

Emezzions Limited

# Emezzions 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 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/ or who are autistic.

### About the service

Emezzions is a domiciliary care service providing personal care. The service provides support to people living in their own homes and those in supported living services. At the time of our inspection there was 1 person in receipt of personal care, who was living in a supported living service run by the provider. The provider ran other supported living services, but people using those services were not in receipt of a regulated activity. The provider supported people with learning disabilities and mental health needs.

People's experience of the service and what we found:

### Right Care

The person felt safe. Staff were caring and treated them with dignity and respect. People's care and risk management plans did not always set out their current care needs and lacked detail in their preferences and personalised information. Staff received regular training, supervision and the provider checked their competency. The person we spoke with felt the service was managed well and their care needs were met.

### Right Support

The provider did not always operate safe recruitment processes. Although the provider supported the person with their meals when needed, there was little recorded information about their preferences in relation to food and there was no evidence the provider actively encouraged healthier food options for the person as was required. Staff communicated with the person effectively. The provider had appropriate infection prevention and control measures in place and staff supported the person with their medicines appropriately. There were appropriate procedures for responding to and learning from accidents and incidents. There were enough staff to meet the person's needs. The person was 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.

### Right Culture

The person we spoke with knew how to raise issues or complaints and the provider responded to these appropriately. There were systems in place to monitor the quality of the service and although the provider was using these, they did not identify the issues we found. The person and staff were asked to give feedback about the service. The service worked in partnership with other professionals to meet people's needs, but their recommendations were not always fully incorporated into people's plan of care.

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

The service was registered with us on 9 October 2020 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part by the notification of an incident, following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of people's health conditions. This inspection examined those risks.

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

#### Enforcement and Recommendations

We have identified breaches in relation to person- centred care, safe care and treatment and good governance.

We have made a recommendation relating to working with other agencies.

Please see the action we have told the provider to take at the end of this report.

#### Follow Up

We will request an action plan from 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 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 not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well- led.

Details are in our safe findings below.

**Requires Improvement** ●

# Emezzions Care

## 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 team consisted of an operations manager, an inspector and a regulatory coordinator.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 48 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.

#### What we did before the inspection

We looked at all the information we held about the provider including information related to the incident. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We also received some feedback from the local authority in relation to this service.

We used all this information to plan our inspection.

During the inspection

We visited two supported living services to ascertain whether people were in receipt of personal care. We spoke with 1 person who used the service, 1 external professional, 6 care workers, a senior member of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed a range of records. This included 3 people's care records to ascertain whether they received a regulated activity. We saw 6 staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including medicines support records, audits, meeting records and procedures.

# 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.

Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks.
- The provider had risk assessments in place for the person's known risks, but these did not always include clear and sufficient information for care staff in supporting the person. We noted, the person had particular behaviours which they occasionally required support with. However, their care plan contained insufficient information for staff to recognise and appropriately respond to these behaviours if needed.
- We saw one example of the person's risk assessment not identifying their current needs. We found their latest risk assessment said they required the support of two staff members when out in the community, but at the time of our inspection, they required far less support. The provider rectified this error once this was brought to their attention.
- Not all care staff demonstrated a good understanding of the current risks to people's care. One member of staff described risks that we did not see recorded in the person's risk assessment and were in fact historical risks from when the person had first started using the service and did not take account of the improvements they had made during the year. This meant the person may not be supported in line with their current needs.

The provider failed to ensure they were doing all they could to assess and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider operated safe recruitment processes.
- We reviewed 4 staff files and found evidence of people's work history, two references as well as checks of people's right to work in the UK.
- The provider was conducting other employment checks including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider ensured there were sufficient numbers of suitable staff.
- We saw there were enough staff on duty supporting the person when we visited their supported living service. We also reviewed a week's worth of rotas and saw enough staff had been scheduled to work.
- The person we spoke with told us there were enough staff to support them. Staff members also agreed this was the case. One care worker told us, "There are enough of us scheduled to work."

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- The person was safeguarded from abuse and avoidable harm.
- The person we spoke with told us they felt safe using the service and in the presence of their care workers. The person said, "I do feel safe with them [staff]." Care workers understood their responsibilities to keep the person safe from abuse. They had received annual training and there was a clear safeguarding policy and procedure in place.
- The provider had a clear safeguarding policy and procedure in place and contributed to investigations with the local authority as needed.

Using medicines safely

- The person was supported to receive their medicines safely.
- The person's care plan set out information about their prescribed medicines which included what support was required and who was responsible for administering their medicines, how much and how often. The person we spoke with confirmed they received their medicines on time and they had no concerns.
- Records showed care staff had completed medicines administration training and the provider assessed their competency to provide this safely.
- Staff completed digital medicines administration records to document when they supported a person with their prescribed medicines. The records we saw had been completed accurately. The manager audited these records, noted any matters found and actions taken to address them.

