

Embrace Quality Care Limited

Embrace Quality Care Limited

Inspection report

c/o Katharine House Hospice
Weston Road
Stafford
Staffordshire
ST16 3SB

Tel: 01785254645

Website: www.embracequalitycare.co.uk

Date of inspection visit:

21 June 2019

24 June 2019

Date of publication:

11 July 2019

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

About the service

Embrace Quality Care is a domiciliary care service providing personal care to 16 people in their own homes at the time of the inspection. The service is a private limited company, wholly owned by Katharine House Hospice, Stafford, which is a registered charity.

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

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. There were enough staff available to provide consistent care and to meet people's needs.

Medicines were managed safely, and people were protected from the risk of infection.

Effective care planning and risk management was in place which guided staff to provide support that met people's needs and in line with their preferences. People were supported with their nutritional needs and advice was sought from healthcare professionals which was followed to ensure people's wellbeing was maintained.

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 caring and compassionate staff who promoted choices in a way that people understood. This meant people had control and choice over their lives. Staff provided dignified care and respected people's privacy.

People and relatives were involved in the planning and review of their care. Staff used care plans to ensure they provided support in line with people's wishes. This ensured people received personalised care in line with their preferences and diverse needs.

Systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service, where complaints were acted on and improvements made. People and staff could approach the management team who acted on concerns raised to make improvements to the way care was delivered.

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

Rating at last inspection

The last rating for this service was Good (report published 22 December 2016)

Why we inspected

This was a planned inspection based on the previous rating. The service continued to be rated Good in all domains.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Embrace Quality Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 well led.

Details are in our well led findings below.

Good ●

Embrace Quality Care Limited

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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. 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 community service manager, who was present throughout our inspection visit.

Notice of inspection

We gave the service 48 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 21 June 2019 and ended on 24 June 2019. We visited the office location on 21 June 2019. The Expert by Experience conducted telephone interviews with people and their relatives on the 21 June 2019 to gain their experiences of the care provided.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider had sent to us as required by law. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with four members of care staff, the registered manager, community services manager and the Chief Executive.

We reviewed a range of records. This included three people's care and medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the monitoring and management of the service.

After the inspection

We received further information from the registered manager to help inform our judgements. This included updated recording forms following feedback we had provided.

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 Good. At this inspection this key question has continued to be rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines and creams. Although people told us staff supported them with their creams, the application of creams had not been consistently recorded by staff. The registered manager acted on the feedback immediately to rectify the issue.
- People told us staff supported them with their medicines and topical creams. One person said, "The staff help me to use my creams so that my skin isn't dry."
- Staff told us they were trained in the administration of medicines, which we saw documented in the training records. Competency assessments were carried out to ensure the medicine training received was being used in practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I know all the staff that come to help me, so I am very comfortable with them in my home." Another person said, "I am very safe when the carers come to help me wash and dress. I have regular carers, so we have built up a rapport. We all feel comfortable with each other."
- Staff understood how to safeguard people from harm and their responsibilities to recognise and report suspected abuse.
- Systems and processes were in place to ensure people were safeguarded from harm. These were followed in practice by staff and the registered manager.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us staff supported them safely. One person said, "I feel very safe with my carers and they use a hoist to get me out of bed into my electric chair. I am not frightened or uncomfortable."
- Staff displayed detailed knowledge of people's risks and how they needed to support them to remain safe.
- There were detailed risk management plans and care plans, which ensured staff had up to date guidance to follow to support people safely.
- The registered manager had a system in place to learn when things went wrong. For example; incidents were analysed by the registered manager to ensure appropriate action had been taken to lower the risk of further occurrences. These were discussed with staff to ensure improvements were made to people's care.

Staffing and recruitment

- People told us there were enough staff to support them. One person said, "They[staff] are always on time and if they are running a bit late they will ring and let us know." Another person said, "The staff are very good, on time and always stay for their allotted time and sometimes longer if I need more help."

- Staff told us they were given enough time to support people in an unrushed way. One staff member said, "I have time to provide care to people and never feel rushed. If someone needs a bit more time I make sure the next person is contacted so they know if I am running late."
- There was a system in place to ensure people continued to receive a service when staffing levels had changed.
- The provider had safe recruitment practices in place, which ensured people were supported by suitable staff.

