

Empowerment Care Ltd

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Inspection report

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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

Empowerment Care Ltd provides personal care to people living in their own homes. There were seven people using the service at the time of our inspection.

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 did not always receive their medicines as prescribed and the systems that were in place to monitor did not always identify this. Audits were inconsistently completed and when concerns had been identified action was not always taken to ensure improvements were made. The provider was not always identifying concerns when external professionals and people themselves were identifying these. There was some evidence that lessons were learnt when things went wrong, however some areas of improvement were not identified and further improvements were needed.

People received support from staff who they felt had the skills and knowledge to support them, this was verified by competency assessments that were completed. There were enough staff available to support people and their suitability to work with people in their homes was checked before they started employment.

Individual risks to people were considered. People were protected from potential harm when concerns had been identified and there were procedures in place for this. Infection control procedures were also followed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff that knew them well. They were happy with the staff that supported them. People's privacy and dignity was considered and maintained. They were encouraged to make choices and remain independent.

People's preferences including their likes and dislikes, were considered, and they received support based on these needs. Peoples' communication was considered. There was a complaint policy in place, which was followed when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 25 October 2016, however it remained dormant until 16 March 2021.

The service did not start delivering a regulated activity to people until November 2021. This is the first inspection under this provider.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 discharge our regulatory enforcement functions required 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 regulation 12, Safe care and treatment and regulation 17, Good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Empowerment Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one 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 24 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 25 May 2022 and ended on 27 May 2022. We visited the location's office on 25 May 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us, including notifications the provider had sent to us. We also gathered feedback from the local authority.

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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included seven people's care records. We also looked at records relating to the management of the service, including procedures and governance records.

After the inspection

We reviewed the training records the registered manager had sent to us. We spoke with one person who used the service and two relatives, over the telephone, about their experience of the care provided. We also spoke with two members of staff over the telephone.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since this service has been registered with us. This key question has been rated requires improvement. 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

- People or relatives raised no concerns with how their medicines were administered, however for two people we reviewed, we found there were blank gaps on the medicines administration records (MAR). We discussed this with the registered manager who could not confirm if people had received these medicines. There were no stock checks of medicines taking place to confirm if these medicines had been administered or not.
- When people were prescribed patches to be administered on their skin, there were no records in place confirming where these patches had been administered. For one person they were prescribed their patch to be administered in alternate sites. This meant we could not be assured people were receiving these medicines as prescribed. Staff told us the person was able to tell them where this needed to be administered.
- People were prescribed medicines to be administered with a specific time gap. For example, one person was prescribed medicines which must have a gap of four hours between each dose. There was no record of the time these medicines were administered to ensure they had received this in line with their prescription.
- One person was prescribed a medicine two times a day. The MAR we reviewed showed that for 24 days they had received this medicine three times a day. The registered manager was not aware of this error, however this medicine was now being administered correctly and the person had not come to any harm.
- When people were prescribed as required medicines there was no guidance in place for staff to follow. Staff were not always able to tell us when people may need 'as required' medicines. This placed people at risk of not receiving these medicines when needed.

The above demonstrates people's medicines were not always managed in a safe way, which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to manage safeguarding concerns, however those systems were not always identifying incidents that may have occurred or needed reporting. Many of the current safeguarding's that were being investigated had been identified by external sources or professionals. Where the registered manager had identified concerns, these had been raised appropriately.
- There was an ongoing safeguarding that had been identified by external sources, where one person had received twice the amount of medicines they had required. Although the person had not come to any harm, the provider had not identified this or raised as a safeguarding to the local authority.
- Staff had received training in safeguarding, and they knew how to recognise and report potential abuse.

One staff member told us, "It is about abuse of people and making sure they don't come to any harm. I would ring into the office and document to make sure they had the information, if anything happened. I am confident that this would be raised, and I know I could take action if not."

Learning lessons when things go wrong

- All areas of improvements and concerns were not being identified so we could not be assured information was always used to ensure lessons had been learnt. For example, there were several incidents where concerns had been raised about staff. Although action had been taken these incidents had continued to reoccur.
- In some instances where areas of improvement had been identified there were clear investigations taking place and actions taken. For example, following a safeguarding incident, staff had received updated training and it had been discussed in the staff meeting. There was no evidence this had reoccurred.

Assessing risk, safety monitoring and management

- People and relatives raised no concerns around safety and felt safe being supported by care staff.
- Individual risks to people were assessed, including any health needs. There were care plans in place for people. For example, when they had diabetes or specific requirements around fluid intake their care plans had been updated to reflect a change in their needs.
- Environmental risks in people's homes had been considered to ensure staff were aware and any action needed was taken to keep people safe.

Staffing and recruitment

- People and relatives felt there were enough staff and they were on time. One person said, "Night-time, always dead on time. Daytime pretty good times there about, not any issues".
- The records we reviewed showed us that people received care calls in line with their needs.
- Staff told us, and we saw they received pre employment checks before working with people to ensure they were safely recruited.

Preventing and controlling infection

- People and staff raised no concerns around staff practice in relation to infection control. They confirmed staff wore personal protective equipment (PPE).
- Staff told us equipment such as masks and gloves were freely available for them and they knew when they should be worn.
- Staff had received training and there were infection control procedures in place.
- The registered manager and staff confirmed that staff were receiving COVID 19 testing in line with government guidance.

