

Emmaculate Care Services Limited

# Emmaculate Care Services Northampton Office

## Inspection report

Unit S6  
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## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Emmaculate Care Services Northampton Office is a domiciliary care agency. They provide 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 three people were receiving personal care.

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

Medicines management required improvement. Records were not consistently completed to ensure people received their medicines as prescribed.

Incident recording needed embedding into practice. Some information was not detailed and therefore could not be properly analysed to ensure best practice had been followed.

People were supported by a consistent staff team who knew them well, had been sufficiently trained and who had been safely recruited.

People were protected from harm. Risk assessments were completed with mitigating strategies recorded. Staff received training on safeguarding and understood how to recognise signs of abuse.

Infection control procedures were embedded into practice. Staff wore appropriate personal protective equipment (PPE) and understood good hand hygiene guidance. Staff completed COVID-19 testing in line with government guidance.

Care plans held person-centred information within them. Staff had time to read care plans and get to know people.

People's health care needs were supported. Referrals were made to other health professionals as needed and staff supported people to access their doctor or dentist as required.

Information was offered in a variety of formats to meet each person's needs. Easy read and pictures were evidenced as well as the use of social stories and sensory items.

People were supported by kind, caring staff, who promoted privacy, dignity and respect. Staff helped people with learning new skills.

Systems and processes were in place to ensure the registered manager had oversight of the service. Feedback was requested from people and staff to ensure improvements could be identified and changes made.

Staff felt supported by the registered manager and were very positive about the service.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 18 June 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding people from the risk of harm. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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** 

# Emmaculate Care Services Northampton Office

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector.

#### 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

We gave the service 24 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 9 March 2022 and ended on 14 March 2022. We visited the location's office on 9 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We were unable to talk directly to people during the inspection. However, we spoke to one relative and one professional about their experience of the care provided. We spoke with five members of staff including the registered manager, business manager and care staff.

We reviewed a range of records. This included two people's care records and 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 and quality assurance records.

# 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 of 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.

### Using medicines safely

- Medicine administration required improvement. When people had been prescribed an 'as required' (PRN) medicine, medicine administration records (MAR) were not always clear regarding when the medicine was administered, who administered the medicine, the single dose given and the reason. This put people at risk of overdosing and not receiving their medicines as prescribed.
- PRN medicines had protocols completed with clear instructions regarding what the medicine was prescribed for, when to administer and what dose to give.
- Staff received training and had their competencies assessed before being able to administer medicines to people. Stock checks were recorded daily for regularly prescribed medicines.

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

- Recording of incidents required embedding into practice. Incidents of behaviours that put people at risk of harm required more detailed recording. For example, one person was being monitored with Antecedent Behaviour Consequence (ABC) charts for distressed behaviours. (ABC charts are a way of collecting information to help determine the function of people's behaviours. Identifying these trends enabled staff to seek professional engagement to keep the person safe.) However, records of behaviours were not always recorded on the correct forms. This meant information was not always consistently recorded with all the details required.
- Risk assessments were in place and detailed the strategies required to mitigate these known risks. However, positive behaviour plans required additional information regarding any restrictive practices required. We found no evidence of restrictive practices being used, but these may have been needed in certain situations to protect people and others from harm.
- The provider had embedded a proactive approach to managing risks to people. People were supported with positive risk taking as appropriate.
- Staff understood people's known risks. A staff member told us, "Risk assessment are always up to date with all the information contained to understand the person's needs."
- Trends and patterns were reviewed monthly and lessons learnt shared with staff. A staff member told us, "The manager shares, changes, progress, developments and success stories. Also, trends, patterns and behavioural changes that may be found and the improvement plans required."

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Systems and processes were in place to identify and report any concerns. Staff received safeguarding training and understood how to recognise the signs of abuse.

- Staff and relatives told us people felt safe. A relative said, "[Person] feels safe due to their relationship with the staff." A staff member said, "[Person] told me they felt safe as staff were around and they could call us if needed."

#### Staffing and recruitment

- Staff were recruited safely. The provider requested references from previous employment and the employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- The provider obtained information from staff relating to any conditions that may affect their work and a risk assessment was implemented.
- Staff and relatives told us there was a consistent team of staff to support people. A relative said, "[Person] has a regular staff team who know [person] well, this means [person] is now settled and happy."

#### Preventing and controlling infection

- People were protected against COVID-19. Staff followed government guidance on testing for COVID-19 and wore appropriate personal protective equipment (PPE) when supporting people.
- Infection prevention and control (IPC) systems were in place. The provider had an up to date policy and all staff received IPC training.



