

Embec Care Limited

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Inspection report

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Tel: 01213081700

Date of inspection visit:
15 September 2016

Date of publication:
17 October 2016

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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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 2008 and associated Regulations about how the service is run.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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 felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by sufficient numbers of staff that was effectively recruited to ensure they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good 

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People's consent was sought by staff before they received care and support.

People were supported by staff with healthy meals where appropriate.

People received additional medical support when it was required.

Is the service caring?

Good 

The service was caring

People were supported by staff that was kind and respectful.

People's independence was promoted as much as possible and

staff supported people to make choices about the care they received.

People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive

People received care and support that was individualised to their needs, because staff was aware of people's individual needs.

People knew how to raise concerns about the service they had received.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

Quality assurance and audit processes were in place to monitor the service to ensure people received a good quality service. However the provider had not informed us of notifiable incidents that they were required to do so by law.

People were encouraged to provide feedback on the quality of the service they received.

People were happy with the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 15 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that the registered manager and staff would be available to meet with us. One inspector carried out this inspection.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. We also contacted the local authority that purchased the care on behalf of people, to see what information they held about the service.

We spoke with five people that used the service, two relatives, six staff and the manager. We looked at records that included three people's care records and the recruitment and training records for three staff. This was to check staff was suitably recruited, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of policies and procedures including complaints and audits carried out to monitor and improve the service provided.

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff were in their home and that staff supported them safely with their care and support needs. One person said, "I must say I feel safe with all the staff." Another person told us, "They [staff] make sure they close the door after them and now the nights are drawing in they close my curtains too." A third person said, "Staff have to use the hoist to move me and I never feel unsafe when they use it." A relative said, "[Person's name] would tell me if she had any worries, I'm sure she is safe with all the staff." Staff we spoke with told us they had received safeguarding training and identified what could suggest abuse. Staff explained their responsibilities to protect people and how they would report concerns. One staff member said, "When you get to know somebody and they behave differently like they may flinch or pull back from a certain member of staff then you begin to think something's not right." Another staff member told us, "Any unexplained marks or bruising could be an indicator that the person is being abused. If I saw any I would contact my senior or manager right away." We saw the manager had raised safeguarding's appropriately. This demonstrated there were safeguarding processes in place to keep people protected from risk of harm.

People and relatives we spoke with confirmed they were involved in planning their care and also discussed how to manage any risk elements involved in supporting people. For example, there were a number of people cared for in bed. Staff spoken with explained how they ensured people's skin was not damaged and supported people to be moved to relieve any pressure on their body. In the event of noticing any skin damage, staff would notify the office and a call would be made to the community nurses. A staff member told us, "The nurses are very good and have come out on the same day to see people."

We saw that people had received an initial assessment before receiving support from the service, to determine if the provider was able to meet the person's care needs safely. This ensured that the service only provided support to people whom they were able to meet their needs safely. We saw the care plans that we looked at contained detailed risk assessments to reduce individual risks to people. They included information about the person's home and living environment, identifying potential risks for staff to be aware of. We saw the plans were reviewed and discussions with staff demonstrated they had read the plans because they knew how to support people safely. We saw that care plans contained specific details which indicated that staff followed precise instructions when necessary to ensure people felt safe when they were left at the end of a call. For example, one person told us, "Two staff always support me to get up with the hoist and they know which colour belt they should use and how to use it safely. I've never felt unsafe."

People and relatives told us they received notification from the office on a weekly basis who would be visiting them. One person said, "I find it very useful, I know exactly who is coming to visit me." A relative we spoke with explained how useful it was for them to see from the provider's schedule which member of staff would be supporting their family member during each week. Staff we spoke with confirmed they received a weekly rota detailing who they would be providing support to for the week and felt there was adequate time allocated to meet people's individual care needs.

People told us they were supported by sufficient staff. Some of the people who received support from the

service required two staff to help them to meet their needs safely and they confirmed to us that two staff always arrived. The staff we spoke with felt there was sufficient numbers of staff to support people. One staff member said, "I think we have enough staff at the moment for the number of people we support but if we have an increase in people, then we would need to look for additional staff." Another staff member told us, "I always have plenty of work so I think we have enough staff." We reviewed the processes in place for staff recruitment. The provider had a robust recruitment process in place. This included ensuring that all staff employed had a Disclosure and Barring Service (DBS) check prior to working with people using the service. This ensured that staff employed was suitable to work with people.

