

Emmaculate Care Services Limited

# Emmaculate Care Services Selby Office

## Inspection report

Unit 3/4, Prospect Centre  
Prospect Way  
Selby  
North Yorkshire  
YO8 8BD

Tel: 01757335158

Website: [www.emmaculatecareservices.co.uk](http://www.emmaculatecareservices.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Emmaculate Care Services Selby Office is a domiciliary care service registered to provide personal care to people living in their own homes. The service is owned and operated by Emmaculate Care Services Limited and this is the only location currently operated by this registered provider.

The service is registered to support people with a wide range of needs, but at the time of our inspection predominantly supported older people and people who may be living with dementia. The service supported people who lived in and around Selby.

We inspected this service on 29 March and 12 April 2017. This was our first inspection of this service since it was newly registered in October 2016. The inspection was announced. The registered provider was given 24 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited. At the time of our inspection, there were 16 people using the service.

This inspection was in part prompted by concerns shared with us by North Yorkshire Police about the registered provider's recruitment practices. We explored these concerns with the Police during the course of our inspection and found that the registered provider was completing appropriate recruitment checks.

The registered provider is required to have a registered manager as a condition of registration for this service. 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. On the day of our inspection, there was a registered manager in post and as such the registered provider was meeting this condition of their registration. The registered manager was also the registered provider's nominated individual.

At this inspection, we found that records were not always well maintained. We found gaps in staff training records, evidence of recorded supervisions and that capacity assessments were not documented. Medication audits and audits of care plans were not robust or regularly completed.

This was a breach of regulation relating to the governance of the service. You can see what action we told the registered provider to take at the back of the full version of this report.

Staff supported people who used the service to take prescribed medicines. Staff received training; however, the registered provider did not document competency assessments to check and evidence that staff had the skills needed to safely administer medicines. We have made a recommendation about this in the body of our report.

We found that sufficient staff were employed to meet people's needs. People who used the service told us

they felt safe with the care and support staff provided. There were systems in place to support staff to recognise and respond to safeguarding concerns.

Rotas were organised to ensure people were visited by a small group of staff. This supported people who used the service to develop positive caring relationships with staff. People who used the service told us staff were kind, caring and treated them with dignity and respect.

People who used the service provided feedback about the skills and knowledge of staff. Staff told us they felt supported by the registered manager and business manager. Care plans and risk assessments contained information to support staff to meet people's needs. People were supported to ensure they ate and drank enough and to maintain their health and wellbeing.

People who used the service knew how to complain and there were systems in place to manage and respond to complaints.

## 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 safe.

People who used the service told us they felt safe.

Appropriate recruitment checks were completed and sufficient staff were employed to meet people's needs.

People who used the service were supported to take prescribed medicines. The registered provider did not document medication competency checks; we have made a recommendation about this in our report.

Risks were assessed and staff were supported to provide care and support to safely meet people's needs.

Good ●

### Is the service effective?

The service required improvements to be effective.

We received positive feedback about the effective care that staff provided. However, training records were incomplete and the registered provider did not document regular supervisions.

Staff sought people's permission before providing care and support. However, clear and complete records had not been maintained to evidence that people's mental capacity had been assessed.

Staff support people to promote and maintain their health and well-being.

Requires Improvement ●

### Is the service caring?

The service was caring.

People told us the staff who supported them were kind, caring and treated them with respect.

Rotas were organised to ensure that people were supported by familiar staff wherever possible.

Good ●

Staff listened to people and respected their decisions.

### **Is the service responsive?**

The service was responsive.

People who used the service and relatives we spoke with told us that staff were responsive to their needs.

Care plans provided person-centred information about people's needs and how these should be met.

There was a system in place to gather feedback and manage and respond to complaints about the service provided.

**Good** ●

### **Is the service well-led?**

The service requires improvement to be well-led.

People who used the service, relatives and staff provided positive feedback about the service and told us it was well-led.

Staff told us the registered manager was approachable and supportive.

Records were not always well-maintained and the registered provider did not have a comprehensive system in place to monitor the quality and safety of the service provided.

**Requires Improvement** ●

# Emmaculate Care Services Selby Office

## 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 registered provider was 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 29 March and 12 April 2017. The inspection was announced. The registered provider was given 24 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

The inspection was carried out by two Adult Social Care Inspectors.

This inspection was in part prompted by concerns shared with us regarding the registered provider's recruitment practices. We used this information to plan our inspection and have reported our findings in relation to these concerns in the body of our report.

