

Embrace Quality Care Limited

# Embrace Quality Care Limited

## Inspection report

c/o Katharine House Hospice  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection carried out on the 23 November 2016.

Embrace Quality Care is registered to provide personal care to people within their own homes in the Stafford area. The service is a private limited company, wholly owned by Katharine House Hospice, Stafford, which is a registered charity.

There was a registered manager in place. 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. The registered manager of the service was also registered with the Care Quality Commission (CQC) as the registered manager at Katharine House Hospice. The everyday running of Embrace Quality Care was delegated to the service manager, who was present through our inspection visit.

This service was last inspected in January 2014, when we did not identify any concerns with the care and support provided to people who used the service.

Staff were able to describe what action they would take if they had any concerns and demonstrated a good understanding of the different types of abuse.

Risks to people's safety were assessed and minimised.

There were enough staff to support people safely in people's homes.

The provider had appropriate arrangements in place to manage medicines safely. People were supported to take their medicines as prescribed.

People were supported by a staff team who had skills and knowledge to support people effectively.

Staff always sought consent before providing care and support to people.

Staff supported people to access health services as required.

The provider supported people to access a variety of health professionals to ensure they received effective treatment to meet their specific needs.

People were supported by staff who were kind and caring.

Staff treated people with respect and promoted their independence.

The provider actively involved people and their relative in decisions about their care.

People received support that was tailored to the individual needs and preferences.

The provider routinely and actively listened to people to address any concerns or complaints.

There was an open and inclusive culture.

The provider had clear vision and values that were person-centred and that ensured people, including staff, were at the heart of the service

The provider undertook a comprehensive range of checks to monitor the quality of service delivery.

## 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.

Risks to people's safety were assessed and minimised.

There were enough staff to support people safely and to respond to any urgent needs.

People were supported to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who had skills and knowledge to support people effectively.

Staff always sought consent before providing care and support to people.

Staff supported people to access health services as required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

Staff treated people with respect and promoted their independence.

Staff actively involved people and their relative in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received support that was tailored to the individual needs and preferences.

Staff knew people well and were quick to recognise and respond

to any changes in their needs.

There was a system in place to capture and respond to complaints and feedback.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was an open and inclusive culture.

The provider had clear vision and values that were person-centred and that ensured people, including staff, were at the heart of the service

The provider undertook a comprehensive range of checks to monitor the quality of service delivery.

# Embrace Quality Care Limited

## **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 checked 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 23 November 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. We also conducted telephone interviews with people who used the service, their relatives and staff on the 24 and 28 November 2016 to obtain their views of the services provided. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

Before the inspection, we asked the provider to complete a 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.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked the local authority and Healthwatch for any information they had, which would aid our inspection.

At the time of our inspection, the service was providing support for 11 people who lived in the Stafford area. We spent time visiting two people in their own home. Together with one relative present, we asked them what they thought about the care they received. We also spoke to one person and their relatives who were using the day centre facilities at Katharine House Hospice. We also spoke over the telephone with a further three people who used the service and two relatives.

We reviewed records about people's care and how the domiciliary care agency was managed. These included care records, medicine administration record (MAR) sheets, staff training, support and employment records, quality assurance audits, minutes from staff meetings and questionnaires that the service had sent to people.

The service employed 19 health care assistants. As part of the inspection, we spoke with the registered manager, the service manager, a care coordinator and 9 health care assistants.

# Is the service safe?

## Our findings

People and relatives told us they felt safe with the staff who visited their home, were trustworthy and honest. One person who used the service said "I feel confident and safe in the staff who come into my home. They are particularly friendly and good." Another person told us, "They make me feel safe and secure as they are lovely people." One relative told us, "My relative is absolutely safe with the staff. I feel secure when they come into my home. I have met all the staff and I can't praise them enough."

We asked staff about their knowledge of safeguarding procedures and what action they would take if they had any concerns. Each member of staff we spoke with was able to confidently describe what action they would take if they suspected any form of potential abuse. Staff told us they had received training and would report concerns directly to the management team or external agencies. This would depend on the seriousness of their concerns. One member of staff told us, "With safeguarding concerns I would approach the service manager first as they have an open door policy. I'm confident they would take the appropriate action." Another member of staff said "If I suspected any abuse I would report to the care coordinator or service manager. I would also consider reporting directly to other agencies if urgent, such as the police."

We found the provider had suitable recruitment procedures in place. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before staff started working for the provider. Staff told us DBS checks were carried out every three years for all support staff to ensure they remained safe to work with and provide care to vulnerable people.