# 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 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's needs were assessed before any care was provided. This ensured staff could meet people's needs.
- A relative told us they were involved in the pre assessment and the registered manager captured all the relevant information required to ensure the service could meet the person's holistic needs.
- Care plans contained person-centred information within them. For example, people's likes, dislikes, routines and choices. Care plans held specific information within them detailing how the person wanted to be supported. One staff member said, "The care plans are updated and information is included so we (staff) can support (the person) and suit their needs."
- People had keyworkers allocated. A keyworker is a member of staff who has a central role in respect of a particular person, supporting them with care reviews and linking with families.
- People had health passports completed. This document provides healthcare professionals with information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their roles and that they received adequate training to meet the needs of the people they support. One staff member said, "We have a lot of training provided both online and face to face. This helps us understand and meet needs."
- Information recorded regarding staff training was not up to date during the inspection. The information showed some staff had not completed the training specified by the provider. However, the registered manager agreed to update their system. Training courses offered, included communication, mental health, dementia, food and fluids and managing conflict.
- New staff completed an induction and shadow shifts before working alone.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked closely with other professionals, people were referred to appropriate health professionals such as, occupational therapists or psychologists, when required. Staff recorded outcomes and followed advice as needed.
- When people needed to access health care professionals such as doctor, dentist or optician staff understood their responsibility to either ensure they passed the information onto relatives so that this was organised, they assisted the person to call themselves or they contacted the relevant professional.
- People were supported to maintain a healthy balanced diet. Staff supported people to make choices

about their foods and drinks.

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 MCA 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.

- People were supported to make their own decisions. Staff ensured people were given information in a way they understood to ensure they had capacity to make decisions themselves. When a person lacked the capacity to make a decision a best interest meeting was held.
- People had documented consent in place for photos, care plans and finances.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

# 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 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 were supported with dignity and respect. A relative told us, "Staff always treat [person] with dignity and respect. All the staff are kind, caring and compassionate."
- Staff knew the people they supported well. Staff could tell us what enjoyed doing or talking about. Care plans contained details of people's interests.
- People's equality and diversity was supported. Care files contained details of people's religion, culture and beliefs.

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

- Care plans were completed with people and significant people in their lives. A relative told us, "I was fully involved in the care planning process. Information I gave was documented with the care plan."
- People were given choice and control over their lives and support. Care plan included people's preferences on gender of staff and how they wanted to be supported. A relative told us, "Staff always give choice and control to [person]."
- People were supported to access advocacy services as required. An advocate is someone that helps people to speak up about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported with all aspects of their lives. People were supported to learn new skills and be as independent as possible. A relative told us, "Staff help [person] with learning new skills, [person] is able to choose, then staff support [person]."
- Care plans detailed how to support people's privacy. Staff told us how they ensured people had a right to privacy. A relative said, "Staff always respect privacy, they knock on doors before they enter and close doors to allow privacy. Staff don't talk about people either."

# 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 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

- Care plans held some minor conflicting information within them. The registered manager agreed to amend these documents immediately.
- People's life history, significant relationships and any spiritual, cultural or religious needs were documented within the care plan. If people had a preferred gender of staff supporting them with personal care, this was documented and fulfilled.
- Information regarding personal preferences and choices were documented within their care files. For example, likes and dislikes, activities, hobbies and interests.
- People were supported by a consistent staff team who knew them well. A relative told us, "staff know [person] so well, they know how to distract [person] to reduce anxieties or worries."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented within care plans and risk assessments. Staff understood people's communication needs and used specific tools as required.
- Information was documented in a format that met people's needs. For example, easy read or large print. When required people had social stories completed to help them understand situations or information. A social story is a narrative made to illustrate certain situations and problems and how people deal with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships important to them. Staff supported people to stay in contact with relatives and friends. A relative told us, "When we were unable to visit staff supported SKYPE calls and regular phone calls so we could stay in touch."
- Care plans included details of significant people in the person's life and how contact with them was supported.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain.
- Staff and relatives told us they knew how to complain and felt they would be listened to and their concern rectified. One staff member told us, "I feel very supported, Emmaculate are very good in ensuring we can always go to them with any questions or concerns and they always give us feedback that makes us better."

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status.
- If anyone required end of life support the registered manager would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were in place to maintain oversight of the service. The registered manager completed audits on care plans, risk assessments, medicines, staff training, daily records and time keeping. However, the audits on medicines had not identified the concerns found on inspection. The registered manager had made changes to ensure these medicine issues did not reoccur.
- Staff were all positive about the management of the service and the support they received. One staff member told us, "I think the service does really well in ensuring staff and people are both satisfied, and they are always looking for ways to provide the best possible care." Another staff member said, "Meetings are held regularly to make sure that we are doing our role to the best level. Any suggestions are put on the meeting to improve the delivery of our services."
- The registered manager understood their responsibility to submit notifications to CQC and the local authority when an incident occurred. The registered manager completed investigations for complaints, incidents and accident.
- Staff were clear about their roles and responsibilities and what was expected of them.

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

- People and staff were asked to feedback on the service. The most recent survey evidenced people and staff were happy and any suggestions were recorded. One staff member told us, "We are usually asked for our feedback at our meetings at the end of each month. We discuss the main topics and then discuss ways the company can get better."
- Staff were offered regular meetings and supervisions to support communication between managers and staff.

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 and had acted on their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information

Continuous learning and improving care; Working in partnership with others

- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred. A relative told us, "They [Emmaculate Care] are really good with communication, they stay in contact with me regularly and let me know if something happens."
- External agencies and other professionals worked closely with the team of staff and managers. Information was shared as required and joint working to improve people's outcomes was completed.
- The registered manager was open to the inspection process and remained open and transparent throughout.