Emergency Personnel Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 4 April 2018 and was announced. Emergency Personnel Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. At the time of the inspection, one person was using the service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

This is the first comprehensive inspection of the service since registration with the Care Quality Commission (CQC) in March 2016. However, we were unable to give a rating for each of the five questions we inspect and an overall rating of the service. This is because the provider had provided care for a limited period. We could not ascertain the effectiveness of the systems of care delivery and there were not enough experiences of people using the service and their relatives' about the range of services on offer for us to provide a rating.

The service did not have a registered manager. A manager was in the process of applying for registration with the CQC. A registered manager is a person who has registered with the CQC 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.

Staff knew how to protect people from the risk of abuse. The manager identified risks to people's safety and well-being. Staff followed guidance in people's risk management plans to deliver care safely. Staff had received medicines management training.

People underwent an assessment of their needs. The manager planned people's care delivery and took into account their needs and preferences. Staff provided care in line with current legislation based on best practice guidance.

The provider followed appropriate recruitment procedures to ensure people received care from staff suitable for their role. People had their needs met by sufficiently experienced staff. Staff minimised the risk of infection and reported incidents.

People received care in line with the requirements of the Mental Capacity Act 2005. Best interests meetings supported a person who may lack mental capacity to make decisions about their care.

Staff received support to undertake their roles. The manager had plans to carry out supervision and appraisal to review staff's practice and to identify their development needs. Staff attended training to develop their skills and knowledge about how to undertake their roles.

Staff delivered care in a kind and caring manner. People's care delivery promoted their dignity and privacy. People using the service and their relatives were involved in planning their care and support.

Staff worked closely with relatives to support people to maintain good health. People received the support they required with their nutrition and hydration. Staff followed healthcare professionals' guidance to meet people's dietary needs.

People using the service and their relatives knew how to make a complaint. The provider had plans to promote an open and honest culture at the service. Staff were encouraged to learn from incidents when things went wrong.

Systems were in place to monitor the quality of the service. However, these had not been fully applied because the service had provided care to people for a limited time.

People using the service and their relatives had an opportunity to share their views about the service. The manager acted on their feedback to make improvements. The provider had plans to work closely with other agencies to deliver care 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?

Inspected but not rated

We did not have sufficient information to rate the service's safety.

People received care that managed risks to their safety and well-being. Staff knew how to identify and report abuse to protect people from harm.

People were supported to take their medicines.

People had their needs met safely delivered by skilled and suitably recruited staff.

Staff knew how to minimise the risk of infection when providing care.

Is the service effective?

Inspected but not rated

We did not have sufficient information to rate the effectiveness of the service.

People received care in line with best practice guidance. Staff had support and training to enable them to undertake their roles.

Staff obtained people's consent to care and support.

People had their nutrition and hydration needs monitored and met. Staff supported people to maintain good health.

Is the service caring?

Inspected but not rated

We did not have adequate information to rate the service as caring.

People's relatives commented that staff delivered care with kindness and compassion.

Staff had developed positive caring relationships with the people they supported. Staff promoted people's dignity and privacy.

People using the service and their relatives were involved in making decisions about their care.

Is the service responsive?

Inspected but not rated

We did not have adequate information to rate the responsiveness of the service.

People's care delivery responded to changes to their needs. Staff provided person centred care in line with their individual needs and preferences.

People using the service and their relatives knew how to make a complaint if they were unhappy with any aspect of their care.

The provider sought people's views about the service and acted on their feedback.

Is the service well-led?

Inspected but not rated

We did not have adequate information to rate how well led the service was.

The service did not have a registered manager. Staff knew the manager and had access to guidance and support.

Staff were encouraged to be open and honest about the care they delivered.

The provider had not used audit systems in place to monitor the quality of service. We could not ascertain their effectiveness in checking and improving the quality of the service.

The registered provider and manager worked with other agencies to deliver effective care.

Emergency Personnel Homecare Ltd

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.

The inspection took place on 4 April 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector carried out the inspection.

Before the inspection, we checked the information we held about the service. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. Statutory notifications are reports that registered providers and managers of adult social care are required to notify the Care Quality Commission about, for example incidents, events and changes. We reviewed the Provider Information Return (PIR). 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.

During the inspection, we spoke with one member of staff, the manager and a director. We looked at one person's care records, one staff file and management and quality assurance reports.

After the inspection, we spoke with one relative and received feedback from a health and social care professional.

Inspected but not rated

Is the service safe?