Preventing and controlling infection

- People told us staff used aprons and gloves when they provided support. One person said, "They [staff] also use gloves and aprons when they support me."
- Staff explained how they followed infection control guidance and ensured personal protective equipment (PPE) was used when they supported people such as; gloves and aprons. This meant people were protected from the spread of infection.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has continued to be 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 told us they had been involved in the assessment of their needs prior to using the service. One person said, "I was fully involved at the start of my care package and continue to be involved."
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff support: induction, training, skills and experience

- People and relatives felt that staff were trained to carry out their role. One person said, "They [staff] are well trained, as new carers will shadow my regular carers. After a few visits they will be allowed to help me, but the other carers observe to make sure they follow the care plan and listen to how I like things done."
- Staff told us they had an induction before they started to provide care and regularly received training to carry out their role. One staff member said, "The induction and training is really good. It is the best I have experienced. We complete mandatory training and also training in specialist areas such as stoma care, catheter care and training to enable us to use suction equipment safely."
- Competency checks, and observations were carried out to ensure staff understood the training received and people were supported effectively.
- Staff felt supported in their role and received supervisions to ensure any issues or areas of development were discussed.

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

- Relatives told us staff supported people to eat and drink sufficient amounts in line with their nutritional needs. One relative said, "I observe the carers giving my relative thickened drinks and pureed food, they [staff] do this very slowly as my relative now finds it difficult to swallow".
- Staff explained how they supported people to manage their nutritional risks and there were detailed plans for staff to follow, which confirmed what staff had told us.

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

- People were supported to access healthcare professionals to ensure their health and wellbeing was maintained.
- One person said, "The staff know how to communicate with the district nurses and they will contact them if I have a problem with my catheter. They [staff] know when to contact the nurse."

- Records confirmed that staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.
- There was a detailed handover system in place, which ensured staff provided consistent support that met people's changing needs. One staff member said, "The handover is really thorough, we have it every day. The co-ordinator spends more time with us on an individual basis if we have been on annual leave so we understand any changes in people's needs."

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

- People told us staff gained their consent before they provided support. One person said, "I am very involved in every decision about my care. When I first had the care from this company they took a full history, so they could make sure all my needs were met."
- Staff and the registered manager understood their responsibilities to ensure people were supported in their best interests and in line with the MCA.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has continued to be 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 told us the staff showed care and compassion when they supported them. One person said, "I am very happy with my carers. I have some depression and they are so kind and caring they cheer me up." Another person said, "I am really happy with the care I have I am very lucky to have them. I would highly recommend the service and have done so."
- Relatives told us staff showed the greatest care and respect for their relatives, which was important for them. One relative said, "When I listen to the care staff and the way they interact with my relative and all the tender care they provide to her it brings tears to my eyes. They are wonderful caring and loving people."
- Through observations of this in the handover session staff displayed genuine compassion about people and made suggestions as to how they could make people more comfortable when they received support.
- Staff understood the importance of respecting people's diverse needs when they provided support and the care plans reflected what staff had told us.

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

- People told us staff asked them what they needed before they provided support. One person said, "The staff ask me what I want, and they listen to me, helping me with the things I can't manage myself."
- People were encouraged to make decisions about their care and staff provided support to ensure people were given information in a format that promoted their decision making.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff who promoted their privacy and dignity. One person said, "They [staff] know my routine well and treat me with great respect. I get embarrassed sometimes during personal care, but they make me feel so comfortable by the way they speak to me and say, 'we are here to help'."
- Staff explained the importance of supporting people in a way that met their needs and encouraged their independence. For example; staff ensured people asked what they felt they could do for themselves before they provided support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has continued to be 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 were involved in the planning of their care which ensured their preferences were met. One person said, "I was involved with my care plan and its very comprehensive and the carers write comprehensive notes for handover to others."
- People told us they had regular staff who they knew well and provided support in line with their preferences. One person said, "Having regular carers makes me feel secure and very happy as we have a good rapport". Another person said, "I have a care plan and they follow it and they come and call on me at times agreed."
- People were involved in the review of their care on a regular basis, which meant people's needs were discussed and changes implemented when required.
- Staff knew people well and understood people's preferences and supported people to be involved in interests that were important to them. For example; one person enjoyed singing and a staff member made a folder of the person's favourite songs. This was then used to help staff connect with the person and prompt memories of their past.

