

Epiphany In Care Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

This was an announced inspection carried out on the 21 April 2016. This is a new service registered with the Care Quality Commission on 8 April 2015. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Epiphany in Care is registered to provide personal care and support for people within their own homes. At the time of our inspection four people were receiving care and support from this service.

There was a registered manager in post. 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.

Although people said they received their medicines safely, some aspects of medicines management were not always the best practice. Some risks to people were not assessed however; plans were put in place to reduce the likelihood of them experiencing harm. The provider had ensured staff received training and support to carry out their duties. However, these trainings had not been formalised including specialist trainings. People told us they felt safe and that the service was reliable and people received their support visits as planned. People said staff had sufficient time to give them the assistance they required. The provider had ensured through the use of satisfactory recruitment procedures that staff were suitable for their work role.

There was an up to date policy in place regarding the Mental Capacity Act 2005. This ensured that people gave consent to their care and support and their right was promoted. People told us they received the help they wanted and the provider and staff listened to them. They said staff were caring and polite and they had positive relationships with them. People's support was regularly reviewed to make sure it was safe and met their needs. The provider checked the quality of the service people received by observing how staff supported people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Some aspects of medicines management were not always the best practice although people said they received their medicines safely

People received reliable support and staff were allocated enough time to meet their needs.

Potential risks had been identified and plans put in place to keep people safe. However some risks to people had not been assessed to prevent harm.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

The provider had ensured staff understood their responsibilities and had the skills to meet people's needs. However formal and specialist trainings had not been provided to staff.

Staff received on-going support from the provider to ensure people received appropriate care.

Staff understood the key principles of the Mental Capacity Act 2005 and people's right were promoted.

**Requires Improvement** ●

### Is the service caring?

The service was caring

People said they were happy with the staff who supported them because they were kind and caring.

People said staff respected their privacy and their dignity was maintained.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

People's needs were assessed and their support planned and delivered with their involvement.

People said they were listened to and their preferences were met.

People knew how to make a complaint about the service. They said they had no complaint.

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

The service was well led.

People told us the provider asked them for their views of the quality of the service.

The provider directly observed how people were supported to ensure they received appropriate support.

Care records were accurate and up to date and were securely kept.

**Good** ●

# Epiphany in Care Limited

## **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 21 April 2016 and was announced. The inspection team consisted of one inspector.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law.

We visited one person in their home and spoke with two care staff, and the registered manager. We reviewed two people's care records and two staff records. We also looked at training records and other records relevant to the quality monitoring of the service. We also spoke with three other people who used the service and one relative on the phone after the inspection. This was to ask them for their views about the service.

# Is the service safe?

## Our findings

Although people said they received their medicines safely, some aspects of medicines management were not always the best practice. Some people who used the service received support with medicines, and some managed these independently.

Medicine administration records (MAR) were held in people's care files in their homes and staff signed it to indicate they had provided them. We noted the medicine administration records we looked at had been completed, however, there were no codes to enable staff to indicate where people had not taken medicines or declined them for any reason. This could mean that there was a risk that missed medication might not be recorded and action taken. The registered manager told us they would consider obtaining a pre-printed MAR with codes from the pharmacy to enable staff record when someone declined or had not taken their medication.

The provider who is also the registered manager told us that as a small agency they provided medication training to the staff on induction as they had attended a certified medication training course when they opened the agency. We were informed that they had booked a package of formal core training courses for the staff including medication on 6 May 2016. Evidence of this booking was shown to us at the visit. Staff told us that the registered manager had properly trained them to administer medication.

People told us the service was safe. A person told us, "The staff are very honest and trustworthy. We wouldn't let them care for us if they were different " People told us staff were always on time and stayed the amount of time they were supposed to. Comments included "Sometimes they stay over the time they are supposed to. This is to make sure we are comfortable and that everything was done before they leave. I think it is fantastic". Another person said of the member of staff who provided their support, "They are always on time and had never let me down and will always stay longer if they need to make sure I am ok before they leave". Another comment was "They always arrive on time. I didn't have to wait".