Our findings

People were protected from the risk of harm. Staff understood their responsibility to identify and report abuse. Staff attended safeguarding training and knew the procedures to report any concerns about people's well-being. One member of staff told us, "It's my duty to keep [person] safe and to report anything that might put their life in danger." Staff knew how to whistle-blow to the manager and to alert external authorities of unsafe practices. They had details of external agencies to contact to raise safeguarding concerns.

People received care designed to minimise risks to their health and well-being. Staff managed risks to people's safety and well-being. They followed guidance put in place after risk assessments had been carried out. Staff knew the risks to people, which included developing a pressure sore and choking while eating and drinking. Staff worked closely with other health and social care professionals to ensure they had sufficient guidance to provide appropriate care.

People's care delivery protected them from avoidable harm. Staff told us they would record and report accidents and incidents to the manager. There had not been an incident at the service since registration with the Care Quality Commission. Staff knew when to escalate concerns to the manager to minimise the risk of accidents. They had access to the procedures on managing incidents.

People received care that met their needs in a safe and timely manner. One relative told us, "[Member of staff] is on time. We have no issues about punctuality and time spent with [my family member]. [He/she] has always turned up as planned." Sufficient staff were deployed to meet people's needs. Rotas were planned and showed people received care from a regular member of staff.

People had their care delivered by staff deemed as suitable for their roles. Staff underwent appropriate recruitment checks which included obtaining satisfactory references and criminal record checks. The provider verified applicants' proof of identity and evidence of right to work in the UK. Records showed staff started to deliver care when checks were completed.

People received the support they required to take their medicines. Staff had received training to administer and manage people's medicines. At the time of our inspection, no person required support from members of staff to manage their medicines. Care plans showed family members had the responsibility of managing people's medicines which minimised the risk of errors.

People received care in a manner that minimised the risk of infection. A member of staff told us, "It's good practice to wash your hands before and after providing personal care and handling food." Staff followed guidelines about how to keep equipment clean to reduce the spread of germs and contamination. Staff were trained on food safety and hygiene and understood the importance of good handwashing practices. Staff told us they had access to personal protective equipment such as gloves and aprons.

Inspected but not rated

Is the service effective?

Our findings

People's care delivery met best practice guidance. The manager assessed people's needs and liaised with other health and social care professionals in planning for their care delivery. An assessment of people's needs identified the support they required. The manager developed guidance for staff about how to provide care. Daily observation records showed staff supported people in line with guidance and best practice.

People were cared for by staff who received support to undertake their roles. Staff completed an induction before they started to deliver care. This included attending the providers' mandatory training and familiarising themselves with care plans and policies and procedures. Records showed the manager signed off staff on satisfactory completion of the induction exercise before they commenced work. The manager had planned supervision sessions and an appraisal for staff but had not yet started these as staff had only recently finished the induction programme.
People were supported by knowledgeable and skilled staff. One member of staff told us, "I have training I need to do my job." Staff told us and records confirmed they had received training in safeguarding, first aid, infection control, health and safety and the Mental Capacity Act 2005 (MCA). A director told us staff would undergo further training and refresher courses to maintain their knowledge and keep their skills up to date.

People received the support they required with their nutrition and hydration. Staff followed guidance from healthcare professionals to enable people to have sufficient amounts of food to meet their dietary needs. Staff worked closely with the relatives of people receiving care who prepared the food and provided dietary supplements recommended by healthcare professionals. Care plans showed people's food preferences and the support they required with their eating and drinking.

People were supported to maintain their health. Family members took the lead role in organising people's check-up visits to the GP and hospital appointments. Staff had information about the signs of a decline in people's health and the action to take when they were unwell. Staff informed people's relatives when they had concerns about a person's health.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA.

Staff provided people's care in line with the requirements of the MCA. A member of staff told us, "We offer choices and respect [people's] wishes about how they want to be cared for." Best interests meetings where held when appropriate to support a person in making decisions about their care. Staff provided care in line with the best interests' decisions.

Inspected but not rated

Is the service caring?

Our findings

People using the service and their relatives were happy with the care. Comments included, "Very kind and caring [member of staff]" and "He/she is very understanding and shows a high degree of patience." A member of staff told us, "I work well with the family and try to understand how they want things done."

People enjoyed positive caring relationships with staff. A relative told us, "[Member of staff] is brilliant. He/she is compassionate." Staff were able to describe people's needs and this showed they knew them well. Staff had information about people through their care plans. A member of staff commented that this helped them to understand how people wished to receive support. People were supported by regular staff which ensured they received consistent care. This also enabled staff to develop positive working relationships with the people they supported.

