Empathy Care Services Ltd

Empathy Nursing and Social Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Empathy Nursing and Social Care provides personal care and treatment for adults and children living in their own homes. On the day of the inspection the registered manager informed us that there were a total of 18 people receiving care from the service.

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. The previous inspection was carried out in March 2016 to follow up Warning Notices issued at the comprehensive inspection of November 2015 with regard to providing safe care and ensuring a quality service. We found the warning notices had been complied with. At the last comprehensive inspection of November 2015, we asked the provider to take action to make improvements to people's personal care, and this action has largely been completed.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were, in the main, supplied safely and on time, to protect people's health needs though improvements to records were needed.

Risk assessments were not always comprehensively in place to protect people from risks to their health and welfare. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Staff had received training to ensure they had skills and knowledge to meet people's needs, though this had not always covered some relevant issues.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives, though assessments of people's capacity had not been in place to ensure people's ability to make decisions was comprehensively protected.

People and relatives we spoke with all told us that staff were friendly, kind, positive and caring. They told us they had been involved in making decisions about how and what personal care was needed to meet care needs.

Care plans were individual to the people using the service to ensure that their needs were met, though they did not include all relevant information such as people's past histories.

People and relatives told us they would tell staff or management if they had any concerns, they were confident these would be properly followed up. Evidence of complaints made had not always showed they had been properly investigated.

People and their relatives were satisfied with how the service was run. Staff felt they were supported in their work by the senior management of the service.

Management carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service, though action was not always shown to be taken for some issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives thought that staff provided safe care and that people felt safe with staff from the service. Staff recruitment checks had been place to protect people from receiving personal care from unsuitable staff. Risk assessments to protect people's health and welfare had not been fully in place to protect people from risks to their health and welfare. People received assistance to take their prescribed medicines, though recording of this had not been robust.

Is the service effective?

Good

The service was effective.

Staff were trained to meet people's care needs though further training on specific issues was needed. Staff had received support to carry out their role of providing effective care to meet people's needs. People's consent to care and treatment was sought but this had not been assesses and staff had not been trained to ensure this was in line with legislation and guidance. People's nutritional needs had been promoted and protected. People's health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with told us that staff were kind, friendly and caring and respected people's rights. There was evidence that most people and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity.

Is the service responsive?

Requires Improvement

The service was not fully responsive.

Care calls were not always at agreed times to meet people's assessed care needs. People said their needs had been responded to. Care plans contained information on how staff

should respond to people's assessed needs, though information on people's histories was limited. People and their relatives were confident that any concerns they had would be properly followed up by the registered manager, though the complaints process has not always been followed. Staff had contacted other relevant services when people needed additional support.

Is the service well-led?

Good

The service was well led.

People and the relative we spoke with thought the service was well managed and well led. Staff told us the senior management staff provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs. Systems had been audited in order to measure whether a quality service had been provided, though action had not always been identified to deal with all issues raised.

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.

This inspection took place on 30 March 2017. The inspection was announced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. We were told that there they had received no information of concern about the current provision of personal care to people using the service.

During the inspection we spoke with six people who used the service and two relatives. We also spoke with the registered manager, and three care workers.

We looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Good

Is the service safe?

Our findings

All the people and the relatives we spoke with said that personal care had been provided safely. They felt safe with staff in their homes. For example, people we spoke with had complete confidence that staff operated hoists properly when moving them.

A person told us, "All the staff who come are aware of how important is to make sure that my catheter is not twisted and drains well to prevent an infection developing. The staff get training on how to care for it."

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, it stated that there was a balance between confidentiality of people's affairs and the duty of care to report abuse. Therefore, it was not entirely clear that there was always a duty to report abuse. The registered manager said this procedure would be amended to ensure abuse was always referred to the safeguarding authority, so that people received protection at all times.

The whistleblowing policy contained in the staff handbook directed staff to relevant agencies, but did not have contact details for other relevant agencies, such as the local authority safeguarding team, police and CQC. The registered manager said this procedure would be amended. This would then supply staff with detailed information how to action issues of concern, to protect the safety of people using the service.

We saw that staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start work, checks had been made with previous persons known to the respective staff member. This was confirmed by staff we spoke with. Staff records had a Disclosure and Barring Service (DBS) check in place. DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character.

Staff told us they were aware of how to check to ensure people's safety. For example, they checked that moving and handling equipment was in a proper working condition before assisting people to move.

We saw that people's care and support had largely been planned and delivered in a way that ensured their safety and welfare. For example, there was information in place which directed staff to use a sling with two staff members assisting, when they helped to transfer a person from one area to another. This information also contained detailed information about relevant issues such as staff undertaking safety checks to the hoist before use. This information helped to ensure the safety of the person by preventing injuries resulted from using this equipment.

