Phemacare Ltd

Phemacare

Inspection report

Morgan Reach House
136 Hagley Road
Birmingham
West Midlands
B16 9NX

Tel: 01214547727
Website: www.phemacareltd.co.uk

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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

This inspection took place on 16 August 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a support service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us. This was the provider's first inspection at this location.

Phemacare is a community based adult social care service, registered to provide personal care for persons within their own home. They currently provide a service for 60 people.

There was a registered manager in post at the time of our inspection. 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. This was Phemacare's first rating inspection at this location.

People were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. People were kept safe by staff who were able to recognise the signs of abuse and raise concerns if needed. Staff were provided with sufficient guidance on how to support people's medical needs. Staff rotas were effective to ensure that staff had sufficient time to attend care visits.

People were supported by staff that had been safely recruited. People felt they were supported by staff with the appropriate skills and knowledge to care and support them.

Staff had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. People were supported to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS).

Staff were caring and treated people with dignity and respect. People's choices and independence were respected and promoted and staff responded to people's care and support needs.

People and staff felt they could speak with the provider about any concerns and felt they would be listened to and their concerns would be addressed. The provider sought people's views on how the service was run and their feedback was acted upon.

The provider ensured that all policies and procedures were kept up to date with current guidance and legislation. There were quality assurance and auditing systems in place to ensure continual development of the service for the people being supported by the provider.

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.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow when concerns were identified.

Risks to people were appropriately assessed and managed.

People were supported by adequate numbers of staff so that their care and support needs would be met.

People were kept safe as staff knew how to support them in case of an emergency.

Is the service effective?

Good

The service was effective.

People were supported to eat healthily.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's consent was sought by staff when providing care and support.

People's view and opinions were listened to by staff and the provider.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Staff were responsive when supporting people's changing needs.

People were supported to make decisions about their lives and discuss things that were important to them.

People were supported to raise concerns or complaints when needed.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place who understood the responsibilities and requirements of their registration.

Auditing systems were in place to identify themes and trends for developing the service.
People and staff knew the registered manager and had a positive relationship with them.

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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 was planned to check 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.

This inspection took place on the 16 August 2017 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority commissioning teams and Healthwatch to identify any information that might support our inspection.

During our inspection we spoke with seven people who use the service, two relative, five care staff members, the registered manager, the operations manager and a company director. We visited the provider's office and reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for three members of staff. We also looked at records which supported the provider to monitor the quality and management of the service. The provider had submitted a Provider Information Return (PIR) form prior to our inspection visit. The PIR is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe with staff and had confidence that their care needs were supported. A person we spoke with told us, "I feel safe enough when they're [staff] here. I've never had any worries on that level". Another person we spoke with said, "I'm happy with them [provider] and [Staff member's name] is great, she really looks after me. They've only missed a call once, but they let me know that she was going to be late". Staff we spoke with told us that they generally had sufficient time to travel between visits to people who use the service. We discussed with the operations manager how systems were managed to mitigate late and missed calls. They showed us the Care Planner system that monitored and alerted them to any issues relating to visit times. The provider had systems in place to ensure that there were enough staff with the appropriate skills and knowledge to meet people's needs and ensure that they were cared for safely. The information provided in the provider's PIR showed us that there were sufficient numbers of staff to deliver the service safely.

Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were able to tell us about the range of different types of abuse to look out for when supporting people. A member of staff we spoke with told us how they had noticed bruising on a person they were supporting and had reported it to the operations manager to be raised as a safeguarding concern with the local authority. This demonstrated to us that staff knew how to escalate concerns about people's safety to the provider and other external agencies if required.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with said, "It's [risk management] natural, part of my daily routine. I make sure there's wide, clear spaces to walk if they're at risk of falling". Another member of staff we spoke with told us that they were continually assessing risks when they were supporting people and were aware of potential risks such as trip hazards and bed sores. We saw that the provider had carried out initial risk assessments which involved the person, their family and staff. The registered manager informed us that risk assessments were completed when a person initially accessed their services. Following that they were reviewed every six to eight weeks or if a person was hospitalised. Risk assessments were also reviewed annually and any changes that were required to maintain a person's safety and promote their health care needs were discussed and recorded to ensure that potential risks were minimised.

