

Phemacare Ltd

Phemacare LTD

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The Inspection took place on 25 May 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to ensure that staff would be available to talk with us about the service. At our last inspection of this service on 14 September 2014 we found that they were meeting all the regulations that we assessed.

Phemcare Limited is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 50 people.

The registered manager had recently left the service a new manager had been appointed but was not yet registered with us. 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.

Systems were in place to monitor the quality of the service. These needed to be more robust to ensure that records relating to people's care were well maintained.

People and their relatives told us that they felt safe with their staff. Staff were trained in safeguarding adults and understood how to protect people from abuse.

People were supported by staff that were kind, caring and respectful and knew them well. People had been involved in the planning of their care and received care and support in line with their plan of care.

Risks to people were minimised because there were arrangements in place to manage identified risks with people's care. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. People had their medicines when they needed them.

Staff were aware of how to support people's rights and seek their consent before providing care and ensured people were supported to make day to day choices.

People were cared for by staff who were trained and supported so that they could carry out their role effectively.

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 harm staff were able to recognise abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely.

People received support to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before they were provided with care.

Staff understood their responsibilities to protect people's rights.

People received support from staff who had received training and had the skills to meet people's needs and preferences.

Is the service caring?

Good ●

The service was caring.

Privacy, dignity and independence were promoted.

People were supported by staff that were caring and kind.

People were able to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs.

People's care was kept under review and the service was responsive to people's individual needs and preferences.

Is the service well-led?

The service required improvement in the way that it was led.

Systems in place needed some improvement so that record keeping was robust and to ensure that we were informed about events in a timely manner.

People were complimentary about the service they received and staff were supported by the provider to carry out their role.

Requires Improvement 

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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 25 May 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to ensure that the manager and staff would be available to talk with us about the service. One inspector carried out this inspection.

As part of 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. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection and ensure that any areas of concern were looked at. We also contacted the local authority and asked for their views; they shared some recent information about the service with us.

We spoke with eleven people who used the service and or their relatives by telephone. We visited the services offices and spoke with the providers and five care staff.

We looked at a variety of documents which included five people's care plans, four staff recruitment files, staff training records and other records relating to the management of the service including complaints and audits carried out to monitor and improve the service provided.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe with the staff and that their safety and wellbeing was promoted. One person we spoke with told us, "Yes I feel absolutely safe with the staff that come in to help me, I am very happy with the care I get". Another person told us, "The staff help me do the things I struggle with. They are very good and I feel safe with them". All the relatives we spoke with told us staff cared for their family members in a way that made them feel safe.

Staff told us they had received training in how to keep people safe from harm. Staff were knowledgeable about the different types of potential abuse. Staff understood how to report concerns on to senior staff and they told us that they were confident that action would be taken to protect people from harm. A staff member told us, "The importance of safeguarding is made very clear to us by our managers. Any concerns we have must be reported to them". We spoke with the provider about the action that had been taken to make sure people were safe and how they had worked with other agencies. There was a safeguarding incident that was under investigation by the local authority and the provider told us about the action they had taken to ensure the person's safety and wellbeing.

There were procedures to identify and manage the risks associated with people's care. This included risks in the home or risk's to people. People told us that staff had spoken with them about how they wanted their care delivered and any risks to their safety before they started to receive care. Staff told us that they had access to risk assessments in people's care records so that they knew how to support people safely. Staff told us and records confirmed that they had received training in areas such as moving people safely. Risks for staff working in individuals people's homes were also considered.

People told us that most of the time they received their care from regular staff. Staff told us that they had a weekly rota detailing their care calls and that there was enough time allocated so they could meet people's care needs. The provider told us that there was a system in place for identifying the number of staff hours needed and that there were sufficient numbers of staff employed so that they were able to cover all care calls and also cover for unplanned absences for example, staff sickness. The provider told us that there had been some late calls but no missed calls. We looked at the daily records of care provided to people and saw that they had received their calls generally at the agreed times. The provider told us that there was a 30 minute leeway from the local authority but as an organisation they tried to meet all calls within 15 minutes of the agreed time. People told us staff arrived around the times agreed.

There were emergency procedures in place to ensure people were protected. People told us the information they received when their service first started had the office number included so they knew who and how to contact, if and when needed. Staff told us what action they would take if a person they were visiting was ill. A staff member told us, "I would ring 999 if someone was not well and then let the office know. There is always someone available on call when the office is closed". All staff told us that there was always someone available for advice and support at the end of the telephone at any time of the day or night. Staff told us that there were systems in place for reporting changes in people's needs, accidents and incidents to the office or the person on call.

There were systems in place to help ensure that people received their support from staff of suitable character. Staff told us and we saw that staff files had all the required information and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

There were systems in place to safely support people with their medicines. Most of the people we spoke with told us that they were able to manage their own medicines. Some people told us that they received help from staff to do this. One person told us, "The staff help me with my medicines. They remind me to take them on time. I am very grateful for this support".