People were treated as individuals and staff respected their wishes. A relative told us, "[Member of staff] shows total respect to [my family member]." Staff promoted equality and diversity by working closely with relatives to ensure people had access to opportunities to lead fulfilling lives. A member of staff told us, "Each service user deserves respect regardless of their race, gender or health condition." Daily observation records showed staff provided care that met people's individual needs in a person centred way.

People using the service and their relatives were involved in the planning of their care and support. The manager worked closely with them and other health and social care professionals to make decisions about their care. Care records showed care planning centred on people's choices, preferences and their likes and dislikes. The manager contacted people using the service and their relatives to discuss care delivery and adopted any changes in the support plans. The provider had information about advocacy services that people could use to have their voice heard.

Staff understood their responsibility to support people to develop and maintain their independence. Staff told us they would encourage people to do the tasks they were assessed as capable of doing.

Staff respected people's privacy and dignity. A relative told us, "[Member of staff] is respectful. All interactions have been very friendly yet professional." Staff knew how to promote people's privacy by closing doors and curtains when providing personal care. Staff spoke respectfully about people's health conditions. Daily observation records showed staff delivered people's care in a dignified manner. People's information and care records were securely stored at the service to maintain their confidentiality.

People had access to information about their care in a format they understood. The provider was aware of their responsibility to comply with the Accessible Information Standard to ensure people with a disability or sensory loss could access and understand information they were given.

Inspected but not rated

Is the service responsive?

Our findings

People received care designed to meet their changing needs. Staff monitored people's health and informed the manager of any changes. Appropriate systems were in place to ensure reviews of care plans took place at regular intervals and/or when people's needs changed. The manager had plans to carry out formal reviews of people's care and support plans. However, this had not started as people had only been receiving support for two months at the time of our inspection. Staff told us they had sufficient information about how to provide care that met people's individual needs.

People's care delivery was flexible to meet their needs. A relative told us, "[Member of staff] is always willing to accommodate us. They will come in early or later depending on [my family member's] plans for the day." Staff worked with family members to ensure that they provided care when needed. For example, staff adapted their visit times to enable people to attend medical and social appointments. Care records indicated people's routines such as the times they preferred to go to bed and wake up, receive personal care and when to have their meals. Information about people's preferences, likes and dislikes were recorded to enable staff to deliver care that responded to people's needs. Daily observation records showed staff supported people to maintain their routine and receive appropriate care.

People using the service and their relatives had access to information about how to make a complaint if they were unhappy about care delivery. They were confident that the manager would address any concerns raised. The manager understood their responsibility to investigate and resolve complaints in line with the provider's procedures. No complaints had been made since people started to receive care.

No person was receiving end of life care. The manager was aware of their responsibility to inform staff if a person was at end of life to ensure they had guidance on how to provide appropriate care.

Inspected but not rated

Is the service well-led?

Our findings

The service did not have a registered manager as required by law because the previous one had left the service. Arrangements were in place for the management of the service and a manager had been appointed to run the service. The manager was in the process of submitting an application for registration as a registered manager with the Care Quality Commission (CQC) as required by law. The provider understood their responsibility to notify the CQC of any significant events at the service and to report any safeguarding concerns to the local authority.

Staff were happy with how the service was managed. The registered provider told us they wanted to promote a person centred culture at the service. As the manager had been recently recruited, It was too early for us to assess the culture at the service.

Staff received the support they required to undertake their role. Staff commented that directors and manager were approachable and available to offer guidance when needed. A member of staff told us, "I contact the office when I have concerns. I feel that my work is valued." The manager explained that because of the small staff complement, they did not have regular team meetings. However, they were in regular communication with staff by telephone and when needed to discuss ways to develop the service.

The provider had systems to monitor the quality of the service. There were plans to carry out regular audits on the service including care planning, record keeping, medicines management and staff training. The manager had plans to carry out spot checks to monitor staff practice and to identify any gaps in their knowledge and skills. However, we could not determine the effectiveness of the monitoring and checking processes because the systems were not operational.

People using the service and their relatives had opportunities to provide feedback about the quality of care. They contacted the office to discuss any concerns and provide their views about the service. The registered provider welcomed the feedback provided and used it to develop the service. The provider had plans to carry out surveys to get the views of people using the service, their relatives, healthcare professionals and staff.

The provider was in the process of establishing close partnerships with other agencies. This involved the local clinical commissioning groups, specialist nurses and local authority commissioners. The positive working with other healthcare professionals enabled people to receive specialist guidance appropriate for their complex needs. For example, district nurses and speech and language therapists were involved to ensure staff met people's needs through following best practice based on current legislation.