

Empathy Care24 Limited

Empathy Care24 Northampton

Inspection report

Royal Pavilion
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Date of inspection visit:
11 November 2021
15 November 2021

Date of publication:
11 February 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Empathy Care24 Northampton is a domiciliary care service providing personal care to people living in their own homes. 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. At the time of the inspection there were 68 people receiving personal care support.

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

People were at risk of not receiving their medicines as prescribed as they were not consistently receiving their calls at the planned times. There was also an increased risk of falls while people waited for staff to arrive. Staff scheduling needed better management to prevent impact on people.

The registered manager did not fully understand some of the regulatory requirements. Systems and processes were not consistently in place to ensure effective oversight of the safety and quality of the service. Business continuity plans did not contain enough guidance to manage a crisis effectively. Feedback was not collated effectively to see an overall picture of the service and help improvement.

There had been a small number of staff deployed without completing a weekly test for COVID-19. This was due to an error in the registered managers system which will be better monitored going forward.

Risk assessment and detailed person-centred care plans were in place with people and their family's involvement. However, people felt staff did not always read them. Accidents and incidents were recorded and reported but improvements were required to the managerial oversight in this area.

Staff did not consistently receive a supervision in line with the providers policy and procedure. However, staff felt well supported and were able to share ideas. Specialist training required improvement to ensure all peoples needs could be met. Staff had received mandatory training and an induction and had regular training updates.

There were appropriate systems in place to protect people from the risk of abuse, staff were trained and understood how and where to report concerns. Staff recruitment procedures did not include requesting a full work history from leaving school but references and Disclosure and Barring Service (DBS) checks were in place.

People's needs and risks were assessed and recorded prior to them receiving the service. Consent records had not always been signed by the person receiving the care.

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.

We recommend that where people have the capacity to consent, their consent and agreement is clearly recorded.

People were supported with meal preparation where required and care plans reflected people's nutritional needs.

People and their relatives felt staff were kind, caring and treated them with dignity and respect, and independence was encouraged.

End of life information was in place where required.

People's communication needs were considered and planned into care. Information could be provided in alternative formats where required.

There was a system in place for complaints and they were managed in line with the providers complaints policy.

People and staff spoke positively about the service culture and there was evidence of good outcomes for people. Some people reported some staff to be more engaging than others.

The registered manager apologised and gave explanations to people and their families when something went wrong. There was evidence of partnership working with other professionals to drive improvement.

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

Rating at last inspection - This service was registered with us on 3 March 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff timekeeping and manual handling concerns. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe effective and well-led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to 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 the safety and managerial oversight of the service at this inspection.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Empathy Care24 Northampton

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

This inspection was carried out by two inspectors 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and clinical commissioning group. 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 five people who used the service and ten relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and three care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and meeting notes.

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 for this newly registered service. 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.

Staffing and recruitment; Using medicines safely

- Not all people received their care at the agreed times. Records showed that staff were not always arriving at agreed times or staying for the agreed amount of time. One relative told us care staff were rushing to get in and out.
- People gave mixed feedback of staff timekeeping. One person told us, "We have an hour a day but sometimes the carers only stay for 10 minutes." Another person said, "They always stay for the time they are supposed to." Other people's comments included, "They [staff] are supposed to arrive at 10am but sometimes don't come till 11:30am," and "They are pretty good and usually on time."
- The variance in call times meant people may not receive their medicines at the correct time. For example, one person was prescribed medicines that needed to be given four hours apart. Records showed the time they received their care meant these medicines were given significantly earlier than the prescribed recommendation. This meant there was a risk of harm to the person from receiving medicines too close together. A safeguarding investigation was underway at the time of the inspection.
- Where one person had a missed call for the planned time of 08:25am they were found later that day to have fallen on the floor and had been on the floor for a number of hours. A safeguarding investigation found the system in place to identify late and missed calls was ineffective.