We looked at how the service managed risk. Staff told us risks to people's well-being were constantly being reviewed. Staff showed an in-depth knowledge of each person they supported. One member of staff said "I'm aware of the risks people face in their home. I have one patient who is at high risk of falls. I'm therefore very mindful when moving them and reassure them throughout the process. I also have another patient who is at high risk of choking, so I'm very particular when supporting them feed that the food is of the right consistency."

The service manager told us that the provider operated a 'rapid response service' for people, which enabled staff to respond to any urgent needs of people. For example, staff were able to respond to one person, who lived with incontinence. Each time they had an accident they would ring the provider for assistance, who would dispatch staff to support the person. One person told us, "If I have an urgent issue they will always come and help me out at short notice, they are very good at that." Another person said "I can also call them out for an emergency, which gives me great peace of mind." One member of staff told us that during scheduled calls, they were always available for emergency calls, such as responding to people's personal hygiene needs.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. People told us there were plenty of staff on duty to meet their needs who were rarely late and that they had never experienced a missed call. Staff were described as being punctual and always on time. One person told us, "They are always on time and never late. They will always sit and chat and are



never in a rush. I do really enjoy their visits." Another person said "I think it's excellent. They are courteous, polite, always on time and will do anything for you. They are never in a rush and have time to stay and have a chat."

The service manager told us that, unlike most domiciliary care agencies, staff were employed for the duration of a shift, consisting of a set number of hours. This was divided between morning and afternoon / evening shifts. A handover meeting was undertaken each afternoon, where people's needs and any developments were discussed. When staff were not engaged on a scheduled visit, they were on standby for any additional emergency calls. Staff told us that calls and travelling times were well scheduled, which gave them plenty of time to chat and socialise with people. Some staff told us that if they exceeded the scheduled visit time, this was never any issue. One member staff said "The service manager and team are great. We have plenty of time to do visits and if we go over, it's never a problem. We are allowed to spend quality time with people and build up good relationships with patients and families."

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. People had assessments completed with regard to the levels of support needed. People told us they received their medicines on time when they needed them. Staff told us they had received training on administering medication safely and regular checks were undertaken by managers to ensure staff remained competent to administer medicines safely. Regular audit of medication administrative records (MAR) were undertaken by the provider. The provider also contacted people's GPs on a weekly basis to ensure they were in receipt of people's current medicines, This enabled the provider to cross check the medicines with the quantity and medicines then provided by the pharmacist.

## Is the service effective?

### Our findings

People we spoke with told us that they believed care staff were well trained and competent in their role. One person told us, "They hoist me and they know exactly what they are doing. They seem very well trained." One relative told us, "Staff are knowledgeable and well trained. They will make suggestions and advise if GP appointments are needed for my relatives. I can't fault them." Another relative said "They are very well trained, they are efficient and professional and seem to know exactly what they are doing. They seem to have a lot of training with Embrace."

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. Staff told us they had completed an induction that helped to equip them with the knowledge required to support people in their own homes. This programme was individually tailored to meet their needs based on their previous experience of providing care. Staff with no previous experience of care work were also required to complete and meet the required standards of the Care Certificate, before working independently. The Care Certificate is a nationally recognised award that provides staff with knowledge of the standards of care required of them in their role.

All new staff were also required to work for a period of two weeks in the inpatient unit at Katharine House Hospice, supervised by an experienced health care assistant. Staff were then allocated a mentor who supported them on a period of shadowing, until they were assessed as competent to work on their own in the community.

People told us that they received a letter from the provider with a photograph, each time a new member of staff started working for the service as an introduction. They told us new staff never worked alone initially and were always supervised by a more senior member of care staff.

Staff told us that follow up training was good, which included mandatory training with Katharine House Hospice. Staff told us they believed they were adequately trained to undertake the roles and were able to source additional training. This included nationally recognised training such as the Qualification Credit Framework (QCF) in social care and the safe administration of medicines. One member of staff told us, "I have done distance learning training and just completed a Diploma in health and social care through a local college." Another member of staff who was the Cardiopulmonary Resuscitation (CPR) trainer told us that in addition to induction training, staff received annual refresher training in CPR. The provider had also provided additional training in the form of a catheter care workshops.

Other comments from staff included, "Training is very good and supports me in my role. I can't fault it. I have recently had catheter care. Training is classroom based and I have recently had an all day refresher session, which included safeguarding and infection control. I have also had training in Mental Capacity Act (MCA) and CPR."

Staff told us they received regular supervision, which involved one to one sessions with the service manager. Regular supervision and appraisal enabled managers to assess the development needs of their staff and to

address training and personal needs in a timely manner. During their one to one meetings they were able to reflect on their practice and development needs. Staff told us the service manager had an open door policy and they were readily available and keen to support staff. The felt the provider actively promoted staff development

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. Staff we spoke with were able to describe confidently the principles of the MCA legislation and were able to confirm they had received training.