People told us they received appropriate support with their medicines. One person said, "I take my own medicine, the staff just pop it in a little plastic cup for me." Staff we spoke with confirmed to us that they supported people with their medicines and had received training on how to support people safely. We saw that systems were adequate to record what medicines staff had supported people with. The manager informed us that spot checks of staff administering medicines were carried out. Checking staff competency is another way of making sure staff have the skills and knowledge required to support people safely. Staff we spoke with were able to describe how they supported people with their medicines including appropriate action to take if someone refused their medicines. We saw that care records contained some detail of the support people required to take their medicine.

Is the service effective?

Our findings

People and relatives we spoke with told us that the quality of the support delivered by staff was consistent and met people's individual needs. One person told us, "The staff do have the skills needed to care for me." Another person said, "Some staff adapt quicker than others but I don't feel disadvantaged in any way. [Manager's name] makes sure the newer staff member is teamed up with the more experienced staff member so not such a problem." A relative said, "I think the staff have the correct training but new staff are always with a more experienced one so I have no concerns." Staff we spoke with was able to explain to us about the individual needs of the people they supported. One staff member said, "We always check the care plan and daily records because things can change so quickly and it's important we pick up on anything new or if there is anything we need to be made aware of."

We saw that new staff members had completed induction training which included working alongside an experienced member of staff. One staff member told us, "I shadowed a colleague during my induction which I found was very useful." Another staff member said, "Although I had done this type of job before, I did find the induction quite useful." The manager confirmed and we saw that staff completed regular training throughout the year. Staff told us they felt they had the necessary training and they felt supported by the provider to carry out their role. A staff member told us, "The training is very useful." Another staff member said, "The training is all very good, I think we all do a good job and I'll ask for help and training if I think I need it."

Staff we spoke with told us they received supervision and confirmed the manager or senior would complete spot checks and observations of their work. Staff continued to tell us the manager was 'very approachable'. Records we looked at confirmed that staff did have supervisions and spot checks. A spot check is where a member of the management team would assess the capabilities of a staff member in the workplace environment.

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. We were told by the provider that the adults they provided a support service to had the mental capacity to make decisions about their care and support. We saw from people's care plans that they were supported to make decisions about the care they received. People we spoke with said staff would always explain what they were doing and ask them for consent before carrying out any support and care needs. One person said, "Staff always ask me first before they do anything." A relative explained, "The staff are very careful to ask mum before doing anything for her, she's very independent."

Staff told us they had completed training in the MCA and gained consent from people they provided support to. Staff confirmed in their conversations with us they knew the people they supported well. Staff explained how they involved people in their day to day choices. One staff member said, "Most of the people we go to can tell us what they want but there are a couple who cannot tell us so we make sure we give them a choice

like showing them two different outfits to choose from, I can tell by their facial expressions which one they like."

Staff we spoke with told us 'mostly' everyone they supported lived with a family member or their relatives visited regularly, so they did not 'always' become involved in people's nutritional choices. However, staff explained they did sometimes support people preparing food and drinks. People we spoke with confirmed staff would offer them a choice. We saw from care plans that people who needed support from staff to cook prepared meals, were supported in the way that they preferred.

We saw from care plans there was significant input from health and social care professionals, for example, GPs, district nurses and social workers. We found that family members were usually responsible for arranging people's routine healthcare appointments. However, the manager told us they had referred people to the relevant healthcare professionals to seek specialist advice. For example if redness started to appear on people's skin the person would be referred to a skin specialist. Staff were aware of their responsibility to report changes in a person's health and one staff member told us, "[Person's name] started to develop some skin damage, I reported it to the office and on the same day, the district nurse came out." People and their relatives were happy with the support they received with healthcare and we saw the provider worked well with healthcare agencies to ensure people's health and support needs were continually met.

Is the service caring?

Our findings

Everyone we spoke with told us the staff was caring and kind. One person told us, "Everyone who has come to help me has treated me very well." Another person said, "I have always found all the staff to be very caring, kind and considerate." A relative said, "We have been with Embec for a while and have always found the staff to be kind and caring."