Staff recorded each time a medicine had been taken by the person. Staff told us that they had received training in the safe administration of medicines so that they could support people to take their medicines safely.

Is the service effective?

Our findings

People told us that the care they received met their needs. People told us that they were supported by staff with the right skills and knowledge. One person told us, "My main carer is [Staff member's name] she is very, very good. She knows how to care for me well. I know they do training because I have heard her speak about it". Another person told us, "Staff have been very, good, never missed a day. I don't feel rushed and they know what they are doing. It is the best care agency that I have had". A relative told us, "[Person's name] is getting the care he needs and is safe".

Staff told us that they received support to carry out their role through supervisions, spot checks, observations of their work and staff meetings. Spot checks are checks made by senior staff to see if staff involved people in their care and if the tasks were carried out in line with care plans and risk assessments in place. A staff member told us, "The induction and training was very good. It opened my eyes to a lot of things. I shadowed staff as well. This was good so I knew how people liked things to be done before I started working on my own". A relative told us, "They [management] do spot checks to make sure staff are doing things properly and new staff sometimes come and shadow experienced staff. I think the provider is strict on the care staff which is good".

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. Some staff told us they had received training in the Mental Capacity Act (MCA) 2005 and understood about acting in a person's best interest. All staff told us that they respected people's rights to make choices for themselves and encouraged people to maintain their independence. Staff told us that they always asked people's consent before they supported them.

The law requires the Care Quality Commission (CQC) to monitor the operation of Deprivation of Liberty Safeguards (DoLS). This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. At the time of the inspection the provider had not needed to make any applications to the court of protection. The provider told us that they were planning to do some further staff training to ensure that staff understood the requirements of the MCA.

Some people told us that staff supported them by preparing food and drinks. People told us that staff offered them choices. One person told us, "They ask me what I want to eat and they prepare my lunch for me". A relative told us, "They prepare a quick meal at lunch time and always make sure that a cup of tea is made at the start and the end of the call". Staff told us that they recorded in the records if they supported people with meals and drinks. Staff told us that if they had any concerns about a person not eating and drinking enough that this would be reported straight to the office. A staff member told us, "All the people I support can eat independently some need help to prepare their food. I will prompt and encourage people to eat and drink. I would call the office there and then if I had any concerns about their eating. I needed to do

this for one person; however they started eating well again".

Staff told us that they knew what to do if a person became unwell and what to do in an emergency situation. The provider told us that when needed they contacted health professionals and worked with other agencies so people's health needs would be met in a safe way. We saw that care records contained some information about people's health care needs although these were not always detailed.

Is the service caring?

Our findings

All the people we spoke with told us that staff were caring and kind and they received the help they needed. One person told us, "I can't fault them [Staff] they are so caring and kind. A relative we spoke with said, "We have regular carers. That is what we asked for and [Staff members' name] is really brilliant at his job. He is really kind and caring".

People told us that care staff respected their privacy and dignity. They told us that staff would always explain what they were doing. One person told us, "They always ring the bell and call out good morning to me and ask me how I am. When they help me with my care they ask me how I want things done. Yes they do respect my privacy and close the curtains and shut the door". Another person told us, "They are obliging and very polite". Staff were able to describe to us the steps they took to ensure that people were treated in a dignified way when supporting people with their personal care. All the people we spoke with said that it was really important to them that they received regular staff and people told us that this was achieved on most occasions. A relative told us, "I told [Provider name] that we want the same staff for consistency and that is exactly what we have got. They do a good job".

People and their relatives told us that they were involved in planning their care on a day to day basis and that staff listened to them. People told us they were given choices on a daily basis for example, how they wanted their care to be given and what they wanted to wear. A person told us, "They always ask me what needs doing and they don't rush me". We saw that people's care records prompted staff to ensure people were involved in daily decisions about their care.

Staff were positive about their role and the relationship they had developed with people. They spoke about people as individuals. Staff were able to tell us about things that were important to the people they cared for. A staff member told us, "I treat everyone as an individual. I always put myself in their shoes and think it could be me or a member of my family that I am caring for". Another staff member told us, "I try and put people at their ease. I will have a chat about things people enjoy talking about". A relative told us, "I was dreading it having people coming into our home. But they have been so good and I know they care. We really see them [Staff] as part of the extended family. They will chat have a laugh and joke and they do the job well".

People were supported to remain as independent as possible. For example, people told us that staff encouraged them to carry out their own personal care if they could. A staff member told us, "I always ask the person what they would like me to do and I try and encourage people to do the things that they can for themselves. We saw that people's care records detailed what tasks people could do for themselves and that staff should encourage people to maintain their independence.

Staff told us that they understood their responsibility to maintain people's confidentiality. They told us that information was kept safe and secure. We saw at the office that arrangements were in place to ensure that people's information was held securely. We saw that each staff member was given an employee handbook when they were appointed. This detailed staff responsibilities and the values of the service.

