

Empathy Pvt Limited

# Empathy Nursing and Social Care

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 16 and 17 February 2015 and was unannounced.

Empathy Nursing and Social Care provides personal care services to people in their own homes across Leicestershire. At the time of our inspection the service was supporting 32 older people some of whom were living with dementia.

The service has a registered manager. 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, and associated Regulations, about how the service is run.

At our last inspection on 24 April 2014 we identified some concerns with the care provided to people who used the service. People were not fully protected from unsafe care and support because risk assessments had not been undertaken for some people who had health conditions. Improvements were needed in relation to how the

# Summary of findings

provider monitored the quality of the service and the training and support provided to staff. We asked the provider to send us an action plan outlining how they would make improvements.

At this inspection we found improvements had been made in relation to how the quality of the service was monitored, however further improvements were needed to ensure that people received safe care and that staff received the training and support they needed to undertake their job roles.

People were not fully protected from unsafe care and support because risk assessments had not always been undertaken for people who had health conditions and care plans did not always provide staff with the information they needed in order to deliver people's care safely.

The provider supported staff by an induction and some on-going training. However, training was not comprehensive to enable staff to be fully equipped to deal with all the needs that people had. Staff told us that whilst they felt supported by the management team, opportunities for one to one discussions with their line managers and opportunities to share their views about the service were limited.

Recruitment checks had not always been carried safely to reduce the risk of unsuitable staff from being employed at the service.

Arrangements were in place so that there were enough staff available to support people at the agreed times in order to meet their care and support needs. However, some people told us that their care calls were late and some staff members told us that they had to work long hours to cover these calls.

People told us that staff supported them to take their medicines as needed. However, medication records did not always show that people had received their medicines.

People told us that they felt safe with the staff who supported them. Staff had received training on how to protect people who used the service from abuse or harm.

They demonstrated they were aware of their role and responsibilities in keeping people as safe as possible. However we found that there was one incident of a safeguarding nature that had not been reported to the relevant authorities for investigation. The provider had not notified us of this incident.

People who used the service and relatives told us they found staff to be caring, compassionate and respectful. They thought their rights to dignity, choice and independence were protected by staff. People told us that they were involved in decisions about their care. People told us that their consent was sought before care was provided to them. However, people's capacity to make their own decisions was not always fully assessed because staff had limited knowledge in this area.

Staff told us that, overall, the management team were supportive and approachable should they have any concerns they wished to raise. The management team had identified that further improvements in relation to the monitoring of the service provided were needed and actions were in place to address most of these issues. Arrangements were in place to provide people with opportunities to put forward their suggestions about the service they received however these required further development.

People told us that they knew how to make a complaint, however they had not been provided with a copy of the complaints procedure. People told us that they were not always advised of the outcome of concerns raised and that this meant that they did not always know if actions were being taken to address issues raised. People also told us that on occasions, communications with the provider's office staff was poor.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 . You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 consistently safe.

Assessments and planning of the risks associated with people's care required improvement to ensure that staff knew how to provide safe care and support.

Recruitment procedures designed to keep people safe were in place though not always followed.

Most people told us that they had received care at the agreed times. However, some people told us that their calls had been late.

People told us that staff supported them to take their medicines as needed. However medication records did not always reflect this.

People told us they felt safe with staff from the agency. However, staff were not aware of how to report concerns to relevant agencies if the service had not acted properly to protect people.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

The provision of training needed improvement to ensure staff were provided with up to date skills and knowledge to make people's needs.

People told us that their consent was sought before care was provided to them. However, people's capacity to make their own decisions was not always fully assessed.

People told us that staff supported them to prepare meals and that they had a choice of food.

Staff monitored people's health to ensure any changing health needs were met.

**Requires Improvement**



### Is the service caring?

The service was caring.

People and their relatives told us that staff were kind, caring, treated them with dignity and respected their choices.

Most people had been involved in making decisions about their care. Staff showed consideration for peoples' individual needs and provided care and support in a way that respected their individual wishes and preferences.

**Good**



### Is the service responsive?

The service was not consistently responsive.

**Requires Improvement**



# Summary of findings

Staff were knowledgeable about the people they supported and most people received person-centred care.

People told us that they were aware of how to raise concerns but they were not always informed of the outcome.

## Is the service well-led?

The service was not consistently well led.

Improvements had been made in relation to how the quality of the service was monitored. The management team had identified that further improvements were needed and plans were in place for this.

People told us that the provider's office team did not always listen or act on concerns they raised.

Staff told us that the management team were supportive and that they had a shared vision and values. However they told us that on occasions they had not felt supported as they had to work long hours.

