

Phemacare Ltd

# Phemacare Ltd

## Inspection report

3 Park Street  
Lye  
Stourbridge  
DY9 8SS

Date of inspection visit:  
24 March 2021  
08 April 2021

Date of publication:  
09 July 2021

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Phemacare Ltd is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 51 people from the location, with personal care in their own homes at the time of our inspection.

### People's experience of using this service and what we found

We were hindered in carrying out this inspection due to records not being available when requested whilst at the location. This was due to documents and files being removed from the location and the lack of organisation of stored documents. This was also identified at the previous inspection.

There continued to be a lack of provider oversight which meant risks to people's safety had not been responded to appropriately. Systems to monitor the quality and safety of the service were ineffective and placed people at the risk of harm. The systems in place had failed to identify the areas for improvement found at this inspection including the safe administration of medication and care planning.

Care plans were not in place for known health conditions for all people, to enable staff to have the information they needed to mitigate risk and meet or respond to their needs.

People we spoke to said they felt safe, and individual staff were kind and caring.

Staff we spoke to told us they had received some training to meet people's needs. However, we saw from records that staff still had not completed training on all of the health conditions of people using the service, to give them the knowledge and skills to support them safely. This was identified at the last inspection.

Medication administration records (MAR) did not always include the current list of medications prescribed for people using the service. This meant care staff did not have accurate records to refer to, ensuring they were giving the correct medication at the correct time.

Spot checks of staff visits in people's homes were completed to monitor that people received the support they needed.

Audits need to be improved to provide clear and robust information and evidence of outcomes for people. Systems and process which were in place were not robust to protect people from potential harm.

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

This service was previously inspected 12 November 2020 and it was rated as requires improvement.

### Why we inspected

We carried out an announced inspection of this service on 24 March and 08 April 2021. Breaches of legal

requirements were found.

The provider was issued with Warning Notices for breaches identified at the last inspection in relation to Regulation 12 Safe care and treatment, Regulation 17 Good governance Social Care Act 2008 (Regulated Activities) Regulations 2014. The Provider had completed an action plan to show what they would do and by when to improve. During the inspection we found evidence that the action plans had not been met.

We undertook this responsive inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

You can read the report from our last focussed inspection, by selecting the 'all reports' link for Phemacare Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe care and treatment of people using the service, good governance and safe recruitment process at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will work alongside the provider and local authority to monitor progress. We will 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.

**Requires Improvement** ●

### Is the service effective?

This service was not always effective.

**Requires Improvement** ●

### Is the service caring?

This service was not always caring.

**Requires Improvement** ●

### Is the service responsive?

This service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

**Inadequate** ●

# Phemacare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an assistant inspector.

#### 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 prior notice of the inspection. This was because it is a small service and we wanted to be sure that the provider or registered manager would be in the office to support the inspection.

However, neither the registered manager nor the provider were available on the day of the inspection, although the registered manager told us they would be visiting the location later that day, they did not.

#### What we did before the 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.

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority who work with the service.

This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We requested documentation prior to the inspection taking place, this was not provided as requested. We experienced some difficulty in carrying out the inspection due to some staff and care records not being available at the location for us to review. Also records at the location were not always stored in a way so they could be easily identified, making it difficult for information to be made available on the day. We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the operations manager, senior care worker and care workers.

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

#### After the inspection

We continued to seek clarification from the provider, service users and care staff to validate evidence found. We looked at training data, medication administration records, care plans and call records.

# 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 now 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 however, we did not find any evidence during our inspection that people had been harmed.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served as we did not have assurances the provider was now compliant with the regulations. We found the provider had not met the requirements of the warning notice and was not compliant with the regulations.

### Assessing risk, safety monitoring and management

- The provider had made some improvements since the last inspection to some care plans and the support people required but they had not ensured all care plans now contained all of the information required. We also saw, care plans for people's specific mental and physical health conditions, contained generic information about these conditions and were not always personalised and specific to the individual and how these conditions affect them. This meant that staff did not always have enough information to support peoples' individual needs.
- Other care plans we looked at, were not sufficiently detailed and we saw one care plan which did not mention the person had a catheter. This meant there was no information in the care plan of how care staff should support with the catheter care. However, the training matrix identified care staff had received catheter care training and care staff members we spoke to knew about the care needs of people and the risks associated with their care needs.
- We also saw that other people using the service, did not have care plans to guide care staff how to support people with conditions such as Strokes, skin integrity and care of Chronic Obstructive Pulmonary Disease (COPD). Care records didn't reference the treatment required for this condition. Staff we spoke with were aware of the persons health condition but had not been provided with training or written guidance from the provider.
- Risk assessments and care plans we viewed had conflicting information within them. For example, one person's health plan stated they had swallowing difficulties and care staff were to offer small frequent meals. This same plan then went on to state, care staff should not handle food at present. This meant it was unclear what care staff should and should not do. The nutrition and hydration plan for this person failed to mention they had swallowing difficulties and did not have any guidance for staff to follow.