People were at risk of not receiving their calls at the planned times. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to be as independent as possible with their medicines. Where people required staff support guidance was available and an electronic system was in place for recording when people had been given their medicines.
- Staff recruitment procedures did not include requesting a full work history from leaving school. However, references and disclosure and barring checks (DBS) were completed for all staff prior to them working alone with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- The registered manager had a system in place for weekly COVID-19 staff testing in line with government guidance. We found a small number of staff had not attended testing but had continued to work. This meant people had been exposed to increased risk of infection. However, we found no evidence that people had been harmed and tests taken by the staff members the following week were negative. This had been an

oversight on the part on the management team, following the inspection we discussed this with the manager who agreed better monitoring of the system going forward.

- Staff had access to personal protective equipment (PPE) as and when needed. The provider ensured adequate stock was in place.
- Staff had received training in infection control and were able to explain how to protect people by the appropriate use of PPE and good infection control practices. People told us staff wore their PPE. One person said, "The carers always wear their gloves, masks and aprons."

Assessing risk, safety monitoring and management

- Individualised risk assessments and associated care plans were in place where required and there was clear guidance for staff to mitigate the risk. Care records were completed with good detail by staff to evidence care was delivered as planned.
- Some relatives were not reassured that care staff read the detailed information provided. One relative told us "Some of the carers don't read the care plan so they do not know the routine and what is involved." The relative told us that not all care staff understood the risks and had to be instructed. Another relative said that they were concerned staff had not read updates on equipment to be used and required further instruction.

Learning lessons when things go wrong

- Staff had reported and recorded details of accidents and incidents appropriately via an electronic system which alerted the registered manager. The records had not always been reviewed for any remedial actions required or lessons learned. However, a relative talked to us about a near miss accident for their relative and advised that the staff practice had been reviewed and changed to prevent any repeat accident.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems in place to protect people from the risk of abuse. Staff had completed safeguarding training and understood the signs of abuse and how to report it. Staff had access to the providers safeguarding and whistleblowing procedure via an electronic system which provided guidance on the signs of abuse and how to report it.
- People told us they felt safe with staff. One person told us, "I feel safe with [care worker]". A relative said, "I can see [relative] is safe and comfortable (around staff)."

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 for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records showed inconsistency in the frequency of staff supervision. However, Staff felt supported by the management and office team and told us that supervisions were used to discuss performance, career progression, training and share ideas.
- Staff had received an induction and training prior to working in the service and regular updates. Specialist training for people's individualised needs such as, people with Parkinson's, catheter/convene care needs or percutaneous endoscopic gastrostomy (PEG) feeds was inconsistent. We identified one person who's needs could not fully be met due to staff not having the right skills and experience and family had continued to support where required.

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.

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

- The registered manager told us there was no one who did not have capacity to make decisions required about their care at the time of the inspection. Records showed that some people had been supported by family members during care planning discussions and updates. Some family members had signed on behalf of their relative on some records. We discussed this with the registered manager who advised this had been requested by the people that their families sign on their behalf. We discussed this practice with the registered manager who agreed to ensure consent was recorded clearly going forward.

We recommend that where people have the capacity to consent, their consent and agreement is clearly recorded.

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

- People were supported to access healthcare services as and when required, such as GP's, district nurses and pharmacist.
- Records contained clear information for staff to handover to support transition into other services such as emergency healthcare. Staff understood where to access the information and what information would be required such as, medical history and current medication.

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

- People were supported with food and drink where required. Care plans reflected people's likes, dislikes, preferences and allergies. One relative told us, "The carers will make [relative] food and drinks and they are always given a choice." A person told us that staff completed the food shopping for them to ensure they had enough to eat and drink.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough assessment of need was completed with people and their family's involvement prior to people's care packages commencing.
- Risk calculation tools were completed to support risk mitigation and care planning for staff guidance on how to support people safely.

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 for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in care planning and deciding how their care and support would be delivered. However, the provider had not ensured that people consistently received their care at the planned times and the full agreed call duration. This had impacted on some people's safety and exposed others to an increased risk of harm.
- People felt well treated and supported by the care staff. One person told us, "I am treated very well by all the carers." Another person said, "They [staff] are very kind to me and do anything I ask of them."
- The provider was supporting a diverse range of people whose needs were well recorded including their religion and culture. Staff had received training in equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- Care plans guided staff to support people to be as independent as possible and reflected what people could and could not do for themselves. One relative told us, "They [staff] will sort [persons] clothes and [person] says what they want to wear and they [staff] will help with getting dressed."
- People's privacy and dignity was respected. One relative told us, "Personal care is provided well with dignity and respect and [person] is well groomed."

