

PHC Home Care Limited

# PHC Home Care Limited

## Inspection report

Systems House  
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Harrow  
Middlesex  
HA2 7HJ

Date of inspection visit:  
05 March 2020  
06 March 2020

Date of publication:  
16 April 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

PHC Home Care Limited is a small domiciliary care agency providing personal care to nine people living in their own home or flat. The agency is based in Harrow North West London.

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 could not always be confident that they received their medicines as prescribed. Risk assessments and management plan identified risks related to the care provided and gave guidance for care workers to minimise such risks. The service had introduced new quality audit tools, however, we found these were not always effective.

The service had made improvements in ensuring that care calls were not missed, and care workers stayed the allocated time with people who use the service. The service had clear systems to keep people safe and safeguarded from abuse. Care workers had received training in safeguarding adults at risk. Safe recruitment procedures were in place. This ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment.

People's needs had been assessed by the service, the service was meeting people's needs and since our last inspection people had received their care calls as documented in their care plans. People's health care needs were monitored, and action was taken if their healthcare needs had changed. Care workers received training before commencing their care duties and ongoing support was provided through one to one supervisions and annual appraisals. People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt the service they received helped them to maintain their independence where possible. People received care that was planned with them and their relatives to meet their individual needs and preferences, from care workers who were caring and respected their privacy and dignity.

People were involved in their care and were encouraged to share their views and preferences. People had personalised care plans which were regularly reviewed. People and relatives were happy with the care workers that supported them. People were able to voice their concerns and were confident that any issues would be addressed and dealt with by the agency.

The registered manager promoted person centred care to improve people's quality of life that was reflected throughout the service. The registered manager understood the duty of candour and promoted an open and

honest environment. Care workers were clear about their roles and had good management support throughout the service. People who used the service, relatives and staff were encouraged to provide feedback regarding the service and an open-door policy was promoted.

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 7 March 2019). The service remains rated requires improvement. This service has been rated twice inadequate and twice requires improvement for the last four consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# PHC Home Care Limited

## 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 one Expert by Experience who contacted people who use the service and relatives after our inspection visit to the office. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 March 2020 and ended on 16 March 2020. We visited the office location on 5 & 6 March 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our 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.

During the inspection-

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager.

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

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data, meeting minutes and quality assurance records. The Expert by Experience contacted people who used the service and relatives by phone on 13 & 16 March 2020.



# 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 Requires Improvement. At this inspection this key question has remained the same.

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.

### Using medicines safely

- Some people received assistance with their medicines. This was confirmed by people who use the service and care workers we spoke with.
- We looked at people's care plans and risk assessments and care plans and noted that information provided was not always consistent. For example, we saw in some risk assessments that people were supported to take their medicines by their relative, while their medicine support plans stated that 'medicines need to be pushed out of the blister pack and people need water to take their medicines'. This conflicting information may put people at risk of not receiving their medicines safely and as prescribed.
- We further found that medicines administration records (MARs) had some gaps, which may have indicated that people did not receive their prescribed medicines. We cross referenced MARs with daily notes which noted that people had their medicines. We discussed this with the registered manager who told us that she was auditing the MARs but was not able to provide us with any evidence to demonstrate that she had taken appropriate actions to respond to the gaps found in the MARs.

The above evidence demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and Treatment.

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

- People who used the service were protected from abuse. Care workers had received safeguarding adults training and told us that they would report any allegations of abuse to the registered manager, the local authority or the Care Quality Commission (CQC).
- People who used the service and relatives told us that they were safe with the care workers visiting and supporting them. One person said, "I feel very safe. I have one particular carer. She is a very nice carer. She's kind and helpful and only have to ask her once what to do anything for me." One relative told us, "My relative feels safe because it's the same carers who visit and they are familiar with my relative's needs."

### Assessing risk, safety monitoring and management

At our previous inspection, in December 2018, we found that the provider was in breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the service had made enough improvements and ensured risk to people was assessed and appropriate plans were put into place to manage risks in relation to providing personal care support to people.

- We saw that people had detailed risk assessments and risk management plans which had been reviewed on a quarterly basis. Risk assessments viewed showed that people's changing needs had been updated and additional information had been added to ensure the service continued to meet people's needs. For example, we saw in one assessment that the person was at risk of losing weight and this had been included in their risk management plan with details for care workers to follow to minimise this risk.
- One person told us that care workers ensured that they were not at risk of developing pressure ulcer. The person said, "I discussed with my carer and the district nurse the pressure ulcer I have and she [care worker] was shown by the district nurse how and what cream to apply."