People we spoke with told us before receiving any care and support, staff always sought their consent. One person told us, "I'm very happy with the service, staff will always ask for permission before doing anything with me. If I need anything, they are always happy to help out." Another person said "They always as a matter of course seek my consent before doing anything and say, can we do this, or do you mind if we do this. They are lovely." One relative told us, "They never assume consent and they always ask my relative first." One member of staff told us, "Consent is extremely important in our role and I always seek consent from patients, before doing anything."

People told us they were supported to access healthcare professionals to meet their specific health needs. One relative told us, "They have advised me to contact SALT (Speech and Language Therapists), who have since altered my relative's diet. They have been really helpful." We found the provider maintained effective relationships with health care professionals such as pharmacists, local GP practices and district nurse teams. The service manager told us all advice given by professionals was incorporated into people's support plans, such as instructions for catheter care and pressure sore management.

We looked at how people were supported to maintain good nutrition and hydration. We found that people's dietary requirements were assessed and appropriate care plans and risk assessment were in place. Some people had meals prepared by care staff. These people told us the meals were prepared well and that they were provided with a choice of food depending on what was available. One member of staff told us, "I have one patient who always declines their food and drink, but I always ensure they are offered choices and then provided with a meal and drink. I make the pick what they want. They will always eat what is then provided for them. This person has actually put on weight. If you simply accepted their instructions they would never eat."

## Is the service caring?

### Our findings

People we spoke with thought care staff were kind, caring, patient and respectful. Everyone that we spoke with described staff as professional, dedicated and willing to do extra. People also told us that staff provided support and reassurance to family members who were living with a person that required support. One person said "They are caring and very good. Some I have a really good laugh with." Another person said "They are happy to help with anything and are very helpful. They also support my wife and spend a lot of time talking to her and reassuring her." One relative told us, "I think they are absolutely excellent, I can't praise them enough. They are pleasant, cheerful and will turn their hand to anything. My relative loves them. They are genuinely caring and kind."

Other comments included, "Triple five star, they are so good. They are part of the family and really look after my relative well." "They are kind and gentle with my relative and always chatting and laughing." "I do get a bit depressed at times, but they are always there to cheer you up when required. I don't know what I would do without them."

People told us care staff respected their or their family member's dignity and privacy. One person told us, "They provide personal and catheter care for me. They are always respectful of my privacy and dignity." Another person said "When they first came I was so embarrassed about personal care, but they have such a way with them. They just know how to make you feel better. They respect my dignity very much." One relative told us, "When washing my relative they always cover up their private parts, they are so respectful." Staff told us they were mindful of people's personal dignity and treated them and their home with respect.

Some people told us the care staff helped to promote their independence. One person said "When I'm washing, they will encourage you to do as much as possible, which I want. I want to be independent, but they know when to help." Staff told us they recognised the need for some people to be as independent as possible, if they were going to continue living at home. One member of staff told us, "With independence, one patient we get up and dressed, I will always give them the face flannel when washing. They will then wash their face. I really do try to get them to do as much as possible." Another member of staff said "If people are capable of doing things, we don't want them to lose their independence so always encourage them to do as much as they can."

People told us they were given the opportunity to make choices in respect of the care they received and were actively involved in determining the level of care they required. One relative told us how they met with staff at hospital and discussed in detail what they needed. They were not crowded with paperwork, but were listened to and fully consulted about their relative's specific needs. One person said "They are very good at suggesting how to improve things and do things better. I really do feel involved in everything they do for me." One relative told us, "I'm fully consulted and involved in the care my relative receives." Another relative told us, "They are very professional and do listen to any concerns we have."

Staff told us how they regularly updated family members about developments and concerns. They were fully aware of the need for people to be actively involved in the care and choices they received. One member of

staff said "I will always talk about what people want. I'm aware of people's personal preferences and will always give people a choice at meal times and dressing for example." Another member of staff told us, "With patients we always offer choices and tell them what is available and even give them options, such as the level of care they receive or choices in respect of eating and dressing."

## Is the service responsive?

### Our findings

People told us they were impressed by the responsiveness of the provider to any concerns or issues they had. One person said "When I call the office for anything, I will always get a good response. They are always flexible and pleasant." One relative told us, "They are very responsive to my relative's needs, can't praise them enough and can't believe how good they are. They have also supported me and cheered me up. I get a good response each time I contact the office. Overall, I'm exceptionally happy and think they are wonderful and I speak from experience." Another relative said "They are always kind and supportive to me and the office will even ring me to make sure I'm ok."