Is the service responsive?

Our findings

People told us that their care and support was planned in partnership with them. People told us that senior staff or the person in charge came out to meet them before they started to receive a service. One person told me, "They asked me what I need doing and the times I need help and that is what I am getting" A relative told us, "Before the service started [Providers name] Visited and they went through everything with [Person's name] and myself. We have a care plan in the house with everything written in it". We saw that assessments were undertaken to identify people's support needs and the information obtained was then used to develop a plan of care that outlined how those needs were to be met. .

Staff told us that when a new care package started the registered manager ensured they had all the information they needed to deliver care. The provider told us and staff confirmed that they were introduced to people new to the service so that the person knew who would be providing their care and staff knew what how the person wanted they care to be delivered. People told us that they had copies of their care plan to refer to if they wanted to. All the people we spoke with told us that staff recorded in their records after every visit to them. We saw that people's preferences for how they wanted to receive their care had been documented.

Two people and a relative that we spoke with specifically praised the support they received from the agency following a stay in hospital. They said that the care they needed from the agency was provided in a timely manner. We were told and records showed that the staff team was available from different cultures and with a variety of linguistic skills to reflect the needs of the community. People had the choice of being offered support from either male or female staff.

The provider told us and people that we spoke with confirmed that arrangements were in place to review the support being provided and to ensure that people were happy with the service they received. This included telephone calls and visits to people's homes. Records looked at confirmed that reviews of people's care had taken place and any points that required follow up were recorded. For example we saw that one person had requested a time change for their call and this had been provided. We saw that one review involved a social worker as staff and the provider had identified that additional support was needed.

All of the people we spoke with told us that they knew who and how to contact the person in charge if they needed to. A few people told us that they had raised some issues and that they were satisfied how these were dealt with. We saw that lots of compliments had been received by the service. Staff knew what action to take if a person wanted to make a complaint. We had passed some information onto the provider for them to investigate and report back their findings. They did so in a timely manner and we were satisfied with how the concerns were dealt with. However, the homes complaint records did not detail what concerns had been received and what action had been taken. The provider told us that they would update their records so that a clear audit trail was available of the action taken.

Is the service well-led?

Our findings

The registered manager had resigned and a new manager had been appointed but was not available at the time of our inspection. The provider told us that the new manager had started the registration process so that they would become the registered manager. The previous manager had completed a notification to tell us they were leaving but the provider had not sent a notification to us. We saw that there was also one other event which we should have been notified about, but this had not happened. However, the provider had taken the appropriate steps to ensure the safety and wellbeing of the person involved in the incident and external authorities had been appropriately notified. We discussed this with the provider who took action on the day to report the incident to us and we were given assurances that they would ensure that we would receive future notifications as required.

We saw that some records relating to people's care were not always robustly maintained. For example, the support people needed to take their medicines was not always detailed in their care records. Some people's health conditions were not detailed in the care records. However, staff that we spoke with demonstrated a good understanding of people's needs. The provider told us that they had identified that some aspects of people's care documentation needed to be more detailed and had already started to make the improvements needed.

The structure of the agency consisted of an Operational and General manager who were also the registered providers of the agency and were involved in the day to day running of the agency. The manager was supported by an office and field manager. The provider told us that new team leader posts were being created to support the growth of the service.

All the people and relatives we spoke with told us that they were happy with the care they received. Comments included, "The best agency we have dealt with, I have recommended this agency to friends" and "I am very pleased with everything and cannot fault them".

There were checks made by the provider on the quality of care people received. People told us that they had received an occasional telephone call and some people told us that they had completed a questionnaire. We saw records of completed questionnaires dated March 2016 and these showed that some people had expressed dissatisfaction on some occasions with the timing of their care calls. We spoke with the provider about this and they told us that they had taken action to ensure that staff who relied on public transport to travel to calls were matched with people to support near to the locality they lived in to improve punctuality. People and staff that we spoke with told us that improvements had been made.

Staff told us that they were supported in their role by the provider. Staff told us that senior staff completed spot checks on the care they delivered so their practice was reviewed and ensured the opportunity for staff to improve the quality of the service was provided. For example, records looked at had highlighted that a staff member was not wearing an identification badge and they were reminded of the importance of doing so when carrying out their role. We saw that there were systems in place to collect daily records and medication record sheet from people's homes, on a regular basis. Senior staff carried out audits of these to

ensure that care was being delivered as planned in people's care records. We saw that audits had highlighted areas for improvement including ensuring that records were always signed and dated.

Staff were familiar with the providers whistle blowing procedures and safeguarding procedures and how to raise any concerns to external organisations if people's care or safety was compromised.

We asked the provider to complete a provider information return (PIR) to tell us how the service was providing care that was safe, effective , caring, responsive and well led and improvements they plan to make. The PIR was completed and returned as requested and reflected our findings.