We also saw a risk assessment in place which directed staff to support a person to prevent choking by

having a blended food diet. This information helped to keep the person safe by reducing choking risks. There were other risk assessments in place to prevent injuries from falls from the use of bed rails to prevent people falling from their bed.

However, care plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting people's safety. For example, in one plan it stated the person needed assistance with their continence. However, there was no information about the frequency of changing continence wear in the assistance required. The registered manager said this issue would be followed up.

There was information in place with regards to checking risks in the environment to maintain people's safety. For example, making sure the general layout of the premises was safe for people to use and assessing the risk from this any domestic chemical liquids.

All the people we spoke with told us that staff stayed for the agreed contracted time. We also saw evidence in people's care records that calls were at or near agreed times, so there was no risk to their safety.

There was evidence that the service had an out of hours service for people or their relatives to contact if they needed assistance. This showed a suitable system was in place to safely protect people's health and welfare needs, once the office had closed / out of hours.

One person received help from staff to take their medication. A person told us, "Whoever is on always prompts me to take my tablets at the correct times."

We saw evidence that staff had been trained to support people to have their medicines and administer medicines safely. There was also a medicine administration policy in place for staff to refer to and assist them to safely provide people with their medicines. However, records did not always contain information that people had been prompted to take their medicines. Without this information, staff on the next call could have prompted people to take medicines they had already taken, with the consequent risk to their health. The registered manager said that staff would be reminded to record any medicines when prompted by staff. This will help to ensure people are safely protected from taking too many medicines.

Good

Is the service effective?

Our findings

People using the service and the relatives we spoke with said that staff were trained to meet people's needs and could use necessary equipment properly. They told us that the care and support they received from staff effectively met their assessed needs.

Staff informed us that they thought they had received all the training they needed to meet people's needs. They told us they completed an induction which prepared them for their role as staff members before they worked unsupervised. They confirmed that they received regular supervision which added to their skills and learning.

A staff member said, "Training is available if we need it. If we need more, we just ask the office." Another staff member said, "The training is good. It covers all we need to know."

Staff training information showed that staff had training in essential issues such as how to move people safely and keep people safe from abuse.

We saw evidence that staff had been supplied with training about people's health conditions, such as training in dementia. However, training for other health conditions that people had, such as end of life care, and more complex health conditions, had not been provided to staff. The registered manager stated that this training would be provided. He swiftly contacted us after an inspection and supplied evidence that additional training had been organised. This meant staff would be able to further understand the symptoms of these conditions and the challenges it meant for people and their relatives.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as infection control. We also saw evidence that new staff received Care Certificate training. This is nationally recognised comprehensive induction training for staff.

Staff told us that when new staff began work, they were shadowed by experienced staff on shifts. At the end of the shadowing period, the new staff member, if they did not feel confident and competent, could ask for more shadowing to gain more experience to meet people's needs. The registered manager stated that the length of time that new staff were shadowed had been increased to ensure people had the competence and confidence to provide effective personal care to people.

Staff felt communication and support amongst the staff team was good. Staff also told us they felt supported through being able to contact the management of the service if they had any queries. Supervision with staff had taken place and these had covered relevant issues such as any issues they encountered in their work and staff training. This helped to advance staff knowledge, training and development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People we spoke with agreed that the care provided was appropriate for their needs and that their consent was sought by staff before care was provided. There was information in people's care plans that they consented to the personal care that was provided by staff.

We did not see evidence of assessments of people's mental capacity. The registered manager said these would be put in place. When we spoke with staff, they were aware of their responsibilities about this issue as they told us that they asked people their permission before they supplied care, though staff had not received training about the operation of the law. The registered manager said this would be provided. This would mean that staff would be in a position to comprehensively to assess people's capacity to make day-to-day decisions about how they lived their lives.

People and their relatives were satisfied with the support staff provided when they assisted with meal preparation, provision and choice offered. A person told us, A person said, "I always write a list of what I want for tea so when the carer comes in they take the list of the table next to me and they go into the kitchen and make it, this works really well for me." A relative told us, "If I am not going to be about at lunch time I make sure food is left but it's not always wanted so the care staff always make sure that something else is given so I don't need to worry." We also saw information in people's care plans about the assistance some people needed to eat and drink. This meant staff were in a position to effectively promote peoples nutritional needs.