**Requires Improvement**



# Empathy Nursing and Social Care

## 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 16 and 17 February 2015. The first day was unannounced and we made arrangements with the provider to return on the second day. The inspection was carried out by one inspector.

Before our inspection, we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the

registered provider must inform us about. We contacted the local authority contract monitoring team, responsible for funding people's care at the service and asked them for their views about the service.

We made telephone calls and spoke with 8 people who used the service and relatives of two other people that used the service. We also spoke with the registered manager, the deputy manager, care coordinator and four care staff.

We reviewed records held at the agency office. These included six people's care records, staff records and other records which related to the management of the service such as quality assurance and policies and procedures.

We also reviewed information we received since the last inspection including information we had received from the safeguarding team from the local authority.

# Is the service safe?

## Our findings

At our last inspection on 24 April 2014 risk assessments had not been undertaken for some people in relation to their health and care and support needs. This meant that there was a risk that people had not always received care and support that met their needs.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that some improvements had been made. Risks related to some people's health, care and support needs and environmental risks were identified and managed safely. However, for other people who used the service, assessments of risks associated with issues such as diabetes, choking, behaviour that may challenge and continence had not always been undertaken. As a result of this specific guidelines for staff to follow in order to meet people's individual care and support needs in a safe way were not always available. In addition people's care records did not always demonstrate that care had been delivered according to their assessed needs.

For example, for one person with diabetes we found that their care plan did not include information for staff about which foods were suitable for them to have, in order to maintain their health. Another person's care plan identified that they required a thickening solution in their drinks in order to reduce the risk of choking. However the daily records related to the person did not always indicate that the thickener was being given.

Another person's care plan identified that they may exhibit behaviours that challenged. There was no risk assessment in place to assist staff on how to effectively deal with these situations, which meant a potential risk of injury to the person and staff.

We discussed these issues with the registered manager who acknowledged that this had been identified as an area that needed improvement and actions would be taken to address this.

This was a continued breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff recruitment and found the provider had not taken all reasonable measures they could, to recruit suitable staff to the service. We looked at staff recruitment records and found that the appropriate pre recruitment checks had only been undertaken on two out of five care workers before they had recently commenced employment. This meant that there was a risk that they would not be suitable to work with people who used the service.

We found that risk assessments had not been undertaken in the event that information was received which had identified that individuals may not be suitable to work with people who used the service. We saw from records that the registered manager had raised the issue at a staff meeting and stated that office staff needed to be more vigilant in monitoring applications. Recruitment procedures were not followed to minimise the risks of recruiting staff who were not suitable to support people in their own homes.

This was a breach of Regulation 21 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they attended an interview to assess their suitability to work at the service with references taken up. The staffing records we looked at and the staff we spoke with showed that most staff had previous experience of working in health and social care settings, which provided an indication that they had relevant skills to provide care to people.

People and relatives we spoke with told us they felt safe with staff that provided care. One person said "Yes, I feel perfectly safe with all the staff."

Care workers we spoke with understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this. Staff had received training in safeguarding adults and a safeguarding policy was available. Staff spoken with told us that they would report any concerns to the provider's office. However, a staff member told us that they had reported an incident to the office but had not been informed that action had been taken as a result of this. They told us that they were not aware of the provider's whistleblowing procedure so they did not report this to relevant outside agencies. Our records

## Is the service safe?

showed that the provider had not notified us of this incident. We discussed this with the registered manager who stated that this information had not been reported to them and assured us that they would investigate this matter.

Whilst most people told us that care was provided at the agreed times, three people said that their calls had often been late. Two care workers told us they regularly worked long days of up to 16 hours, including travelling time, and there was sometimes not the time to go home to have a break. The area manager told us she would look into these specific issues however assured us that on-going staff recruitment continually took place and experienced office staff covered any staff shortages, to ensure that staff were available to cover the care calls.

People told us that staff supported them to take their medicines as needed. Staff told us that they had

undertaken training about the administration of medicines however a staff member told us that this had not provided them with all of the skills and knowledge needed to undertake this task. This was further supported by medication records we looked at, as we saw that there were a number of omissions on these which meant that we were unable to establish whether these medicines had been administered or not. The deputy manager had recently undertaken an audit of the medication records and had identified the same issue. In response to this the management team had already produced their own action plan in order to address the issues raised. In addition the deputy manager told us that medication training and on-going staff competency checks in this area would be more rigorous to ensure staff were aware of all aspects of medication administration.

# Is the service effective?

## Our findings

At our last inspection on 24 April 2014 we identified that the provider had not ensured staff had received training so that they had the skills and knowledge to meet people's needs. The provider sent us an action plan outlining how they would make improvements.