Before our inspection we looked at information we held about the service, which included notifications. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share about the service. We used this information to plan our inspection.

We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spoke with five people who used the service and obtained feedback from two

people's relatives. We spoke with the registered manager, business manager and four members of staff. We looked at five people's care records, 12 staff recruitment files, training records, meeting minutes, medication administration records, audits and a selection of records relating to the running of the service.

# Is the service safe?

## Our findings

People who used the service told us they felt safe with the care and support that staff provided. One person said, "I do feel safe. The staff really are good." Another person told us, "They [staff] let me do things for myself, but they are very attentive. They keep an eye on me all the time to make sure I don't fall." A relative of someone who used the service told us they felt confident with the care and support staff provided, commenting, "The staff are very trustworthy."

Where necessary, staff supported people who used the service to take prescribed medicines. Staff we spoke with confirmed that they completed training on how to safely manage and administer medicines and the registered provider had a medicine policy and procedure in place to provide further guidance.

The registered manager told us they observed and monitored all new staff administering medicines to make sure they were safe and competent before they worked independently. Staff confirmed that they were supported when they started administering medicines to ensure they were confident with what was required. However, the registered manager did not document any formal medication competency checks as evidence of this process.

We recommend the registered provider reviews advice and guidance from a reputable source regarding the management of medicines.

People who used the service told us they were satisfied with the support provided with their medicines. One person who used the service said, "They [staff] really did help me with my tablets." They explained that staff used to help them with their medicines, but thanks to their assistance and support, they were now able to manage this independently.

Where staff supported people who used the service to take prescribed medicines, this was documented in their care plans along with information about the level of assistance required. Staff used Medication Administrations Records (MARs) to document medicines administered or the reasons why a medicine was not taken. We reviewed completed MARs and identified minor gaps where staff had not recorded that they had administered the person's medicines. However, we found daily notes confirmed the medicines had been given.

Systems were in place to support staff to appropriately identify and address safeguarding concerns to keep people who used the service safe. The registered provider had a safeguarding policy and procedure in place and staff we spoke with confirmed that they completed safeguarding training. Staff demonstrated that they understood the signs and symptoms which may indicate someone was being abused and appropriately described what action they would take to report concerns.

At the time of our inspection, there had been one safeguarding concern raised involving people who used the service. We saw that the registered manager had appropriately responded to these concerns to ensure that appropriate action was taken to safeguard people who used the service.



We reviewed recruitment records relating to 12 members of staff. We saw staff were required to complete an application form and have an interview before being employed. References were obtained and we confirmed that people's right to work in the United Kingdom had been established. The registered provider completed Disclosure and Barring Service (DBS) checks before new staff started working. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks support employers to make safer recruitment decisions and help to prevent unsuitable people from working with people who may be vulnerable.

People who used the service provided positive feedback about the staff that supported them. People told us staff arrived at the right time or rang to let them know if they were running late. People consistently told us their planned visits had never been missed. Comments regarding staff's reliability and punctuality included, "They've never missed a visit. Sometimes they may be a bit late, but [business manager's name] rings to let you know", "They're punctual, you could set a watch by them" and "They may be a bit late, but they have never missed a visit." Relatives of people who used the service said, "They are pretty good, nine times out of ten they are on time" and "They are very punctual or they ring if they're going to be delayed, but more often than not they are on time."

At the time of our inspection, there were 25 staff employed. We saw that rotas were organised and provided a week in advance. Staff we spoke with confirmed that they received rotas with details of their allocated visits and that sufficient time was built in to allow for travel. One member of staff told us, "It runs like clockwork, they [management] make sure there is enough time for visits." The registered manager told us they had 'reserve staff' they used to pick up shifts if gaps in the rotas needed covering.

The business manager told us there had been two issues with staff not arriving at the right time and we saw these concerns had been investigated and addressed. They explained that they had introduced and were refining an electronic system to record the time staff arrived and left people's homes and to automatically notify them if staff were late. This would enable them to monitor and ensure sufficient staff were deployed to meet people's needs.

During the inspection we reviewed people's care records. We found these contained details about people's needs and basic risk assessments identifying the risks associated with meeting those needs. We found risk assessments were in place with regards to people's mobility and falling, skin integrity, personal care, medication and with regards to people's home environment. However, we found some examples where risk assessments were not in place. For example, one person was supported by staff to go out shopping and to access their wider community, but there was no risk assessment in place regarding this activity. Another person required support around their cognition and emotional needs. There was no risk assessment in place to guide staff on how best to support this person to meet these needs. Despite these recording issues, staff showed a good understanding of the risks associated with meeting people's needs. Staff told us they shadowed existing members of staff and there was good communication from the registered manager and business manager to share information about how to safely meet people's needs. We spoke with the registered manager and they agreed to look into and address these minor recording issues.