Staff were able to explain what action they should take in the event of an emergency. A member of staff we spoke with said, "I'd call an ambulance, it's my priority to keep people safe. I'd phone the office [provider] and contact the person's next of kin". Another member of staff we spoke with told us that if they noticed a person had developed a pressure sore, they would inform the office and ensure that the sore was protected from deteriorating further. We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home. Staff we spoke with confirmed that the provider had

completed all the necessary checks prior to them commencing work. We saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Most of the people we spoke with told us that they managed their own medicines and did not require support from staff. Those who did require support told us they received their medicines safely and as prescribed. A person we spoke with told us, "I self-medicate, so I don't need any support with that". Another person we spoke with said, "They [staff] get me my medicine on time, that's the main reason I have them really, I don't have any concerns with my tablets at all". Staff told us that they had received training on handling and administering medicines. Staff were able to explain to us the protocol for supporting people with medicines and how to record this on Medicine Administration Records [MAR Sheets]. We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed.

Good

Is the service effective?

Our findings

People told us they felt confident that staff had the correct training and knowledge to meet their needs. A person we spoke with said, "They [staff] know what to do, they're very good". A relative we spoke with told us, "The staff are really good at their job, they know exactly what to do to look after him [person using the service] properly". Staff we spoke with told us that they received appropriate learning and development opportunities to support them to carry out their duties effectively. A member of staff we spoke with told us, "The training's okay, we're [staff] always training for something different. I can ask [the registered manager] for training if I need it". Another member of staff told us how they would like to develop their knowledge around dementia and that they were confident that the registered manager would support any requests they made. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that they received supervision. A staff member we spoke with told us that they had supervision, not regularly, but that they could contact the registered manager or operations manager if they required support at any time. Another member of staff we spoke with told us, "I can come and discuss things with [operations manager's name]. March [2017], was my last one [supervision]". A third member of staff we spoke with said, "I have supervision monthly. I get to say what I like". Staff told us that if they had any concerns they could contact the office for support and the management team were always available. The provider explained that supervisions were scheduled for the first Monday of each month, however, if staff were unable to attend, the management team were available to discuss any of their support needs.

The provider ensured that people were involved in making decisions about how they received personalised care and support. People we spoke with told us they felt that care needs were supported and that they were involved in decisions about their care. A person we spoke with said, "Yes, they [staff] do involve me in making decisions. Whatever I want, I get. There's no issues there". Another person we spoke with told us, "They [staff] ask me what I want doing, they talk to me a lot. I feel very confident with them". A member of staff we spoke with said, "Yes I do involve people in making decisions, I get them to tell me what they want, for example; Do they like sugar in their tea, or butter on their sandwiches". Staff were able to explain to us about people's needs and how they supported them. People we spoke with explained how staff gained consent when supporting their care needs. A person we spoke with said, "They [staff] ask me if it's alright to do things for me, especially when they're getting me washed and dressed".

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. All of the people being supported by the provider had capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed

decisions about their care and support.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and support. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. From talking to staff and looking at training documents we could see that they had an understanding of DoLS, although there was no-one subject to an authorisation at the time of the inspection.

Most of the people we spoke with told us that they were able to prepare their own meals, although some people did rely on staff for support. A person we spoke with told us, "They [staff] get me my meals and I'm quite happy with what they prepare. I eat it all anyway". Another person we spoke with said, "The only meal they [staff] help with is breakfast, which is quite straight forward as I generally have cereal. I've got plenty to eat and drink when they're not around". A relative we spoke with said that staff often prepared the same meal for their family member and they would like more variety in the person's diet. We looked at the persons daily care notes and saw that every day they were eating similar meals. We discussed this with the operations manager who told us that this was the persons own choice, however they informed us that a meeting was planned with the person, their relative and a dietician to discuss healthier eating options.

People told us that their relatives supported them to attend medical appointments. We saw from care records that health and social care professionals were involved in people's care. We saw care records that provided information about regular appointments to doctors, opticians and dentists and staff told us they were aware of how to contact health care professionals if they needed to.

Good

Is the service caring?

Our findings

People we spoke with told us they were pleased with the care and support provided. A person we spoke with told us, "I'm happy with the carers [staff], they're nice and we have a good chat". Another person said, "They [staff] make me feel alright, they're more like friends now, I get on really well with them". A member of staff told us how they 'got to know' the person they were caring for; "I ask questions, talk to them, read their 'life stories' in their care plan".