### Using medicines safely

- During the previous inspection we identified concerns with the safe administration of medication. On the day of the inspection the Medication Administration Records (MAR) for some of the people using the service

could not be located, these records were provided after the inspection. We found that there were similar concerns at this inspection too. Medication Administration Records did not always have a full list of medications people were prescribed which included creams to be applied or specific times when medication should be given.

- We identified from reviewing MAR that on occasions, the gap between pain relieving medications being given was less than four hours, as recommended. This meant people may be placed at risk by having too much medication in a shorter than recommended timeframe, which could impact on their health.
- One person's Medication Administration Records also demonstrated medication they received for a specific health condition was not being given at a consistent time. This had the potential to impact on their overall health and mobility and was not identified during the providers audits of MAR records.
- When people required medication to be administered 'as and when required' there was no guidance in place for staff to follow so they would know when to give the medicine or how many tablets to give when the dose varied. For example; the provider should give guidance to care staff of when to give one or two tablets if it is a variable dose. Medication Administration Records should specify the maximum dose of tablets in a 24 hour period. This meant there was a potential risk for over use of these medications.
- Some Medication Administration Records we looked at did not give clear guidance of the times items such as inhalers prescribed twice a day should be given, or directions of when and where creams should be applied. This places people at risk of not receiving their prescribed medication correctly.

#### Preventing and controlling infection

- Some people we spoke to told us staff wore Personal protective equipment (PPE) including items such as gloves, aprons, masks and eye protection. One person told us that care staff had at times, left used PPE on the side in the house and not disposed of it correctly." Another person told us, "They [care staff] do wear PPE. I make sure they do; we've got a porch so they will go in there or on the path."
- Following the inspection, the provider sent us a photograph of staff attending a training session. However, we saw staff were sat closely together not adhering to social distancing and were not wear face masks correctly. This is in breach of government guidance.
- At the time of the previous inspection there were no individual risk assessments relating to the current pandemic for people using the service. Following this inspection, we have been provided with evidence that they have started to individually assess the risk to each person using the service. However, these risk assessments are still not in place for all people using the service.
- We saw that checks were completed on carers when supporting people in their own homes to check they were wearing the correct PPE, no issues had been identified during these checks.

This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke to told us that they had received training in the safe administration of medication and records confirmed this.
- One person told us, "I have to take medication in the morning. [Name] care staff member who comes in the morning and makes sure I have taken my medication. She does my breakfast. Sometimes if she is late, I can take my medication, but I don't like doing it on an empty stomach." Another person told us, "I have never had any problems with medication or anything else really."

#### Staffing and recruitment

- We looked at staff recruitment records. The files we looked at demonstrated safe recruitment process were not always followed and the provider was not following their own policies. For example, we saw that care staff had not provided a full employment history and suitable references had not been sought prior to



employment commencing. Also, for one staff member there was no proof of identification within the staff file.

- Two care staff files we looked at did not contain information to evidence a Criminal Records Check had been carried out. It was recorded that the staff member was on the Criminal Records update service, however, there was no evidence in the staff file to demonstrate this had been checked and their record was clear.

This was a new breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke to told us they received an induction, shadowing opportunities and training for them to be able to carry out their role safely. The training records we saw confirmed this.
- Staff told us they received regular supervisions and we saw evidence in staff records of this.

Systems and processes to safeguard people from the risk of abuse

- Staff members had a good understanding of how to safeguard people from abuse, they were able to explain how to protect people they supported. Staff had received training in these areas.
- Staff were aware of the whistleblowing policy and told us how they would raise concern, ensuring people were protected.
- People told us they knew how to raise concerns or make a complaint.

Learning lessons when things go wrong

- Records showed that accidents and incident were investigated. During the inspection we did see that the provider was using accident and incident information to learn from and prevent similar accidents or incidents occurring in the future.

# 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.

This is the first rating for this key question, and it has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- On the day of inspection, the service user files we were provided with, some had evidence that assessments of people's needs had taken place. However, other files did not have this information in them. The office manager told us that all the documents they have for people, should be in the individual's files and they did not have any other documents to give us.
- One service user did not have information on their pre-assessment about the risk identified in their care plan that they were at risk of choking due to known swallowing difficulties. We raised these concerns with the provider, and they advised this person is no longer at risk of choking and meals are provided by their family. We saw from daily care notes that this was happening, and the care plan had been updated to support this.
- Speaking to staff it was clear they knew people's needs and wishes well.