Preventing and controlling infection

- The person was protected from the risk of infection as staff were following safe infection prevention and control practices.
- The provider supplied staff with personal protective equipment (PPE) as well as the equipment and products they needed within the supported living services, so they could support people safely. Care staff told us they always had enough PPE supplies. Senior staff monitored care staff infection prevention practices by conducting unannounced spot checks.
- Staff completed annual training on infection prevention and control and how to use PPE appropriately. The provider had appropriate processes in place in case a person or member of staff tested positive for COVID-19 so as to keep people and staff safe. These included supporting staff to isolate and return to work safely. They had an appropriate infection control policy and procedure in place as well as a COVID- 19 contingency plan.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- At the time of our inspection there had been no accidents or incidents involving the person who was in receipt of a regulated activity. However, the provider had an appropriate accident and incident policy and procedure in place for investigating and learning from incidents that took place.



# 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 of 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 working with other agencies to provide consistent, effective, timely care

- The provider worked with other organisations to deliver care, but did not always ensure key recommendations were incorporated into people's care plans.
- Although the provider met with other key professionals in reviewing the person's care, we found their recommendations were not always incorporated into their care plan. We reviewed the latest multi-disciplinary meeting notes for the person using the service and saw there were key conclusions and targets identified at the end of this, but these were not incorporated into the person's care plan. This included helping the person further develop their independent living skills.

We recommend the provider takes action to ensure care plans always reflect the latest professional guidance.

- The person had key healthcare professionals identified in their care records and we saw the provider did make contact with them in relation to specific areas of the person's needs. This included educational establishments as well as healthcare professionals.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Although the person's care plan set out their nutritional needs and the level of support they required from staff, we found the person was required to be encouraged to eat a healthier diet, there was no indication this was consistently happening. From reviewing the person's daily notes, there was no indication they were offered healthier options for their meals. This meant they were not given the support and encouragement they needed in this area of their lives. The provider accepted this feedback during the inspection and has committed to improving in this area, having incorporated this into their improvement plan.
- The person we spoke with told us staff helped them to prepare their meals and they were satisfied with the support they received.
- The person was supported to access healthcare services and support, but personalised information about their health conditions was not always available.
- The person's care records stated what their health conditions were and whether they had any specific needs. Staff had access to "fact sheets" that explained what these conditions meant, but there was no personalised information about how they manifested for the person using the service. This meant there wasn't specific information about the person's needs to support staff understanding of their health conditions.

- The provider supported the person to undertake healthy activities that had been recommended for them in line with multi- disciplinary advice to support their mental and physical health. This included supporting them to go to the gym, the park or swimming.

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

- The person's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- The provider conducted assessments prior to people using the service. These included relevant information around people's health, social history, mobility, and mental health.
- The provider delivered care in line with current standards and the law. The person's risk assessments were completed in accordance with current requirements in areas such as their mobility and their specific health conditions.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff completed a range of training that included infection control, safeguarding adults and medicines administration. The provider monitored staff training and ensured training was repeated on an annual basis. Staff told us they felt they received enough training and they found this useful. One care worker told us, "We get a lot of support. The training is ongoing over the year."
- New staff completed an induction which followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff were also required to complete a period of shadowing of experienced staff on care visits. We spoke with a newer member of staff and they told us they found the induction prepared them for their role.
- Staff attended regular supervisions with the registered manager to discuss their role and performance. We reviewed records of these sessions and saw they were asked for their feedback, whether they needed more support and their knowledge was tested in areas such as safeguarding and consent. Staff told us they felt supported in their roles and found the supervision sessions useful.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act and the person we spoke with confirmed

they consented to the care provided.

- The provider completed mental capacity assessments for the person in receipt of care. This asked the relevant questions for determining whether the person had capacity or not.
- Care staff understood the importance of providing care in line with people's wishes. They demonstrated an understanding of the importance of obtaining consent before delivering any sort of care.

# 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 of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care  
People were not always support to express their views and make decisions about their care.

- The person we spoke with told us they were given the care they wanted. This included going outside when they wanted, eating what they wanted and doing the activities they wanted to do.
- We observed care workers speaking to the person about their preferred plans and they demonstrated a good understanding of the person's preferred routines and likes and dislikes in relation to their delivery of care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- The person we spoke with told us they were treated well and supported with their needs. They told us staff were "kind and helpful".
- The person's equality and diversity was respected. The person's support plan included details about their cultural and religious needs. We saw the provider recorded what the person's religion was and asked them whether they wanted to be supported by a male or female care worker. The person we spoke with confirmed their wishes were met.

Respecting and promoting people's privacy, dignity and independence

People's privacy, dignity and independence were respected and promoted.