People told us that staff were effective in responding to health concerns. A person said, "All the people who come to me have really got to know me, and they can always tell if I am not so good, it makes me feel special." Another person told us, "Yes I sometimes think they know me better than myself. They often pick up that I am not 100% before I can tell them I think they really care." We saw evidence in care plans that staff had made referrals to medical services when needed. There was information in plans for staff to contact district nurses and emergency numbers if this was needed. This showed us that people's health needs had been protected because of the effective care that staff had provided.

Good

Is the service caring?

Our findings

The people and relatives we spoke with all thought that staff were kind, friendly, patient and caring in their approach. People all told us they were happy that their care needs were met. One person said, "I am treated with respect at all times." All the other people we spoke with confirmed they were treated with respect and dignity at all times. Another person said, "It's like everything some are more caring than others but all are fine." A relative told us, "I am usually about when the care staff are working with dad and I am very happy with how they speak to him. They treat him with kindness and the utmost dignity at all times."

Staff informed us they were always introduced to people who used the service before working unsupervised with them. They thought that people who used the service were always treated with respect and dignity by all staff.

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. People and their relatives told us they had been involved in planning their, or their family member's, care. A relative told us, "When they first came and did my care plan we went through everything together and now we go over it about every six months." We saw evidence that most people or their relatives had signed care plans to agree that their plans met assessed needs. The registered manager said that he would follow up the plans that had not been signed and agreed.

One care plan outlined a person's choices of how they wanted their lifestyles to be respected. For example, the time they wanted to get up in the morning, the food they wanted to eat and the clothes they wanted to wear. We saw evidence of people's involvement with setting out what care they wanted. For example a person did not wish to have a bath as they preferred having bed baths. This wish had been respected. Staff told us that they would always listen to what people wanted with regard to their choices. This indicated that people's choices were sought and encouraged.

Staff gave us examples of promoting people's privacy such as leaving people when they were using the bathroom, shutting doors when visitors were present and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. It also emphasised that the service would not discriminate on the basis of sexual orientation or sexual gender. This encouraged staff to have a caring, compassionate and non-discriminatory approach to people.

Staff told us they respected people's independence so that people could do as much as possible for themselves. For example, a staff member said that if people were able to wash their faces or under their arms they would be supplied with a flannel to do this. Care plans we looked at stated that staff needed to encourage people's independence. People told us that maintaining their independence was very important to them.

This presented as an indication that staff were caring and that people and their rights were respected.

Care plans included information about people's religious, cultural and spiritual preferences to provide information to staff on respecting people's beliefs. For example, there was a section about foods that should not be provided because of a person's religion, faith or culture. Staff told us they were sensitive about meeting people's needs. For example, a staff member said they had learned how to prepare chapattis, which are an Indian type of bread, for a person who wanted these to be freshly made.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive inspection in March 2016 the service was not meeting Regulation 9 Person Centred Care with regard to providing individual care to people. We followed up these issues. We found improvements in meeting call times had improved, though they were not all at agreed times to fully respond to people's needs.

People and relatives told us that staff met people's needs. A person said, "My needs are very complex and I have a condition that alters my health on a daily basis so my care plan is reviewed regularly to accommodate my needs. It is usually done with the management but the care staff record everything anyway." A relative told us, "I am very happy with everything to do with my father's care."

People and relatives we spoke with said that there had not always been proper timeliness of calls to deliver care. A person said, "Call times can be a bit dodgy I am never really sure what time they will come, quite a lot of the carers don't drive so they have to rely on what time the drivers are available to bring them. If they are really late they ring me from the office to tell me." A relative told us, "We sometimes have issues with call times but if staff are going to be very late we always get a phone call to tell us."

Another person said, "Sometimes I get a call to tell me if my regular carer is not coming but it is very rare it usually happens if someone is poorly at one of her earlier calls."

People's records showed that at times calls were not always on time. The satisfaction survey provided to people using the service also stated this was an issue. The registered manager said this issue would be followed up. He swiftly sent us information after the inspection which outlined action to be taken. This included reducing the distance between calls and so lessening travel time and constantly monitoring late calls and speaking with staff as needed.

People we spoke with and a relative told us the care received met assessed needs and that they had regular reviews that involved management staff. We saw evidence of reviews of people's care in people's records. These were generally satisfactory though one review stated the person had an issue with weekend staff. There was no detail as to why this was the case and whether anything was done about this. The registered manager said this issue would be followed up.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They also said that if people's needs changed they reported this to the office. The care plan would be altered so that people received the right support they needed to meet their needs. This showed us that the service had been responding to people's changing needs.

We found that people had an assessment of their needs. Assessments included relevant details such as the support people needed, such as information relating to their mobility and communication needs. We saw that needs for daily living were detailed in care plans. This showed plans were person centred. For example, one care plan we looked at included the person's preferred time to get up, the number of pillows wanted by

the person and the number of cigarettes the person smoked.