There were systems in place to record accidents and incidents involving people who used the service. We saw that the registered manager and business manager were responsive and investigated issues or concerns to minimise risks to people's safety.

## Is the service effective?

### Our findings

We reviewed the registered provider's induction and training programme. The business manager told us the training they provided was aligned to the Care Certificate to ensure staff had the skills and competencies needed to provide effective care. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in their daily working life. It sets out learning outcomes, competencies and standards of care that should be expected.

The business manager told us some training was considered to be 'essential' and needed to be completed by all staff. This covered topics including first aid, moving and handling, fire safety, health and safety, infection prevention and control, the Mental Capacity Act 2005, safeguarding vulnerable adults and medicine management. The business manager told us all staff had completed their essential training requirements. However, we found that a clear and accountable record had not been kept to evidence this. We found that training certificates were not always available and there was no clear overview of what training each member of staff had completed, when this had been completed and when this needed to be updated. Without this information, the registered manager could not evidence all staff had received appropriate training and we were concerned that they could not monitor and identify when training needed to be updated. On the second day of our inspection the business manager showed us a 'training matrix' they were implementing to record this information and to address our concerns. We were also shown certificates which evidenced a range of essential training had been completed alongside other courses on topics such as food hygiene, information governance, lone working, person-centred care and epilepsy.

Although we were concerned that training records were incomplete, staff consistently told us they were supported to attend regular training and people who used the service provided positive feedback about the effective care and support staff delivered. Comments included, "They are all friendly and they know what to do. I don't have to tell them. They are definitely well trained. They know what to do and how to do it. Everything they do is good" and "They turn up on time and know what they are doing."

We also received positive feedback about the support provided to new staff. A person who used the service said, "Two of them come quite often and one is a learner. They sit and watch what needs doing and then they take over under supervision." Staff we spoke with confirmed that they completed shadowing before working independently and that this supported them to get to know people who used the service and how best to support them.

We reviewed records of staff supervisions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. We saw that three supervisions had been completed and these meetings had provided an opportunity for staff to discuss their training needs, any issues or concerns they had, time management and the workload. We also saw that three documented observations of staff practice had been completed. Whilst these provided positive examples of the support provided to these staff, we were concerned that more staff had not received supervision and there was not a clear and robust process in place to ensure regular supervisions were completed.

The registered manager and business manager explained that they had an open door policy and provided regular support, advice and guidance to staff, but acknowledged that they needed to document more regular supervisions.

The business manager told us that appraisals would be completed every six months; however, none had been completed at the time of our inspection as the service had not been operating long enough.

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. Where people lack mental capacity to make 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We saw evidence that people were asked to sign their care plan to record that they consented to the care and support provided. Staff we spoke with understood the importance of consent and supporting people to make their own decisions. However, we found that records did not clearly evidence that people's mental capacity to consent to care had been considered or that appropriate steps had been taken to ensure valid powers of attorney were in place.

For example, we saw that a person's relative had signed their care plan to record that they consented to the care and support provided. The care plan did not evidence that the person's capacity had been assessed. The person's care plan recorded that their relative was a power of attorney (POA), but no checks had been completed to ensure it was valid and applicable to the decision being made. A POA is someone who has been appointed by the Court of Protection to make certain decisions on a person's behalf. The registered manager and business manager told us they did not document mental capacity assessments and did not obtain copies of POA, but would address this gap in their record keeping.

Concerns about records kept with regards to training, supervision and around the MCA demonstrated that the registered provider had not maintained accurate, complete and contemporaneous records.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

If necessary, staff supported people who used the service with preparing meals and drinks. The level of support people required was documented in people's care plans. People who used the service provided positive feedback about this aspect of their care and support. One person who used the service said, "They [staff] make sure we are both ok and we have had something to eat and drink."

Staff we spoke with appropriately described how they supported people who used the service to ensure they ate and drank enough. One member of staff told us, "We give them things they like and encourage them." They explained that they had longer visit times to support this person with meals and drinks recognising that they needed a lot of encouragement to ensure they ate and drank enough. Staff told us if they were concerned about what people had eaten or drunk this would be fed back to the register manager or business manager who liaised with people's families or contacted the G.P if necessary.

