

Empathy Care Services Ltd

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 24 March 2016 and was unannounced.

We previously carried out an unannounced inspection of this service on 23 November 2015. Three breaches of regulations were found, two of which led to warning notices being issued, and the service was judged to be 'Requires Improvement' overall.

The warning notices were issued because the registered person did not have effective systems and processes in place to ensure people using the service were provided with safe care. They also did not have appropriate systems in place to enable them to assess, monitor and improve the quality of the service provided in the carrying out of the regulated activity.

After this inspection we asked the provider to produce an action plan stating what they would do to meet legal requirements in relation to the breaches. The provider sent this to us. This outlined action that would be put in place to ensure that these breaches in regulations were rectified.

We undertook this focused inspection on 24 March 2016 to check that the provider had now met legal requirements with regard to the warning notices. This report only covers our findings in relation to the warning notices. We will check the other issues at a future inspection.

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

Focused inspections evaluate the quality and safety of particular aspects of care. They take place when we are following up after a comprehensive inspection, or when we have received concerns and have decided to look into them without doing a comprehensive inspection of all aspects of the service. They only ask the relevant key questions, rather than all of them.

The provider informed us on the day of the inspection that Empathy Nursing and Social Care provided personal care for 40 people living in their own homes. The agency is situated in a city centre location in Leicester City.

A registered manager was 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 and associated Regulations about how the service is run.

On this inspection we found the provider had taken action to meet these breaches of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 with regard to having systems in place to provide safe care, and there was a quality assurance system in place to check that personal care had been properly supplied to people using the service.

People using the service and the relatives we spoke with said they thought the agency ensured that people received safe personal care.

Risk assessments for people were in place to help ensure staff understood how to support people safely.

Staff had been safety recruited to help ensure they were appropriate to work with the people who used the service.

People and relatives we spoke with told us they liked the staff and got on well with them, and we were told of examples of staff working with people in a friendly and caring way.

Management carried out audits and checks to ensure the agency was running properly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

People said that they felt safe with staff from the service. Staff recruitment checks were in place to protect people from unsuitable staff.

People had risk assessments in place to protect their safety.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for Safe at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve the governance of the service.

People and their relatives told us that the service was well-managed.

Systems had been audited in order to provide a service to meet people's needs.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for Well-led at the next comprehensive inspection.

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 outstanding legal requirements and regulations associated with the Health & Social Care Act 2008 Regulated Activities Regulations 2014.

The inspection team consisted of one inspector.

We also reviewed information we had received since the last inspection.

We spoke with the registered provider, four people who received personal care from the agency and four relatives.

We reviewed people's care records. We reviewed other records relating to the care people received. This included the audits on the running of the agency, staff recruitment records and medicine administration records.

Is the service safe?

Our findings

After the last inspection on 23 November 2015 we found the provider had not ensured people were provided with safe care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Safe Care. We issued a warning notice stating that this situation needed to be rectified or we would consider taking further enforcement action.

After the inspection the provider then sent us information stating that action had been taken to ensure people receiving a service from the agency had been provided with safe care.

People using the service and relatives we spoke with all said that they felt safe with staff from the agency. One person said, "I feel perfectly safe with staff". A relative told us, "There are no problems at all. Staff are positive and upbeat and do everything they can to help including keeping my mother-in-law safe".

We looked at four people's care records. These showed risk assessments were completed to protect their safety. These included how to transfer people safely using a hoist, and risk assessments to protect people to promote their continence. For example, a person had a risk assessment that outlined the action staff needed to take to ensure the catheter worked properly and that the person was protected from the risk of health problems developing. Another person had a risk assessment in place for using a specialist bed, which included details such as raising the knee brace slightly to prevent the person from slipping down the bed. This meant there was enough detail to help staff to ensure that people's safety was protected.

Equipment to assist people in their day-to-day lives was listed in the care records, such as specialist beds to treat pressure sores and prevent them from developing, and the use of a hoist to safely move people from one area to another.