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 inspection since this service has been registered with us. This key question has been rated 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 were assessed before they started using the service. This included people's gender, culture and religion.
- People's health, physical and emotional needs were assessed and considered.
- People and those important to them were involved throughout the process. They were aware of the care plans that were in place.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the knowledge and skills to support them. One person said, "I feel staff are competent...they are lovely, they are sensitive."
- Staff received an induction and ongoing training. During the induction staff had the opportunity to shadow more experienced staff so they could get to know people.
- When people had specific needs, staff had received training in this area. For example, in management of oxygen therapy or epilepsy. Staff had also had an assessment to say they were competent before supporting these people in these areas.

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

- People's dietary and nutritional needs had been assessed; when people had specific needs care plans and risk assessments were in place to ensure staff had the necessary guidance to support people safely.
- Staff supported people at mealtimes and with eating and drinking for those people who needed support.

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

- People's health needs were monitored. The registered manager was able to tell us when they would refer people to other health professionals for support.
- Although the provider was not responsible for managing people's health, people and families were, staff were able to tell us when they would support people. One staff member said, "I would call an ambulance for someone if very unwell. I could ask if they wanted help making or going to the doctors."
- People's oral health care was considered and there were plans to identify the levels of support they needed.

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 MCA 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.

- Nobody was currently being supported in line with MCA, all people supported had the capacity to make their own decisions.
- The registered manager and staff had received training in this area and were able to demonstrate a verbal understanding.

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 inspection since this service has been registered with us. This key question has been rated 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 and relatives were happy with the staff that supported them. One person said, "Staff are very caring do explain what they are doing." A relative commented, "Staff that come can't fault, they are brilliant."
- Staff were able to tell us about people. This Included the levels of support they needed and their preferences.

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

- People's care plans reflected their preferences and choices and how these were made.
- Staff told us they offered people choices when offering support. One staff member said, "We don't go to someone until afternoon as this is when they like to get up." Another staff member told us, "I like to ask what they want, they chose their clothes and foods."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted. Staff gave examples of how they would support people. One staff member said, "We don't let ourselves into one person's house, we know the husband likes to answer and let us in." Another staff member said, "Close the curtains and doors for personal care so no one else can see."
- Staff told us how they encouraged people to do tasks for themselves.
- Records we reviewed reflected the levels of support people needed. For example, one person's care plan around personal care identified where they could wash themselves independently and where they required support from the staff.

Is the service responsive?

Our findings

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

This is the first inspection since this service has been registered with us. This key question has been rated 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 had care plans which considered their preferences. For example, one person had a detailed plan around personal care stating which soaps and towels they liked to use.
- The registered manager told us they always ensured one staff member who knew the person well attended the call.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The Accessible Information Standard were considered. The registered manager and staff were aware of this.
- People's communication had been considered and assessed. There were plans in place identifying how people communicated, when people had preferences this was recorded. For example, one person liked staff to talk quietly due to sensitivity needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged with their hobbies and interests. There were records where staff had participated in these with people.
- Staff told us, and people confirmed, they ensured they were comfortable before leaving the call.

Improving care quality in response to complaints or concerns

- People and relatives felt able to and knew how to complain. There was a complaints policy in place.
- When complaints had been made the registered manager had investigated and responded to the complaint in line with the policy. They kept a detailed log to ensure the policy was followed.

End of life care and support

- When people were at the end of their life, there were references to this in people's care plans. These plans included the levels of support people needed at this time.
- Other people had advanced decisions in place so their wishes could be considered and respected.

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.

This is the first inspection since this service has been registered with us. This key question has been rated requires improvement. 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. Continuous learning and improving care. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Audit completion was inconsistent. For example, we saw one care plan audit had been completed in March-April 2022 for one person. There were no other audits. For medicines we saw one person had one audit completed in December 2021, February 2022 and then no others for this person. We found the same concerns with other people we reviewed. This meant these were not effective in identifying all areas of improvement as they were not consistently completed.
- When audits had been completed, they had identified areas of improvements. However, there was no evidence this information had been used to make changes. For example, one person's medicines audit in February 2022 had identified they had not been receiving their medicines with food as needed. This had been recorded and discussed with staff. However, no audit had taken place since then, so it was unclear if they were now receiving this with food or not. The records we reviewed did not consistently record this.
- The medicine concerns we identified in the safe domain of this report had not been identified by the registered manager as they confirmed no audit had been completed for the relevant month for those people. There were no other audits currently being completed to monitor the service and the care people received. This meant the system to monitor and mitigate medicine risks was not effective.
- There were no systems in place to monitor staff's eligibility to work in the United Kingdom. We saw in one staff file that their work permit had expired. The registered manager was able to evidence this had not, however confirmed they had only identified this by chance. Other staffs' work permits were due to expire shortly and we shared this with the registered manager to action.
- Feedback was sought from people who used the service, in the form of surveys or reviews. Where areas of improvement had been suggested the provider had not collated this information or used this to drive improvements throughout the service. For example, where people had suggested improvements to the rota.

The above demonstrates there was not always effective systems in place to monitor and mitigate risks. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had notified us about events that had happened within the service when they had identified these.
- Staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff attended supervisions and team meetings so that they could share their views. They felt involved with the company and that they were listened to.

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

- People, relatives and staff spoke positively about the company and the support they received. A person said, "I feel confident I can call the registered manager and have phone number have spoken with. Issues always dealt with".
- Staff worked closely with people and their relatives to ensure good outcomes were achieved.

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

- Duty of candour requirements were understood and met by the registered manager, when they were identifying concerns.
- When incidents or areas of concern had happened in the service, the registered manager was open and honest and had shared this information with people, relatives and staff.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People did not always received their medicines as prescribed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The systems in place were not always effective in identifying concerns as they were consistently completed. When concerns had been identified action was not always taken to make changes.