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.

- The registered manager ensured staff had guidance to follow to enable them to communicate with people effectively. For example; one person had difficulties communicating verbally and used a picture board and body language to communicate their wishes. Staff had a good understanding of how to promote this person's way of communicating.
- The registered manager ensured people's ability to communicate effectively was monitored and care was tailored to meet people's individual needs. For example; one person had hearing difficulties, which meant they didn't always hear the care staff arrive. It was agreed with the person that staff would ring them when they arrived. Another person's communication had deteriorated to a slower pace, their visit was extended to ensure the person was given enough time to communicate with staff.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place that was accessible to people. People told us they knew the procedure in place to complain if needed. One person said, "I know how to contact the manager if I need to, but I have never had to complain, only praise."

- Complaints received at the service were investigated and responded to in line with the provider's policy.

End of life care and support

- Staff were caring and sensitive to people who were at the end of life stages. One relative said, "The carers are very tender and gentle with my relative and they gently massage my relative's hands after personal care, they monitor all the time to keep them comfortable."
- The registered manager ensured people received appropriate healthcare to meet their end of life needs. One relative said, "Because of my relative's end of life care plan, the care staff know how to liaise with other professionals, such as MacMillan nurses Marie Curie and my relative's admiral nurse. Staff and professionals work together as a team to make my relative as comfortable as possible during this final stage."
- People's end of life wishes were gained and recorded to ensure they were supported in the way that was important to them.

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 Good. At this inspection this key question has continued to be rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found that some improvements were needed to the recording of repositioning for people who were at risk of pressure damage. We found staff had not always recorded people's change of position and there was not a specific monitoring system in place, therefore these recording errors had not been identified.
- The registered manager acted on our feedback and forwarded details of the systems they had put in place immediately after the inspection. Staff we spoke after the inspection were aware of the new template to record people's repositioning.
- The registered manager had systems in place to monitor the service and mitigate risks to people. Audits that had been carried out contained details of the actions taken to ensure improvements were made and lessons were learnt.
- The registered manager understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service and their rating was on display.
- There was a clear governance structure at the service. The provider had systems in place to ensure the service was working in line with regulations and the registered manager was undertaking their responsibilities as required.

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

- Without exception people and relatives spoke positively about the management and running of the service.
- People and relatives said, "The company is well run. They [registered manager] choose staff well who have a lovely attitude and are very caring", "I would highly recommend this service, for the tender loving care they provide", and "I have no problems if I have contacted the office as sometimes we may need some flexibility and they are very good to accommodate my wishes, I would highly recommend."
- Staff felt supported by the community services manager and registered manager. They told us they were valued in their role and followed the examples of good care displayed by the management team.
- The ethos of the service was to provide person centred care to people in a caring, dignified and respectful way. Staff understood these values and followed them in practice. One staff member said, "The most important thing is to put the person first and provide inclusive care."

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

- The registered manager understood their legal responsibilities in relation to duty of candour. They were

open and responsive to feedback and were committed to continually improve the service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt involved in the service. Feedback was gained through numerous sources such as telephone calls, home visits and surveys. People told us they felt listened to and improvements were made from the feedback provided.
- Staff were encouraged to provide feedback to improve the service during handovers, staff meetings and supervisions. Staff told us the management were always available and listened to their suggestions.

Continuous learning and improving care

- Staff told us the registered manager encouraged them to develop their skills and knowledge to assist them to support people effectively. One staff member said, "The registered manager encourages me to develop my skills and be the best that I can be. They are very passionate about providing a good standard of care."
- The registered manager ensured they provided care in line with national guidelines through newsletters and regular updates. They were continually seeking ways to improve the service people received.

Working in partnership with others

- We found the provider had developed excellent working relationships with a range of external organisations and professionals. This included health and social care professionals, health professionals.
- The provider was also registered for hospice services and there were clear methods of transition for people into these services if they needed more intensive support.