We saw that a person was assessed as having behaviour that challenged staff. There was a risk assessment to ensure these situations could be managed to reduce risk and protect the safety of the person and staff. □

People we spoke with and relatives said that staff either came on time for calls or, if they were going to be late, office staff rang them to tell them there was going to be a delay. One person said late calls had been an issue in the past but recently these had improved and it was satisfactory at present.

We looked at daily records for three people. We found staff had been on time or within agreed timescales.

Staff recruitment practices prevented unsuitable staff being employed. Staff records showed that before new members of staff were allowed to start work, checks were made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. These records showed that the necessary documentation for staff was in place to demonstrate they were fit to work for the agency.

The provider told us that a recent applicant for a job at the service had provided incorrect information for

their DBS check. This had been discovered when the check had been carried out. The registered manager had noted this and chosen not to employ the person. This showed the provider had systems in place to help ensure only suitable staff were employed at the service.

A person told us, "Staff remind me to take my medication." All the people we spoke to said that they received their medicines. One relative said, "Staff prompt my mother-in-law to take her medicines."

We looked at how medicines were managed in the service. There was a medication policy in place for staff to refer to. This outlined what staff needed to do such as prompting people to take their medication and to report to the office if there were any changes. The provider also showed us a letter to staff reminding them to properly record that medicines had been taken. We saw evidence that people had received their daily prescribed medicines. This will help to ensure that appropriate records are kept to show that medicines have been administered safely.

Is the service well-led?

Our findings

After the last inspection on 23 November 2015 we found the provider had not ensured people were provided with safe care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Good Governance. We issued a warning notice stating that this situation had to be rectified or we would consider taking further enforcement action.

After the inspection the provider then sent us information stating that action had been taken to introduce quality assurance systems to ensure people receiving a service from the agency had their needs met.

People and their relatives told us that the agency staff had asked them their opinion of the quality of the service. Everyone we spoke with, both people using the service and their relatives, thought the service was well-managed. One person said, "I had some problems about calls being late in the past and I had a word with the office and this has improved recently. "

One person said, "Yes, they send me surveys to fill in so I can tell them what I think about the service." A relative told us, "I was sent a survey which I completed. We are both happy with the agency so there was no problem."

We saw further evidence that people receiving the service and their relatives had been asked about their views through a quality assurance audit. Some people and their relatives had commented on some issues that needed to be looked at through this process. We were provided with information that issues had been followed up.

We noted a report from the local authority improvement team which outlined that there had been progress in relation to people having detailed care plans and risk assessments in place, staff training had been arranged and care reviews had taken place. Spot checks on staff had been taken place and medicine recording outlined that follow-up action with any identified issues. This told us that the provider had been working to ensure that the service was managed consistently to promote people's welfare.

We saw other quality assurance checks in place. For example, we saw audits of care and medication records. There were action plans in place to deal with any issues raised.

We looked at a record called the service user daily incoming telephone and other reports log. This documented important issues such as staff requesting GP visits if people had health concerns or there had been late calls by staff. We could see that relevant action had been taken regarding these issues.

The provider gave us a letter which they had sent out to staff asking them to record the times of their visits, make sure they stayed for the full commissioned time, made sure that calls needing two staff were not carried out by one staff member, recording medicines when taken by people using the service and to recording the care provided. This showed us that the provider was trying to check that a proper service was being supplied to people.

There was evidence in people's care plans that their care needs had been reviewed on a regular basis. People and their relatives reported that this had been carried out by management staff.

We saw that staff also had received periodic spot checks where a number of relevant issues were checked by management such as their manner towards people and their competence in supplying proper care to people that respected people's rights to dignity and privacy. There were action plans in place to deal with any issues raised. For example, there was an issue raised with regard to recording what care was supplied, and the need for this staff member to have another spot check to ensure this was carried out properly.

We saw evidence of staff meetings where the registered manager had emphasised that staff needed to record that people had taken their medicines and that there would be a system whereby staff would be called into the office if there was a persistent issue. This showed the provider was trying to ensure that people received a quality service.

There were systems to evaluate important issues such as care notes to ensure care had been provided and time of calls to ensure staff had been on time and stayed for the agreed time.

This demonstrated that management had a system to try to make sure that the care provided met people's needs.