Staff support: induction, training, skills and experience

- It was difficult to identify if staff had already received the forthcoming, scheduled training as the training matrix was not clear when training had been completed by care staff. This included training for any known, specific health conditions that people who were being supported had. There were no training certificates in staff files to evidence this training had been previously completed. There was a plan in place for training for known health conditions.
- Information detailed on the training matrix indicated new staff members had completed training. However, some of these dates were prior to the start of their employment. Records we were provided with were not accurate as some dates recorded on the training matrix were dated prior to the care staff member commencing employment.
- A member of staff told us they felt, they had enough training and support from the management, to be able to meet the needs of people and to keep them safe.
- There was an induction programme in place for new care staff members. A staff member told us, "I am still shadowing to learn care work and support people. The company has been very helpful to help me understand the job description. It is my first time working in care . People we spoke to told us they were confident care staff had the knowledge and skills to support them with their needs.
- The provider and care staff members told us that meetings took place and we saw minutes from these meetings. One care staff member told us, "Last week we had a meeting and we had a discussion about COPD awareness and talked a little about the disease. I found it useful."

- We saw evidence that care staff members received supervisions and they also told us that they had to opportunity to speak to the provider if they needed to.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 plans we saw on the day of the inspection, demonstrated that the provider had considered people's capacity.
- People we spoke to also told us that not all care staff members spoke to them and gained consent prior to supporting them. One person told us when asked about this, "No, they don't really ask". Another person told us, "I tell them what to do, they always ask permission before providing support".
- Staff had received training in, people's rights under the MCA and when to act in their best interests to ensure peoples safety and welfare is maintained.
- Staff told us how they offered choice, gained consent and respected people's choices.

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

- We saw from records that people were given choice of meals and drinks and were able to, make their own decisions of what meals they would like.
- One person who was supported with the preparation of their meals has their shopping done by their family, who ensure they have the food of their choice available.

# 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.

This is the first rating for this key question, and it has been rated requires improvement.

This meant people were not always well-supported, cared for or treated with dignity and respect.

Whilst individual care staff members may be caring the Providers systems and processes do not mean people are always cared for.

Respecting and promoting people's privacy, dignity and independence

- Staff gained access to people's homes by using the key safe. There were care plans and risk assessments in place for some but not all people using the service, to provide staff with guidance about the privacy and the security of individuals home.
- Care records we reviewed, staff had recorded that they had left the property secure and the person was safe.
- People and relatives, we spoke to were overall complimentary about the staff. One person told us, "They [care staff] are really good. I couldn't fault them at all".

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

- There was evidence of people's views about the service being gathered. However, there was no evidence of this being analysed to ensure the service was meeting their needs. The provider told us they speak to people regularly and people told us they see the provider. We saw documentation to support this.

Ensuring people are well treated and supported; respecting equality and diversity

- Training records showed that staff had received training in equality and diversity.
  - Staff recognised people's individuality and the importance of treating everyone as an individual. Staff told us how they supported people to meet their individual needs and wishes . However, the timing of some calls meant that people may not feel cared for because elements of their care and treatment wasn't provided in a timely way.
  - Staff knew people well and people told us how on the whole they had a good rapport with them.
  - People we spoke to and their relatives told us, they were treated well. One person told us, "The staff are lovely. I have nothing but praise for the staff that come in. They are lovely".
- However, one person told us, "There are some better than others, some do it to their best of their ability, but some can't multitask".

# Is the service responsive?

## Our findings

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

This is the first rating for this key question, and it has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- People we spoke to told us overall they were provided with personalised care and support that was responsive to their needs. However, care records did not consistently provide the detail of how to provide care to people, which may mean some people may not get their care in the way that they need it. One person told us, "I am lucky, I can take my medication and make my porridge if she [the carer] is late. Today she came at 9.07am. When I first started to have Phemacare, they came out and told me what time carers will be coming out. They said 8 to 8.30am but recently it has been changed to between 8.30 to 9am. I am an early riser. There was no explanation given to the change, I have a folder here where the girls write in and they altered the times. No one asked if this was alright. The time is ok with me, I am not complaining. I like to have my medication at the same time. It's just the communication that isn't good". People may not get their care and treatment at the times that they preferred or needed as we saw a number of calls were late, or a lot shorter than the scheduled call.
- Some people told us they had received a care review and had the opportunity to discuss their care, but other people said they had not received a review and were able to contribute to their care and treatment
- We were told by one person, "Someone called a couple of weeks ago to see if I was happy. They do it regularly".
- People we spoke to told us they knew how to make a complaint, one person told us they had spoken to the office as they were not happy about the times the carers were coming but stated they haven't had a problem since. Others told us that they had never had to make a complaint as they were happy overall.

