and contained within the files maintained in people's homes. The people that we spoke with told us that they knew how to make a complaint. We looked at the complaints record and noted that complaints received during the past year had been investigated by the service and resolved in a timely manner to people's satisfaction.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example general practitioners and community and specialist nursing services. During our inspection we heard staff members having telephone discussions with other professionals in relation to people's needs. We also saw copies of weekly reports to a local authority regarding the progress of people receiving short term reablement care and support following a stay in hospital.

## Is the service well-led?

### Our findings

People who used the service told us that they knew the registered manager. People said, for example, "She is always very kind and helpful," and, "The manager comes to see me regularly." Another person told us, "Things weren't good when the manager was away, but they got better when she returned."

At our inspection we found that the provider had made changes to the management team for the service. A deputy manager had recently been appointed. The registered manager told us that the deputy manager would provide cover when she was away to ensure there was a consistent quality of care to people. An office manager had also been recruited and they were in the process of developing systems to improve the quality of monitoring at the service.

The documentation that we viewed showed that some quality assurance quality assurance processes were in place. A satisfaction survey of people who used the service had taken place during April 2017. The provider's analysis of the results showed that satisfaction levels were high. We also saw that regular telephone reviews of people's care had taken place. The provider had also implemented a system of spot monitoring of care and the staff records that we viewed showed that this had taken place recently. However, we found that other quality assurance procedures were not yet in place. The registered manager told us that care notes and medicines administration records (MAR) were reviewed on a regular basis, but there was no record of this. Some care plans had not been reviewed and updated for more than a year, and had passed the review date set by the provider. The provider had no system in place to ensure that annual reviews of care took place in a timely manner. We also found that there had been no monitoring of staff supervision and support.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We spoke with the registered manager and deputy manager about this. They told us that they recognised that there was further work to do in order to improve quality monitoring and that they would address this. The office manager showed us a template that she had developed to ensure that staff supervisions took place on a regular basis and the registered manager said these would commence immediately. When we returned to the service on 13 July 2017 the deputy manager showed us a form that she had produced for monitoring care notes and medicines records and told us that this would be used when these records were reviewed.

Although we noted that the provider was working to make positive improvements to the service there were further improvements required in relation to the quality of records relating to care and staffing. We found four breaches of regulations under The Health and Social Care Act 2008 (Regulated Activities) 2014.

A range of policies and procedures were in place. These were up to date and reflected legal and regulatory requirements as well as good practice in social care. However, we found that the most recent versions of some policies and procedures had not been replaced in the relevant folder. This meant that staff members might not always be able to access them since they were separately contained in envelopes. The registered

manager told us that she would ensure that the most recent versions were maintained in the service's policies and procedures folder in the future.

We saw evidence that staff meetings had taken place on a regular basis and this was confirmed by the staff members that we spoke with. However, although there was a signed attendance record for the most recent meetings, we could not see minutes of these. This meant that we could not be sure that staff meetings were used to discuss practice and quality issues relating to the service and that staff who were unable to meetings were provided with this information. The registered manager told us that she would ensure that records of staff meeting discussions were available in the future.

Staff members spoke positively about the management of the service and told us that they felt well supported in their roles. Staff members said that they could contact their manager at any time, and would not wait until a meeting if they had any questions or concerns. During our inspection we noted that staff members dropped into the office and the manager, deputy and other office-based staff members took time to speak with them.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider had failed to develop plans of care for some people who used the service. 9(1)(3)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure that risk assessments and management plans were in place for all people who used the service. 12(1)(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not taken steps to ensure that the quality of the service was fully audited and monitored. 17(1)(2)(a)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure that staff members had received on-going or periodic in their role to make sure competency is maintained. 18(2)(a)