#### Staffing and recruitment

- Overall, we found that the service continued to ensure safe recruitment practices were followed. We found in staffing folders viewed that references, police check and evidence of the right to work in the United Kingdom (UK) was obtained. However, we found that references were not always verified to establish if they came from a reputable source. We discussed this with the registered manager, who advised us that they would audit staffing files and verify all references with the appropriate referee.
- During previous inspections people who used the service raised concerns about the consistency of care workers and care workers not arriving at the agreed time or staying the agreed time.
- The service had introduced a new electronic monitoring system which required care workers to log their arrival and departure. This ensured that the service was able to monitor that care workers were supporting people according to their time allocated in their care plan. People and their relatives advised us that time keeping was no longer a problem and if care workers were late they would call and stay longer to make up for the lost time. One person told us, "They [agency] tell me who is coming in at lunch time. Usually one of the two come at lunch time. They come again in the evening to get me ready into bed. It all works very well. If they are not able to come on time because of an emergency, they will let me know but this does not happen very often."

#### Preventing and controlling infection

- The service ensured that appropriate infection control measures were adhered to. We viewed the corona virus policy which was up to date at the time of this inspection.
- Care workers told us that they had access to the appropriate personal protective equipment (PPE) to safely carry out the required personal care tasks and ensure that the spread of infection was minimised.

#### Learning lessons when things go wrong

- The service had systems in place to record and monitor accidents and incidents relating to the care provided. Since our last inspection there had been nine accidents and incidents documented. We saw that all events had been dealt with and resolved to minimise the risk of similar events happening again.
- The service had an accidents and incidents reporting policy and procedure in place. Care workers showed an understanding of what to do in case there had been an accident or incident. One care worker told us, "If there was an accident we would call the office, an ambulance if serious and the person's relative."



# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 needs had been assessed by the service prior to receiving services. The assessments covered a wide area, which included nutrition, moving and handling, communication, health and safety, and relevant medical conditions.
- Care plans included guidance about meeting these needs. Care workers told us that the guidance was easy to follow and helped to ensure that people's needs were met.

Staff support: induction, training, skills and experience

- Care workers received regular training and support to improve and maintain their skill and knowledge to support people who used the service. Care workers told us that they had received training, which provided them with the right skill and knowledge to support people who used the service. One care worker said, "They [agency] give good training. It's OK. I like this job."
- Training records viewed confirmed that care workers had received a wide range of training and their training was up to date. One relative told us, "[Name] knows what they are doing. I think they are well trained."
- Care workers told us that they were supported by their manager and that they had received one to one supervision. One care worker said, "[Name] is very supportive and we meet every other month to talk about the clients and training."

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

- People who received support with eating and drinking had this documented in their care plan. People's dietary needs were documented and any issues of concern such as weight loss had been followed up and reported to their family or if required to their GP.
- People told us that they were satisfied with the support they received from their care worker. One person said, "[Name] makes me breakfast. [Name] gets me a sandwich for lunch. [Name] cooks my evening meal to a satisfactory level." One relative said, "The staff tend to support her with meals. They got better at staying with her as she's eating less. They make sure that she does eat."

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

- Most people were supported by their relative to access community healthcare support. However, care workers told us that they would contact the registered manager or the person's GP if their healthcare needs had changed. One relative said, "They [staff] have contacted the GP and then told me. But that doesn't

happen very often. They even called an ambulance on one occasion."

- Care workers told us that they would call 999, the office and the person's relative in case of an emergency.

#### 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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care workers were clear about the need to seek verbal consent before providing care, and care workers had a good understanding about people's ability to consent and what to do if they could no longer give consent. Care workers told us people could make day to day decisions on their own.
- People told us care workers would listen to what they had to say and always would ask questions before they provided support.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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

- People are supported by kind care workers, who ensured that they were treated well, and their equality and diversity was maintained. People told us they were treated with kindness, respect and compassion. One person told us, "I feel respected through the way carers interacts with me. They would ask, 'How would you like your breakfast?' There is no immediate deciding. They always check first. They always ask where I want my breakfast and what I want to drink. They always make sure to give me fresh water."
- Care workers demonstrated understanding of equality and diversity, they told us that they would not discriminate against people who used the service and would always treat them with respect towards their culture or religious background. One care worker said, "I will always treat people the way I want to be treated and respect their culture, even if I don't agree with it."
- People and relatives made very positive comments about the care workers and the support they received from Pinner Home Care. Comments included, "They [staff] treat my relative as a person. They [staff] communicate with my relative very gently. They treat [relative] like their own parent", "My carer responds to what I have to say. She takes time to have a quick chat with me" and "The carers are polite and take their time."