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.

- We spoke to the provider who said that they were aware of the AIS, but they did not have any alternative formats for communication in place at this time. The provider told us they knew how to access different formats from Sense and other agencies. However, AIS should be in place for prospective service users for who the standard printed information is not suitable.
- We saw the new format of care plans which were being introduced which included pictures alongside the wording to assist people to understand the information in their care plans.

End of life care and support

- The provider told us the service was not supporting anyone with end of life (EOL) care at the time of the

inspection.

- Care plans did not incorporate advanced decisions or end of life planning. However, they did include if the person had a 'Do not attempt resuscitation form' in place. There was a policy in place and the provider told us about how they would support service users, family members and staff in the event of deteriorating health or death, in a dignified and respectful way.
- We saw staff were scheduled to complete training in 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 now deteriorated to Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served as we did not have assurances the provider was now compliant with the regulations. We found the provider had not met the requirements of the warning notice and was not compliant with the regulations. In addition the provider had not complied with their own timescales they had set out to make the required improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- On the day of the inspection, the operations manager and the registered manager were not present due to staff absences and sickness.
- The management of safety, risk and governance had not been effective. We identified concerns about people's safety during the inspection due to the lack of; oversight, monitoring of call times resulting in inconsistent administration of medication, short calls and lack of robust care plans.
- There was an auditing system in place, but this had not been operated effectively and had failed to identify the on-going concerns we found during the inspection.
- The monitoring of call times was not in place, to ensure people received the correct length of time they required, at the correct time and to ensure people did not have any late or missed calls. We identified concerns with calls being significantly shorter than the required times, for several people using the service and no actions had been taken by the provider to resolve this.
- Audits had failed to identify that accurate records relating to people's care needs were not always being provided. For example, care plans for specific known health conditions were not consistently in place to provide care staff with knowledge of the persons condition and how to support them. These were not always personalised to reflect how the condition impacts on that specific person and how the condition is managed.
- Audits had failed to identify discrepancies in the administration of medications and that administration records and care plans contained different information. We also identified that people who required medications at a specific time, did not receive these consistently.
- Audits had failed to identify where Medication Administration Records (MAR) we looked at did not contain a full list of up to date, prescribed medications for each person to include the name of the medication, dosage and frequency to be administered this included prescribed creams.

- We saw from records that people's feedback was gathered on the quality of the service. 'Your voice' surveys had been completed with some people who use the service. Recent visits to people's homes had also taken place, to gather their feedback on the care and service they received. However, the provider had not carried out an analysis of this feedback to review the findings and take action to improve the service based on the information shared with them.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The managers carried out observations of the care team when supporting people in their homes to ensure that care plans are followed. Records showed observations had taken place and the people we spoke to told us they saw the managers and spoke to them on the telephone.

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

- Staff we spoke to told us that they felt supported by the management team and said if they made suggestions they would be listened to.
- The provider has failed to provide information requested by CQC to demonstrate that they are meeting regulations in an open and transparent way.

Working in partnership with others

- Care records demonstrated that when care staff identified concerns with people using the service, these were raised with the office to arrange health professionals, when support was needed.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that people using the service received safe care and treatment.</p> <p>The provider failed to ensure care plans and risk assessments were in place and completed with enough detail to give care staff the knowledge and information they needed, to be able to support people safely. This included the lack of care plans and risk assessments for people with known, complex, health conditions.</p> <p>The provider failed to ensure people received their medication safely.</p>

### The enforcement action we took:

A Notice of Proposal was issued to impose positive conditions, to help guide the provider with improving the safe care and treatment for people using the service.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement robust systems and processes to ensure they had oversight of the service and identify where improvement needed to be made.</p> <p>The provider failed to ensure they carried out audits thus failed to identify the concerns we found during the inspection.</p>

### The enforcement action we took:

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and</p>

proper persons employed

Safe recruitment processes were not followed to ensure fit and proper people were employed at the service. The provider failed to obtain full work histories, photo identification and obtain suitable references and checks.

The provider failed to ensure they carried out audits thus failed to identify the concerns we found during the inspection.

**The enforcement action we took:**

A Notice of Proposal was issued to impose positive conditions, to help guide the provider with improving the safe recruitment processes.