People's care records contained information about any significant health needs they had alongside details

about any support staff were required to provide to meet those needs. We saw evidence that concerns regarding people's health and well-being were reported to the registered manager and shared with people's relatives or carers if they supported with meeting their health needs.

## Is the service caring?

### Our findings

People who used the service told us the staff that supported them were kind and caring. Comments included, "They are very pleasant and we have a laugh. They are very good", "They [staff] are really kind. They call you by your name and speak with you" and "They are very caring." A relative of someone who used the service told us, "I do find them [staff] very good. They are lovely with [relative]. They are very caring."

People who used the service told us they got on well and were happy with the staff who visited them. People told us they were generally supported by a small number of familiar staff. A person who used the service said, "Generally speaking they try to give you the same carer", whilst a relative told us, "It seems to be the same carers we get, which is nice."

The business manager explained that staff were split into four teams identified by colours – green, yellow, orange and blue. We saw that each team was responsible for providing care and support to a small group of people. The business manager told us this system was designed to ensure people were supported by a consistent team of staff and to help staff develop positive caring relationships with the people they were supporting. Staff we spoke with told us they spoke with people who used the service, their relatives and also read people's care plans to get to know them better. Staff also confirmed that they regularly visited certain people and this enabled them to develop a rapport and build positive working relationships.

People told us staff treated them as equals. We saw evidence that staff completed training around equality and diversity and staff we spoke with understood how this related to their working role.

People who used the service told us they felt staff listened to them and supported them to make decisions about their care and support. One person told us, "They are very good. They ask how I am and what I require and carry out everything I ask." Other people told us they were regularly visited by or spoke with the registered manager and business manager to make sure they were happy with their package of care.

We saw that people's care plans and risk assessments evidenced that people were involved in making decisions about their care and support. Staff we spoke with understood the importance of promoting people's independence by ensuring people had choice and control over how their needs were met. This demonstrated that people were supported to be involved in making decisions about their care and support.

People provided positive feedback about the polite and courteous staff who supported them. People told us staff treated them with compassion, dignity and respect. People confirmed that staff addressed them by their preferred name and were always polite and respectful when completing care tasks. Comments included, "The staff are very polite", "They are prompt courteous and do everything I ask" and "They treat me with respect." Another person said, "They always ring at the door and we let them in. They don't come in until we let them."

Staff we spoke with demonstrated that they understood the importance of treating people with respect and maintaining people's privacy and dignity.

## Is the service responsive?

### Our findings

We received positive feedback about the responsive care and support that staff provided. People told us staff were flexible and responded to their requests. Comments included, "There's not one that I could say anything against. They are all brilliant. They will do anything for you", "They are ok and they do their best. They are always very helpful" and "Anything we ask them to do, they will."

We reviewed care record relating to five people who used the service. We saw that each person had a care file containing copies of care plans and risk assessments relating to their care and support needs. These contained person-centred information about people's needs, what support was required to meet those needs and how the care and support should be provided, taking into account people's personal preferences. We saw that care plans and risk assessments covered important aspects of people's care and support needs including the support required with eating and drinking, personal care and around their mobility.

A copy of each person's care file was stored in the registered provider's offices and in the person's home for staff to look at during the course of their visits. In addition to care plans and risk assessments, staff maintained a running record of the care and support they provided to each person. We reviewed these completed 'daily records' and saw that they provided a good overview of the support provided to meet people's individual needs. They also included important information other staff would need to be aware of when providing care and support. This system supported staff to keep up-to-date if people's needs changed.

People who used the service said, "They have records and they fill them in everyday to the next person knows what to do" and "Every time they come they fill a sheet out with what they have done." A relative of someone who used the service said, "We have a care plan and they sit and write in it each morning and evening, it is all documented."

Staff we spoke with confirmed that they read daily notes, but also received updates from the registered manager and business manager where people's needs had changed. Staff we spoke with provided positive feedback about the communication and how this enabled them to respond to people's changing needs.

We saw that care files were reviewed and updated and saw evidence that people or their relatives were consulted and involved in this process. People confirmed that they were contacted to ensure they were happy with the care and support provided and to make sure no changes were needed to their package of care.

The registered provider had a policy and procedure outlining how they managed and responded to complaints about the service provided. At the time of our inspection, there had been five complaints dealt with through the registered provider's complaints procedure. We saw that a record was kept of what had happened and how the registered manager and business manager had responded to address the concerns. This showed us that the registered manager was responsive to complaints and took positive action to resolve outstanding issues.