There was some information as to people's personal histories though this was limited to their family history. The registered manager said that this would be followed up so that more information would be available about people's backgrounds such as employment history, past hobbies and interests. This would mean that staff were able to know people as individuals. There was information about people's preferences. This helped to ensure that people's individual needs were known and responded to.

All people felt if they needed to make a complaint it would be taken seriously and acted on. One person said, "Yes, I do know how to make a complaint but I have never needed to…I would if I had to."

Staff told us they knew they had to report any complaints to the registered manager. They had confidence that issues would be properly dealt with.

The provider's complaints procedure in the information supplied to people gave information on how people could complain about the service. The procedure set out that that the complainant should contact the service. However, it referred to CQC as a body that would investigate complaints, which it legally is not able to do. There were no contact details of relevant agencies such as the complaints authority and the local government ombudsman. The registered manager said the procedure would be amended.

We saw evidence of complaints that had been investigated. This showed that issues had been followed up except in one case where specific issues regarding personal care had not been thoroughly investigated. Instead, the investigator stated the staff involved were experienced and stated they would not have done what was alleged.

The complaints process did not include a written response to the complainant to properly show that issues had been properly looked into. The registered manager said this would be carried out in the future. This will then provide assurance to complainants that they have received a comprehensive service responding to their concerns.

There was evidence in people's care plans that other agencies had been contacted to ensure that people's needs were met. Staff told us that the service had involved an occupational therapist with regard to providing bathing facilities for a person. There was evidence of care reviews completed quarterly. There was also evidence of follow up from a review, for example the occupational therapist advised the person to wear gloves and exercise in the evening. The care plan reflected this information.

We saw that a person developed a pressure sore due to long days in wheel chair and having worked continence equipment. The service then approached the district nurse to be involved and secured extra funding for additional visits. This had a positive impact in that the pressure sore improved, and there were additional calls for transfers and support with exercises. This indicated that people's needs had been responded to when it was necessary to involve other agencies and ensured people's needs were met.

Good

Is the service well-led?

Our findings

When asked if they would recommend Empathy Nursing and Social Care, people and their relatives we spoke with all said they would. Two people told us they had already recommended this service to people they knew. A person said, "I usually get a phone call each week to see if I am ok… it's nice of them." Another person told us, "I think I filled in a survey not so long ago it was loads of questions asking if I am happy with how I am looked after. I don't have any problems. I am well looked after by all my carers."

All the people we asked told us they thought the service was well managed and would recommend the agency to family and friends. People and relatives we spoke with who had contact with the registered manager and office staff said that they had been impressed with the commitment to providing a quality service.

There was also evidence of telephone calls to people asking for their opinion on the quality of the service. There was evidence in the compliments file that relatives had expressed gratitude for the standard of service their family members had been provided with.

The people we spoke with all felt confident about speaking with members of the management team. People told us that when they had rung the office staff, they had been friendly and helpful and resolved issues swiftly.

We saw evidence that visits to people to check on the quality of service were regularly carried out by the management of the service.

The people we spoke with told us they had received questionnaires from Empathy Nursing and Social Care in the past asking them to comment on the service they received. We saw evidence that people were mainly satisfied with the service they received, apart from call that had not been timely or a lack of continuity of care being provided. The registered manager said these issues would be followed up.

People and relatives told us that initial assessments of the personal care needed were made. They said they had received visits by senior staff to observe the care staff at work and review the care provided. They were satisfied with their packages of care which, they said, had met their needs.

Staff had been provided with information in the staff handbook as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people.

All the staff we spoke with told us that they were supported by the management of the service. They said that management were always available if they had any queries or concerns. They told us they felt confident about reporting any concerns or poor practice to management staff. They said that managers asked what they thought about the service and they took staff views into account. They confirmed that staff in the office

gave them important information as soon as they needed it. One staff member told us, "We are a close knit family, management are nice, treat us nicely. I'd tell my family to use Empathy."

We saw that staff had been supplied with surveys so that they could express their views on the running of the service. Some staff had requested further training to help them supply skilled care to people using the service. However, we did not see any action that had been taken to arrange this. The registered manager stated that training was currently being arranged and this would be supplied in the near future.

Staff confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people. We saw evidence of this in the records we looked at. This indicated that a system was in place to ensure staff had up-to-date knowledge of people's changing needs.

We saw quality assurance checks such as review of daily records of care, medicine audits, staff recruitment records and care plan audits to check the quality of the care provided. For example the medicines audit was completed monthly. Where issues were identified, staff were sent information to ensure that medicine sheets were completed correctly. A comprehensive auditing process assisted in developing the quality of the service to meet people's needs.