At this inspection, we found that since our last inspection staff training had taken place in relation to a number of areas such as moving and handling, food hygiene and how to support people who lived with dementia. However, staff had not undertaken training in all areas considered essential to meet people's health and care support needs. This included a number of health conditions people had such as diabetes, stroke and Parkinson's disease. Staff told us that they also wanted further training about the administration of medicines and this further supported the shortfalls we found in relation to the recording of these. Staff were unsure of how to assess people's mental capacity to make decisions and the process to act in people's best interests to ensure people's freedom and rights were protected as much as possible. We found that not all staff had undertaken training about the Mental Capacity Act.

We saw that a relative had stated in a quality assurance questionnaire in February 2015 that, in their opinion, staff needed training in how to move their relative properly and how to support people living with dementia. Three other relatives completing questionnaires at this time said staff needed more training. A staff member told us that staff had not undertaken training about all care tasks they are expected to do whilst supporting people. For example, they told us that on one occasion their colleague did not know how to empty a catheter bag because they had not undertaken training about how to do this.

We discussed this with the registered manager who told us that a training manager was to be appointed to ensure staff undertook training on all essential issues in order to meet people's care and support needs. The deputy manager told us that they had also identified that comprehensive and detailed training was needed on a number of issues.

Staff supervision provides staff with the opportunity for a one to one discussion with their line manager about issues in relation to their work and their learning and development needs. Whilst we saw that arrangements

were in place for staff supervision, these were not carried out regularly. One staff member told us they only had one supervision session at the beginning of their employment. This had been eight months previously. The deputy manager told us that they were in the process of setting up a system to ensure that staff received this supervision at three monthly intervals.

This was a continued breach of Regulation 23 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

However, some people told us that they felt that staff had the sufficient skills and experience in order to support them and that their individual care and support needs were met. One person said: "The staff seem to know what they are doing."

All staff were required to complete an induction programme which covered training the provider had deemed essential in order to provide care to people. New staff worked alongside experienced staff members before they could work on their own so that they gained knowledge and skills as to how to provide care to people.

Staff understood people's rights to make choices for themselves and most people told us that they had been involved in agreeing the care tasks to be completed during their care calls and how they would like this support to be provided. However, other people told us that they had not been involved in the planning of their care. The deputy manager told us that she would ensure people were always involved in setting up their care plans in the future.

All people who needed assistance with eating and drinking told us that they were satisfied with the care and support they received in relation to this. People told us that staff always ensured that they had drinks accessible to them before they left. We spoke with two staff members who told us that they had received training in food safety to be able to carry this out in a safe way. Staff told us that before they left their visit they ensured people were comfortable and had access to food and drink.

People using the service and their relatives told us that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. One person told us that staff had rang the nurse when they felt unwell and that this had meant that they were able to



## Is the service effective?

get treatment quickly. Staff told us they were also available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

However, we noted that within one person's care plan, staff had reported that the person had experienced a change in their health over a period of three days. From the records we looked at including the staff communication book, we

could not determine whether care workers had reported this concern to the provider's office or to health professionals. This meant that there was a risk of a delay in the person receiving care and treatment. We discussed this with the management team who stated that they would reinforce to care workers that incidents such as this should be escalated to them so that people received appropriate care and treatment if needed.

# Is the service caring?

## Our findings

People and their relatives told us that they were satisfied with the level of care provided, and that staff were caring. One person said, “They [Staff] are always friendly and respectful.” Another person said, “They are really good. They do anything I ask them.” People told us that the care they received was delivered at their pace, apart from one person who thought care was rushed at times. We discussed this with the management team who told us that they would follow up this issue.

Most people told us that they had been involved in planning their care. With the exception of two people, they told us that the provider’s staff had visited them at home prior to starting the service in order to assess their care needs and ensure that they were involved in decisions about how their care and support was to be provided. The deputy manager assured us that everyone would have the opportunity to be involved in making decisions about their care. Despite this everyone we spoke with told us that staff always asked them what their preferences were whilst delivering their care.

People told us that they all felt that they were treated with respect and that their dignity was promoted by staff whilst care was delivered. Staff gave us practical examples of how they would ensure people’s dignity whilst providing personal care including covering exposed areas of the body when washing. They said they would never discuss people’s personal information with anyone outside the agency, so as to preserve their confidentiality.

A person who used the service gave us an example of how staff supported them to retain their independence. They told us that, for example, they were able to wash certain areas of their body and staff encouraged them to do so. Staff also gave us examples of how they would encourage people’s independence including encouraging people to dress when they were able to do this.

The provider’s complaints procedure included information about advocacy services people could access should they wish to seek independent support to address any issues. However, we found that this information was not accessible to people, therefore they may not be aware of this type of service. We discussed this with the management team who assured us that would be followed up so that people were made aware of this information.