We saw that information about the registered provider's complaints procedure was provided to people who used the service in a 'Service User Guide Handbook'. This also included information about how to contact the local authority and the Care Quality Commission to raise concerns if necessary.

Our conversations showed us that people knew how to raise any issues or concerns they had about the service provided and felt comfortable speaking with staff, the registered manager or business manager if needed. People who used the service said, "We've got a number for [business manager's name] if we need them. If we ever need to get hold of them we can" and "Any questions I ask they always give us an answer. If we have any problems they get sorted out." A relative of someone who used the service said, "I don't have any complaints. They are on time, they are respectful and they get on well with [relative's name]."

## Is the service well-led?

### Our findings

The registered provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was a registered manager in post and they were supported by the business manager and team leaders in the management of the service.

The registered manager was also the registered provider's nominated individual. They and the business manager were the directors of the registered provider Emmaculate Care Services Limited, which owns and operates Emmaculate Care Services Selby Office.

During our inspection we found that records were not always well maintained. For example, training records were incomplete, there was evidence that only three staff had received supervision and we saw only three documented observations. Clear and complete records had not been maintained with regards to people's mental capacity. Whilst the registered manager and business manager appropriately described the work they did to monitor staff's practice and check the quality of the care and support provided, there were minimal records to evidence this process. For example, the registered manager told us they observed new staff to make sure they had the skills needed to safely administer medicines, but they did not document medication competency checks. This meant we could not be certain how robust this process was in monitoring and ensuring staff had the skills and knowledge needed to safely administer medicines.

We found that the registered provider did not have a comprehensive system of audits to monitor the quality and safety of the service provided. We saw a small number of audits of medication administration records had been completed, but these were not sufficiently detailed and there was no clear system in place to ensure a systematic or comprehensive approach to auditing of MARs. Where issues had been identified, there was no action plan detailing how the identified concerns would be addressed. We saw that four care plan audits had been completed, but these too lacked important detail such as who they related to or when they had been completed. They did not evidence a robust or detailed approach to quality assurance.

Whilst people who used the service and staff told us the registered manager and business manager were proactive in monitoring, overseeing and making sure people were happy with the care and support provided; without more detailed records and audits there was little accountability or transparency and we could not be certain that issues or concerns with staff's practice would be identified and addressed.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

Although we identified concerns regarding the registered provider's record keeping, we found that the registered manager and business manager were responsive to our feedback and on the second day of our inspection showed us work they were doing to address our concerns. For example, we were shown a 'training matrix' which was being updated to provide an overview of staff training needs and which we were told would be used to monitor when training needed to be reviewed and updated in future.



This commitment to improve reflected our observations during the course of the inspection. The registered manager and business manager were clearly motivated to provide effective care and support for the benefit of people who used the service.

We asked people who used the service what they thought of Emmaculate Care Services Selby Office and whether they felt the service was well-led. Feedback included, "I'm really happy with them...I can't say anything against them", "They are excellent; very considerate, conscientious and they come on time" and "They are pretty good...The organisation, it runs like clockwork." A relative of someone who used the service said, "I think they are very good. They are very caring. The carers are wonderful."

Staff we spoke with also provided positive feedback about the service and told us it was well-led. Comments included, "They [the registered manager and business manager] will go a million miles for people. It's always service users first" and "I feel proud to work for such a great company." Staff consistently told us they felt supported by the registered manager and business manager. They told us they felt able to approach them with any worries or concerns and that these would be listened to and dealt with professionally. Comments from staff included, "They [the registered manager and business manager] have a very good open door policy. If you have any concerns you can go to them" and "I find they go above and beyond in how they go about things. They listen to you if you have got any problems."

We saw that the registered provider completed a survey to gather feedback from people who used the service. We saw that 12 surveys had been returned between November 2016 and March 2017. These contained consistently positive feedback from people who used the service and their relatives. Comments included, "They quality of the care [relative] receives is outstanding", "All-round a very good service" and "Very impressed with the personalisation of the care provided and the continuous communication." A person who used the service told us, "They [management] come quite often and monitor the staff. [Business manager's name] also asks if we are ok and if there are any queries or things we want to discuss."

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not ensured complete and contemporaneous records had been maintained in respect of each service user and had not maintained other necessary records in relation to the management of the regulated activity. Regulation 17(2)(c)(d).