People and relatives we spoke with told us they felt listened to and were involved in planning the care and support received from staff. One person told us, "I do have my support reviewed [manager's name] came out only last month to see me." Another person said, "We have a copy of the plan in the house and the staff regularly write in it, my family find this helpful." A relative told us, "If the staff didn't listen to mum they'd soon know about it." (laughing).

We saw that people were provided with a detailed care plan and people and relatives confirmed a copy of the plan was left in each person's home for reference. People we spoke with were able to tell us which staff members supported them and the times they received their calls. One person told us, "I usually see [staff name] but they [staff member] can't come every so I do have other staff as well." We saw that there was some information available about people's life histories. The manager explained they discussed the care plan in detail with the person and relatives at the time of the initial assessment. Staff we spoke with was positive about their role and the relationships they had developed with the people they supported. Staff were able to tell us about things that were important to the people they supported. A staff member told us, "I've been supporting [person's name] for a long time now and we get on very well."

People and relatives told us that they never heard staff talk disrespectfully about another person while they were supporting people. People and relatives felt staff was conscientious and maintained people's confidentiality. One person said, "I've never heard staff talk about anyone else when they are here [at the person's home]." One staff member said, "We would never talk about other people when we are in peoples' homes; that would be breaking their confidence."

Staff told us that people's independence was promoted as much as possible and gave us examples of how they did this. One staff member explained, "[Person's name] has limited mobility but I always try to encourage them to do what they can." People we spoke with told us staff supported them to make day to day decisions about their care and support.

People we spoke with told us that staff 'always' treated them with dignity and respect. One person told us, "The girls are very respectful, they do their best to maintain my dignity." Staff gave us examples of how they ensured a person's dignity and privacy was maintained. For example, making sure doors and windows were closed and people were appropriately dressed in clean clothes.

Is the service responsive?

Our findings

People and relatives we spoke with told us they felt people's needs were being met. People and relatives confirmed they had been involved in the initial assessment process with how care and support needs would be delivered. One person told us, "They [manager] came to see me and we went through everything what was needed." Another person said, "[Staff name] comes out and will ask me if everything is ok." People we spoke with all confirmed staff recorded what they had done in the daily records that were left at the person's home, after every visit.

When a person first started to use the service, the manager told us that a review would take place after approximately six weeks to ensure the care and support provided was meeting the person's needs. People and relatives were given an opportunity by the manager to raise any issues or concerns. People and relatives spoken with confirmed the manager or another staff member had contacted them through telephone calls and visits to people's homes. The manager explained all the arrangements in place to regularly review the care and support being provided to people. Care files we looked at showed that reviews of people's care and support needs had taken place and recorded any points that required action. A relative explained how the service for their family member had changed due to a number of hospital admissions. The provider had submitted a request for the person's needs to be reviewed by the local authority. This showed the provider ensured peoples' care needs were still met even when there had been change in their circumstances.

We saw that care plans were detailed and written to reflect people's individual care and support needs. Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. One person said, "I couldn't ask for more, they [staff] are absolutely marvellous, I don't know what I'd do without them." Another person told us, "I am happy at the moment." A relative said, "Sometimes there may be some timetabling issues but nothing major, we're very happy with the support given to mum." We saw from records people had staff members that provided regular support to them. Staff we spoke with knew what was expected of them and gave us examples of how they delivered individualised care and support to people. A staff member told us, "We all know to make sure we read the daily records and care plan because peoples' needs can change overnight so it's important we have the correct information to hand."

People and relatives we spoke with told us they were happy with the service received from the provider and had no complaints. Everyone we spoke with confirmed if they did want to complain they would feel confident the manager would deal with their concerns quickly. One person told us, "There have been a couple of minor gripes but [manager's name] is always very quick to resolve matters, I am very satisfied with the service I get from them [Embec]." We saw there had been no complaints recorded since the last inspection. Staff explained what action they would take if a person wanted to make a complaint and told us they had confidence that the manager would resolve the complaint in a timely manner. We also saw that there had been a number of compliments received by the service. Comments included "Very pleased to have chosen Embec, staff are brilliant," "We are very pleased with the service [person's name] received," and "I like the friendly, pleasant attitude of the staff."