# Is the service responsive?

## Our findings

People told us they were given choice and control to get the right care and that their disabilities were taken into account when care was provided. They told us that staff explained and gave them choices prior to delivering care. One person said, “Staff always tell me what they are going to do and if this needs to change I tell them and they follow what I say.” People also told us that they could choose the gender of their care workers and that this was respected.

Staff gave us examples of the choices that they would give people. For example; choice of food, choice of bathing options and choice of clothes. A staff member told us how they would provide care for people from different cultural backgrounds. The deputy manager stated these issues were taken into account when providing care. For example, staff were given shoe protectors to ensure that there was no risk of dirt being left in people's homes, where this would offend a person's cultural beliefs.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide person centred care, as indicated in people's care plans.

We noted within a person's care plan that there was no guidance for staff to follow in relation to whether cream should be applied as part of their continence care. The daily records we looked at for this person showed that cream had been applied on occasions but not always. This showed that there was a risk that this person was not always receiving care that met their individual needs in order to maintain their health.

People using the service and their relatives told us that although there were some arrangements in place so that they could raise concerns, they were not aware of the provider's complaints procedure. This was because this information had not been given to them. We discussed this with the deputy manager who showed us a leaflet which had recently been produced and was ready to be given to people. The information within this made reference to the provider's complaints procedure, however it not explain what steps people needed to take in order to make a complaint.

The provider's policy was that issues raised by people within quality assurance questionnaires would be investigated as complaints. We found that up until recently this had not been happening. However the deputy manager showed us that systems were now in place and issues had been followed up. People spoken with confirmed that arrangements had been made for the management team to meet with them and discuss any issues to ensure that they were satisfied with the response.

Complaints records showed that a small number of people had raised concerns about the service provided. We saw that these had been investigated so that actions could be taken to improve the service people received. However, a letter of response had not been sent to the complainant to advise them of the outcome and any actions that would be taken. We discussed this with the management team who acknowledged a letter would provide essential information to the complainant and said this would be carried out in the future.

# Is the service well-led?

## Our findings

At our last inspection on 24 April 2014 the provider had not ensured that an effective system was in place to monitor and assess the quality of service provided. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that some improvements had been made and quality monitoring of people's care and medication records had started to take place. The deputy manager told us that plans were in place for other checks to be carried out including checks on staff training and staff recruitment records.

The management team also monitored the quality of the service by speaking with people on the telephone to ensure they were satisfied with the service they received. Whilst this had not been carried out regularly, the deputy manager told us that plans were now in place to do this. In addition 'spot checks' were undertaken at people's homes by senior staff in order to check the quality of the service provided by staff and ensure that people were happy with the service they received. The registered manager told us that these had not been carried out on a regular basis but the deputy manager had now set up a system to ensure that these took place.

People also had the opportunity to provide feedback on the service they received through quality assurance questionnaires. From the survey results we saw that a number of people and their relatives had raised concern about a lack of communication from the provider's office staff. Comments included 'contacting the head office and not getting a response to concerns' and 'not getting rotas'. This meant that people may not know which care workers were allocated to provide their care. Three people we spoke with also told us that if they contacted the provider's

office, staff did not always get back to them in response to their query or concern. One person told us "I don't think the service is well led. We don't get rotas and we get lots of changes of carers."

We saw that improvements in service delivery had not always been made after people had contacted the provider's office about concerns. For example, people who had complained felt that nothing had improved when they rang about calls being late. The deputy manager recognised this and told us that office staff had been instructed to ensure that people always had a swift response.

The provider had notified us and the relevant authorities of the majority of incidents and significant events that affected people's health and safety, as required by law. However, we noted that the provider had not notified us or the local authority safeguarding team about one incident. We discussed this with the registered manager who assured us that notifications of all changes, events and incidents would be sent to us and other relevant authorities in the future.

There was a registered manager in post, who was supported by a deputy manager. Staff told us that they agreed with the registered manager's vision and values that people using the service should be treated respectfully and with dignity at all times and their rights should always be protected. Staff told us that the management team were approachable, provided them with support and that they could discuss any concerns or issues that they had with them. We saw evidence that staff attended staff meetings to discuss relevant issues such as people's care needs. One staff member told us, "If I need help I know I can get it from management." However, two staff stated they regularly had to work long days up to 16 hours including travelling time and there was sometimes not the time to go home to have a break. We discussed this feedback with the management team who assured us that they would follow this up.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had not ensured that persons employed received such appropriate support, training, development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform.

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not ensured that recruitment procedures were operated effectively.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not assessed the risks to health and safety of service users of receiving the care or treatment.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.