- Care workers gave us examples of how they respected and promoted the person's privacy and dignity. For example, one care worker told us, "We respect their privacy when we need to, but also make sure they are safe."
- The person we spoke with also told us their privacy and dignity was respected. They told us, "They do respect me."
- The person was supported with their care and encouraged to be as independent as possible. One person told us and staff confirmed, they took responsibility for most of their activities of daily living. Staff told us they prompted the person to do tasks for themselves and depending on their mood, would adapt the level of support they provided. We saw from notes with multi- disciplinary professionals that this person had made significant improvements in the space of a year with their independent living skills.

# 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 of this newly registered service. This key question has been rated Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- The provider did not plan personalised care to ensure the person was supported as an individual, or in line with their needs and preferences.
- The person's care plan included information about their care and support needs, however, we found these were lacking in personalised information about their preferences. There was limited information to reflect their likes and dislikes, in areas such as how they should receive their personal care, which bathing and grooming products to use and where they were kept. There was very little information about their daily living preferences. For example, habits and routines that were important to them. Furthermore, we found there was no recorded information about their likes and dislikes in relation to their food.

The provider failed to ensure people's care reflected their preferences. This is a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff demonstrated a good level of understanding about people's preferences in relation to their care and, the person we spoke with told us they received personalised care from staff who understood their care needs. They said, "They know me and help me out."

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.

- The provider was meeting the Accessible Information Standard. The person's communication needs were understood and supported.
- The person we spoke with said staff communicated with them effectively and we observed this to be the case. The person's care plan set out what their communication needs were and what their first or preferred language was.
- The provider was able to send people information in a variety of formats depending on their needs. They had information and communications available in easy read for the person using the service.

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

- The person was supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- The person we spoke with confirmed they were supported to take part in activities they enjoyed. The person's care plan contained instructions for staff in encouraging people to be involved in groups and leisure activities and they had separate activities timetables in place to assist with the planning of these.
- The person we spoke with confirmed they were encouraged to take part in activities and we saw from the daily notes of their care that they attended activities that were important to them regularly.

Improving care quality in response to complaints or concerns

- The provider had a clear procedure for monitoring and acting on people's complaints which they followed. The provider had a complaints policy that specified the process and timeframes for responding to complaints.
- We reviewed complaints that had been received and saw these had been responded to appropriately and within a timely manner.
- The person we spoke with, told us they did not have any complaints, but if they did, they would feel comfortable raising these with any member of staff and felt confident they would be acted on.

# 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 of 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; Working in partnership with others

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not consistently created a learning culture at the service which meant the person's care did not always improve.
- The provider conducted a range of audits to make improvements to the care provided. We reviewed a number of audits in areas such as medicines and care plan audits, but these did not identify the issues we found. Care plan audits had been completed for the person in receipt of a regulated activity in September 2023 and these indicated there were no issues in their care plan. This meant issues with care planning had not been identified and potential risks had not been reduced.
- Managers did not always demonstrate an understanding of risks and regulatory requirements.
- The registered manager and other senior staff were not always clear about their responsibilities in the running of the service. Although they were clear about the immediate needs and risks involving people, they did not ensure risk assessments and care plans were fully up to date and did not appear to understand the importance of this.
- There was also a lack of understanding about the regulations. The provider had not identified they were delivering Personal Care and had not informed CQC that they were delivering Personal Care during a period of time in which they had declared themselves to be dormant. As a result, CQC did not have full regulatory oversight of their activities.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate service improvement was effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The provider did not always work in partnership with others.
- The provider did not have robust arrangements to ensure they incorporated all multi-disciplinary professional advice in the person's care plan so the person always received the most appropriate care and support.

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

- There was a positive and open culture at the service, but the provider did not always have effective

systems to provide person-centred care that achieved good outcomes for the person.

- Care staff spoke positively about their colleagues and the management team. Their comments included, "This is a good organisation, I like working here" and "I am very happy working here," The person we spoke with also gave positive feedback about the service and told us their needs were met. They told us. "It's a good service. They've really helped me."
- However, despite these positive comments, we found the provider was at risk of not providing person-centred care as their care plans lacked personalised information about the person's care needs.

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 did not fully understand their responsibilities under the duty of candour.
- Although there were no instances where the provider had failed to inform the CQC of notifiable information, because the provider was not aware they were providing a regulated activity during a time they had declared themselves to be dormant, this created a risk of information not being relayed as required.

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

- The person and staff were involved in the running of the service and fully understood and took into account any protected characteristics.
- The provider had regular contact with the person and their family and the person confirmed this.
- The registered manager told us they were available to speak to people and staff whenever needed and staff confirmed this. One care worker told us, "It doesn't matter, day or night, the manager is available to take my call."



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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not always design care and treatment to meet people's preferences.  Regulation 9 (1), (2), (3b).
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.  Regulation 12 (1) (2) (a), (b).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not effectively operate systems and processes to assess, monitor and improve the quality and safety of the services.  Regulation 17 (1)(2)(a).