Is the service well-led?

Our findings

The provider had received confirmation on the day of our visit that their application to become the registered manager had been successful. We had been informed in November 2015 that the former registered manager had left the service. However, between December 2015 and August 2016, there was no registered manager in post, which is a legal requirement, and the provider had not kept CQC informed on the registered manager application process.

We were told by the manager of three safeguarding referrals they had made to protect people from the potential risk of harm. However, the provider had not informed CQC as they were required to do so by law. The provider apologised for their oversight and assured us any future notifiable incidents would be alerted to CQC. We found the provider had acted accordingly and worked with the local authority during the investigations. Although the provider had taken the appropriate action to ensure the safety and wellbeing of the people involved; their processes to inform and update CQC of matters they were required to do so by law, required improvement.

People we spoke with told us that they were 'very happy' with how the service was managed. One person told us, "I know if I had any problems, I can pick up the phone and speak with anyone at the office," and another person told us, "I'm very satisfied with the service." Relatives that we spoke with told us they were 'happy' to contact the manager and were 'confident' in the manager's ability to operate the service. One relative said, "[Manager's name] is most helpful, always returns my phone calls if I have to leave a message, the team are very approachable."

We saw from the provider's website there was up to date and information available with links for visitors to the website, to access local support group networks. The manager explained how they kept up to date with current care practice to ensure they maintained their website with accurate information. The provider's past and present quality survey results were published on the website for everyone to view. The manager told us, "We are transparent and happy to share information on our website."

Staff told us the manager had provided continuity and leadership and felt supported in their role by the manager. Staff explained the manager or senior completed spot checks on the care they delivered. We saw from records that spot checks had been completed. One staff member told us, "Personally, I think more spot checks should be done, they are a good thing, they make sure we deliver appropriate care and support."

Staff we spoke with and records we look at confirmed staff meetings had taken place. One staff member said, "I really enjoy our staff meetings, it gives us a chance to all get together, we can share good practice, I find them very useful." Staff confirmed if they were unable to attend the staff meetings they did receive minutes which kept them informed of the matters discussed. Staff spoke with all confirmed with us the manager was 'approachable' 'helpful' and they would have 'no hesitation' in requesting support or assistance. All staff spoken with said they knew what was expected of them. One staff member said, "I'm new to this type of work and it can be challenging but I love it." Another staff member told us, "I think

everyone working at Embec does a good job, we have a common goal that we care about people, making sure they are safe, comfortable and well cared for – I like to think we are good at our jobs and I like all my clients."

Staff told us if they were worried or concerned about anything they would speak with the manager or their senior. One staff member said, "I would go straight to the manager if I was worried about anything." Another staff member said "If I reported something and nothing was done about it I'd go to CQC." We saw the provider had a whistleblowing policy. Whistleblowing is the term used when an employee passes on information concerning poor practice.

Everyone we spoke with was positive about Embec Care and told us they would recommend the service to other people. One person said, "I would most definitely recommend them." Another person told us, "It is excellent." A relative said, "I can't speak highly enough of them [staff]." The provider had systems in place to support people and staff to express their views about the service. We saw the results of surveys which had been completed by people using the service. The information was collated and made clear the areas that required some improvement. Where required, this was recorded and monitored for trends to ensure people's experiences were improved.

We looked at systems the service had in place to monitor the quality and safety of the service. We found that the systems in place reviewed care plans, risk assessments and medicine recording sheets. Where any issues had been identified, for example, staff not accurately signing the medicine records, had been picked up and addressed either at the team meetings or individual supervision. People and their relatives told us that staff usually turned up on time for calls. One person told us, "There is a 15 minute window each side of the time they [staff] should be here, but if they are going to be late, I usually get a call to let me know." Although people told us that there were no issues with staff turning up late or missed calls there were no formal systems in place to monitor missed or late calls. The manager explained they had 'never' experienced any difficulties with late or missed calls because staff had 'always' contacted them if there were any problems. The manager told us, the provider had reviewed a number of recording systems and had 'considered' the possibility of one system, that used smart phone technology, being installed by Christmas (2016).