People had their needs assessed by the provider before receiving any support. This involved meeting with people in their homes or hospital and liaising with other professionals involved in their care. This enable the provider to be fully aware of people needs and the skills required to support them. One person told us that their needs had been assessed when they were in hospital and thought the resulting care was "absolutely fantastic."

People told us their care and support was planned in full consultation with them. Each person had support plans in place, which provided guidance for staff about how best to meet each person's needs. Support plans included information on people's medication, personal care needs, dietary and mobility requirements. Support plans were located at each person's home with duplicates held at the office. Initial assessments were undertaken to identify people's support needs and support plans were developed to meet each person's specific needs. These were reviewed and updated every 12 weeks or when changes were required.

Care staff were knowledgeable about the people they supported. During our inspection, we observed a 'handover meeting' involving seven member of staff from both morning and the oncoming afternoon shift. Also present was the service manager, care coordinator and two members of staff from the Hospice Community Team. People's individual needs were discussed during which staff were able to make suggestions and ideas about how the service could be improved for the person. One matter discussed related to the challenging behaviour one person was displaying.

Staff told us they were encouraged to speak they mind and highlight any concerns they had relating to any person who used the service. One member of staff said "Daily handovers are a way of ensuring we are up to date to the minute quite often, with people's needs and any relevant changes." Another member of staff told us, "We are informed on a daily basis if there are any changes to people's risk assessments, such as mobility and hazards around the home. We are made aware through the handover on a daily basis." A third member of staff said "When we have a handover, any comments or concerns are discussed and recorded, with care records amended to reflect changes if required."

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. People told us they knew who to contact if they had any concerns or complaints. The service had a complaints policy and procedure in place. This provided information about how people could inform

staff if they were unhappy about any aspects of the service they received.

People told us they received annual surveys, which enabled them to raise any concerns or suggest ways of improving the service. One person told us, "I have completed a questionnaire and they do listen to me." Another person said "Yes we have been given questionnaires in the past and I know how to make a formal complaint. I have never had the slightest of concern though." The service manager told us that in addition to annual surveys, a further survey was sent to people after two weeks with the service. This enabled the provider to address in a timely manner any initial concerns with the agreed care package.

## Is the service well-led?

### Our findings

The registered manager of the service was also registered with the Care Quality Commission (CQC) as the registered manager at Katharine House Hospice. Therefore, the everyday running of Embrace Quality Care was delegated to the service manager, who was present through our inspection visit.

The service had clear visions and values that were person-centred and that ensured people, including staff were at the heart of the service. We asked people what they thought of how the service was led and managed. People, without exception, told us the service was well managed and run. One person told us, "I would certainly recommend them, I have no issues or concerns. I feel the service is well run, the manager is excellent and easy to talk to." Another person said "I can't praise them enough, they are organised with professional staff that are clearly well managed." A third person described staff as working well together as a team, who knew their routine, good fun and were clearly well managed. One relative told us "Really satisfied, no problems as they are very professional."

There was an open and inclusive culture in the service where people and staff were actively consulted and involved in how services were delivered. Staff we spoke with told us they felt well-led and valued. The service was open and transparent, where they were encouraged to speak their mind. One member of staff said "I really feel you can speak your mind as things are open with a good culture. The manager does listen. It is a really great place to work and the staff are a great team." Another member of staff told us, "It is very well run and adaptable if complications arise. It is very good at adjusting calls so that other are not affected. There is always time to support people, who are really at the centre of what we do."

Other comments from staff included, "I do feel supported and valued here. The door (service manager) is always open. We get on well as a team. We have team meetings and daily handovers, it's all up front and open." "Embrace is by far the best agency I have worked for. You feel supported and valued and everything is well managed and organised. I really do feel you can be open and honest and speak your mind. The manager is always prepared to listen."

There was a clear management structure in place and staff were aware of their roles and responsibilities. The service manager led by example and recognised the different skills and abilities each staff member brought to the team. The service manager worked closely in liaison with Katharine House Hospice, which is a registered charity. This included working closely with hospice staff including the 'At Home Team'. This team provided a short term, rapid response service to complex palliative care patients in the community. Embrace Quality Care also shared human resources and training facilities with the hospice.

We found that the provider undertook regular reviews of care plans and risk assessments. We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included unannounced 'spots checks' and 'observations' of staff. A range of checks were undertaken, which included dignity in care, medications, hand hygiene and governance report. The service also provided a quarterly newsletter, which provide advice and guidance on issues such as hand hygiene, heat wave weather, winter health and fire safety for people.



We looked at minutes from staff and management meetings. This provided staff with the opportunity to discuss concerns or talk about areas, which could be improved within the service. We saw that topics of discussion included issues such as training and education, drug errors and conduct on duty.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.