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 for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were well written in a way that reflected the persons voice and preferences. However, some people and relatives did not always feel that staff understood people's needs as they believed they had not always read the details in the care plans. One person had been exposed to an increased risk of harm as staff had not followed the information in the care plan.
- People's preferred call times were not always met, with staff not consistently arriving on time or staying for the full call duration.
- There was evidence of people's involvement in initial care planning and follow up reviews. One person told us "They do everything I ask them to do so I am happy." A relative told us "We have a well-structured care plan that we put together so the care agency is well aware of the requirements on a daily basis."

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.

- People's communication needs were assessed and planned into care. For example, where people needed extra time to process information or things explaining to them in a certain way this was recorded for staff guidance.
- Information could be made available in various formats as required such as large print or easy read.

Improving care quality in response to complaints or concerns

- People had a copy of the complaint's procedure. Where complaints had been made, they were actioned in line with the providers policy.
- The registered manager kept an oversight document of complaints to ensure they were managed promptly. However, a brief overview of each complaint was not included to monitor for trends and patterns and support improving the quality of the service. We fed this back to the registered manager who agreed to review the practice to improve monitoring following the inspection.

End of life care and support

- Some people had chosen to discuss their end of life wishes and share information which was recorded in their care plan. For other people their family would manage this as and when needed and emergency contact details were provided for staff.
- Staff had the information needed regarding people's wishes in the case of a sudden emergency. This

information was readily available to share with emergency healthcare staff if required.

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 for this newly registered service. 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

- The registered manager had not fully understood the regulatory requirements. For example, there had been three significant events which the Care Quality Commission (CQC) had not been notified of. The registered manager sent the relevant statutory notifications to CQC retrospectively.
- The scheduling of staff rotas needed to be better managed to ensure that staff timekeeping did not continue to impact on some people's care. A high number of calls were found to be either outside of the agreed visit time or short of the agreed visit length. Staff travel time between calls was very limited and set at five minutes for all calls. This did not account for busier times of the day for traffic or allow time for staff to read people's care records.
- The provider and registered manager did not consistently maintain effective oversight of the safety and quality of the service. For example, audits were not in place to maintain oversight of accidents and incidents, staff timekeeping, staff supervision or spot checks. Staff files were found to be missing full work history as per the regulatory requirement.
- Business continuity plans did not provide enough information to manage a crisis and contained outdated government guidance. There were no issue and review dates to ensure regular updates as and when required.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Some people told us that they had found communication difficulties with some staff which meant people could not always engage with staff. One person told us, "Communication with the office is not always good and they don't always reply to their emails and I find it annoying that some of the office staff don't understand me." Another relative said, "They [staff] do the job well and were very interactive with [person] but that aspect has declined, this has not interfered with [persons] overall care." Other people found staff engaging and good company.
- Staff were asked to give feedback on the service and had attended staff meetings, they told us they felt comfortable making suggestions to the registered manager.

- The feedback from staff via surveys had not been collated to provide useful information to improve quality.

Continuous learning and improving care; Working in partnership with others

- The registered manager was working in partnership with the local authority to improve the quality of the service. An effective auditing system would need to be introduced and action plans developed to ensure the service continued to improve.
- The registered manager was open and transparent throughout the inspection and open to suggestions of improvement.
- There was evidence of partnership working with people, their relatives and other health care professionals to achieve good outcomes for people.

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

- Care planning promoted person-centred care and gave good guidance to staff on individualised needs preferences and choices. People spoke positively of the service culture with one relative commenting, "Since having the care from Empathy [relatives] mood is much improved and they are more buoyant."

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 provider had a good understanding of the duty of candour and had apologised and given explanations to people when things had gone wrong.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not consistently ensured care and treatment was provided in a safe way for service users.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not consistently ensured systems or processes were established and operated effectively to ensure compliance with the requirements.</p>