We saw that people were involved in care planning, ensuring that their individual support needs were met. A person we spoke with said, "When I started with them [provider] they came to see me and wrote down everything I needed doing". Another person we spoke with told us, "We did do a care plan, we sat down and sorted out everything I expected from them [provider], and they stick to it". A relative we spoke with said, "We were involved in his [person using the service] care plan and we meet up every now and again to look at how it's going". We saw from people's care plans that people were encouraged and supported to express their views and to be involved in making decisions about care and support. We saw that the provider ensured that people's care plans were reviewed on a regular basis to ensure that they were receiving the appropriate level of care and support.

People we spoke with told us that staff treated them with dignity, respect and upheld their right to privacy. A person we spoke with told us, "They [staff] always respect my dignity, they make sure the curtains are closed when I'm getting dressed". Another person we spoke with told us that although providing personal care could be difficult for staff at times, due to the person's physical issues, staff were always respectful and the person never felt that their dignity was compromised. A staff member told us, "When supporting with personal care, I keep the door closed. If anyone's in the house you make sure they can't see them [person using the service]". Staff told us that they received guidance during their induction in relation to treating people with dignity and respect and we saw training records to support this.

People we spoke with recognised the support staff were providing to promote their independence and encourage them to do as much for themselves as possible. A person we spoke with told us, "I'm pretty independent, I do as much as I can". A member of staff we spoke with told us, "If they [people using the service] want to wash themselves, I let them. If they want to cook, I'd supervise and support". This showed us that staff understood the importance for people to maintain their independence as much as was practicable.

Good

Is the service responsive?

Our findings

People using the service told us they felt that the provider was responsive to their needs. A person we spoke with told us, "I do have a choice of who [staff] comes out to me. When I first started with them [provider] I had two carers for a while, one I got on really well with and asked if they could be my main carer, which she became and it's worked out really well". A relative we spoke with told us, "I can talk to them [staff] and let them know if we need anything [care and support needs] changing. Nothing is too much trouble". This demonstrated to us that the provider listened to peoples care and support needs and responded appropriately.

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. A member of staff we spoke with told us, "Everyone is different. Everyone is an individual. I know that they have different needs and I try to make them feel important". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that the provider had a complaints and compliments policy in place. People were aware of how to raise any complaints if they needed to. A relative we spoke with said, "No complaints, they're [staff] great, but yes, if I had a complaint I could call the office to sort it out". A member of staff we spoke with told us that if a person they were supporting had a complaint, it would be recorded in their daily notes and they would be directed to call the registered manager. Records held by the provider showed that there were currently no concerns or complaints being dealt with. We saw that the provider had systems in place to document and deal with any that arose.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. A person we spoke with told us, "I've done feedback, they've [provider] sent out forms to me twice now". Another person we spoke with said, "They [provider] come out and see me regularly and ask how everything is going, or they'll telephone". A third person we spoke with told us, "The [registered] manager gets in touch to ask how things are. If I had any worries I know I could contact them". We saw that the provider had systems in place to seek feedback from people using the service, and that questionnaires were sent out to relatives, with feedback being used to support service delivery. For example; we saw feedback from a person, identifying issues concerning a member of staff not arriving at the designated time. We saw staff meeting minutes where this concern had been fed back to staff, with actions to avoid future related issues.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place and they understood the responsibilities and requirements of their registration. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. This was the first rating inspection at this location.

People and staff we spoke with told us that they were happy to discuss things with the manager if they needed to. A person we spoke with told us, "I have the [registered] manager's details written down, my daughter does too. We'd have no problem calling if we needed to". Another person we spoke with said, "If I had any issues I'd contact the [registered] manager. I know who she is and I'd have no qualms in discussing anything with her". A staff member we spoke with told us, "I feel valued here, yes. They [registered manager and operations manager] ring you up and ask how you are. They talk to you nicely and they listen". Staff we spoke with told us they would have no concerns about raising anything they were worried about with the registered manager. Staff we spoke with told us that they were clear about their roles and responsibilities. Staff meeting records showed that they were involved in how the service was run and that their feedback was used to develop the service. We saw that there was a good relationship between the manager, people using the service and staff.

We saw that quality assurance systems were in place for monitoring the service provision. People were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, including; individual care plans, risk assessments, medicine management, accidents and incident reporting. We saw that effective analysis of audits was being used to identify themes and trends and used to develop service provision. Prior to the inspection the provider had carried out an audit of the service by completing a Provider Information Return (PIR) form. We saw that the PIR reflected what we saw on our inspection.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. Prior to our visit there had been no whistle blowing notifications raised at the location in the past twelve months. The provider ensured that all policies and procedures were up to date and adhered to current guidance and legislation.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found. The feedback we gave was received positively.