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

- People who used the service and their relatives were involved in making decisions about their care and support. People and their relatives told us they were regularly consulted and included in all decisions that related to the care and support provided.
- People's individual communication needs were clearly documented, and staff had guidance on how to meet these needs.
- Reviews of people's care and support were undertaken regularly. People and their relatives were invited to participate in this process.
- People told us, "The manager attends regular care visits and speaks to us" and "The carers will sit down and give my relative their pills. They do a quick tidy up and would spend 20 minutes talking with them."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted wherever possible.
- Care workers ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR). One care worker said, "I like talking with the service users, but I would never talk with them about other people I support."

- People's right to privacy and dignity was respected. Comments from people and relatives included, "They don't encourage me to do things on my own. I do what I can anyway", "Staff are very good, they will help and support me to do things for myself", "Staff are very caring and professional", and "Staff are respectful and polite".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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's care plans were detailed and provided care workers with effective guidance in how to support and meet people's care and support needs.
- People and their relatives told us that the care plans were detailed and that they had been involved in formulating their care plans to ensure that their needs were met. One person told us, "I was involved, and my daughter was present. The care plan suits my needs." One relative told us, "We discussed the care plan. It is quite comprehensive. There was an initial meeting of 1 ½ hours, then additional meetings and adjustments."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care workers understood people's individual communication needs and used appropriate methods to communicate with them. People's communication needs were documented in their care records. One relative told us, "They [staff] speak to my relative very well, they know my relative is hard of hearing and they speak louder so my relative understands."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, which provided details of how to respond and deal with complaints raised by people and their relatives. People and their relatives told us that they were confident in raising concerns with the service. One person told us, "I'd talk to the manager as indeed I have done. She was a bit obstinate at first, but I got my point across and she sorted it out for me." One relative told us, "We talk to the manager when we have issues."
- Care workers told us that they would raise concerns and complaints with the registered manager. They also told us that complaints were a positive way of improving the service and provide better care to people who used the service. One care worker said, "I would report any issues to the office. It is good to know if people are not happy, so we can improve things."

End of Life Care

- The service provided end of life (EoL) care to people if this was required. We saw in records that people receiving EoL care had an advanced care plan, which detailed information of what support they required to

make them comfortable and who they would want to stay with them in case they became unwell.

- We noted that people also received support from the local hospice who provided healthcare support for people requiring EoL care.

# 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 Requires Improvement. At this inspection this key question has remained the same. 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

At our previous inspection, in December 2018, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes were not operating effectively to monitor and improve the quality of the service.

- Since our last inspection in December 2018, the registered manager had introduced processes to improve on their governance systems and we saw that the service had made improvements to the care planning, risk assessments and staff training and record keeping. However, we found during this inspection that medicines records documented conflicting information and MARs were not completed every time people were supported with medicines. These shortfalls had not been picked up by the new auditing tool. The registered manager told us that auditing was ongoing and confirmed that they would undertake medicines audits to resolve the shortfalls found during this inspection.

The above evidence shows a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager demonstrated good understanding of their responsibility of making continuous improvements to the quality of care provided to people who used the service. They assured us that they will continue to make further improvements to improve the overall rating of the service within the next twelve months. Evidence we found during this inspection demonstrated that the service had made a number of improvements and ratings for key questions Effective, Caring and Responsive had improved from Requires Improvement to Good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a vision of person-centred care that was applied and reflected within the service provided to people. One care worker told us, "I like working for PHC. The agency cares for service users and the care workers. The manager treats us as colleagues. They look after us and the clients."
- The registered manager was passionate about providing a good person-centred service for people that improved their quality of life. For example, the registered manager told us that they would only take on care packages if they felt the service could meet people's needs.

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 service promoted an open and honest environment and the registered manager understood the duty of candour. For example, relatives told us that the registered manager would always call them if there were changes to people's health. One relative said, "[Name] will always call me if there was a problem or my relatives health needs changed."

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

- The registered manager promoted open communication between relatives and the service and we saw that relatives were comfortable in approaching the service if they needed to. One person told us, "The manager contacts me regularly and asks me how I am and if there is anything else I need."
- Care workers had the opportunity to input into the service at supervisions and care workers meetings. One care worker told us, "PHC is brilliant, everything is done for service users. Lots of training provided. We have regular supervision and spot checks are done. There is nothing to improve. The manager is approachable and listens to what we say."

Continuous learning and improving care

- The registered manager was proactive in improving care and have invested heavily in resources to monitor and assess the quality of care to ensure the quality of care was continuously assessed and improvement can be made.
- The service had obtained a new training package which should ensure that that care workers received ongoing training and their skills and knowledge was continuously maintained and improved.

Working in partnership with others

- The service worked closely with other agencies such as other care providers and healthcare professionals to meet people's needs.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Records in relation to medicines do not always provide consistent guidance and information and medicines administration records had gaps.</p> <p>Regulation 12 (1)(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor the quality and safety of care were not always effective.</p> <p>Regulation 17 (1)(2)(a)</p>