People also told us they received support from regular staff and said if their regular worker was unable to attend for any reason they received support from another member of staff who they knew. They told us this made them feel safe. Staff told us that they had time in the visit to chat with people to make sure they were well, and they said that they felt there was enough staff to meet people's needs safely.

People's records included information about any risks to their health and safety. For example, there was information about how people moved around their home and the type of support they required from staff to ensure they were safe. However, there were no environmental and moving and handling risk assessments in people's care files. This would identify any hazards and provide guidance to staff on what to do to reduce those risks. For example, one person who walked about frequently but unsteady on their feet and was at risk of falls had no guidance for staff to follow to keep them safe. However, reports from health professionals about how people should be safely assisted with regards to identified conditions were included in the care records. Daily records were completed by staff which demonstrated they followed these guidelines.

The provider had a safeguarding vulnerable people from abuse policy and procedure. Staff we spoke with

had all received training on the recognition and reporting of abuse and neglect from the registered manager. They were able to tell us what signs of potential abuse to look out for and the response they would make. One staff told us " I will report any form of abuse to the manager" They said they had read the policy and understood they could report any concerns that the provider was not keeping people safe to the local authority and the Care Quality Commission using whistle blowing procedures.

Staff told us they knew how to respond to emergencies. They told us about how they would dial 999 in situation of a life threatening nature which demonstrated that they knew how to take prompt and effective action. One staff member told us they would arrange urgent medical treatment for people if they had a fall or if there was an emergency.

Staff recruitment files evidenced that the provider had taken steps to ensure that people received support from staff who were suitable. They had undertaken checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions and obtained references and ensured staff had appropriate knowledge and experience. Staff had been interviewed and a record kept of how they had demonstrated they were suitable to work with vulnerable people and had relevant skills such as how to communicate with people.

## Is the service effective?

### Our findings

The provider had ensured staff received informal training and support to carry out their duties. However, this training had not been formalised to include specialist training." Staff records confirmed staff had received recent informal training in relevant topics from the provider such as safeguarding vulnerable adults and hand hygiene. Staff had not received training on subjects related to the people they supported although courses had been booked for staff from an external provider. These included dementia awareness, Parkinson's disease, health and safety, fire awareness, infection control medication, safeguarding people from abuse and Mental Capacity Act 2005 (MCA). Without this training there was a risk that staff would not have the knowledge that was required to meet people's needs effectively.

Staff told us they had the skills they required to give people support to meet their needs. A member of staff told us. The manager is a good trainer. They taught me how to care for people properly. The provider spent a lot of time on training me on all areas. For example, on how to empty catheter bag. I must wear gloves to promote infection control [The provider] asks what we have learnt afterwards."

Staff told us they had completed an induction when they started at the service. They said that during this period they had read the policies and procedures and been introduced to the people they supported. Staff told us they had shadowed the registered manager who explained to them key points about how people should be cared for. They had also read people's individual care records. We saw in one of the staff records that during their induction training they had undertaken the Care certificate (a set of 15 standards that social care workers complete during their induction and adhere to in their daily working life) and shadowed the registered manager.

People told us they were very happy with the way staff supported them and said staff were skilled and knowledgeable. One person who used the service told us "Yes I believe the manager trains the staff well. They are very good and they know exactly what is required". One relative told us" I believe staff are well trained and have the skills to support my relative".

The provider ensured during the induction session that staff understood how to communicate well with people whilst they supported them. One staff member who recently joined the service told us they had undertaken basic training with another employer before they joined Epiphany In Care. Their training had covered medication, recognition of stroke, first aid, safeguarding people from abuse, dementia, moving and handling and diabetes. The staff member was shadowing the registered manager on the day of our inspection.

Staff records included evidence that they had received recent supervision from the registered manager in relation to their work and had discussed people's needs. A staff member said "I have had two supervisions since I started and we discussed about my work with the people I support." Staff told us the provider was very supportive and easy to contact at any time to ask for advice.

People told us they fully consented to the care they received. There was an up to date policy in place

regarding the Mental Capacity Act 2005 (MCA). Staff we spoke with had received training on the key principles of the MCA from the registered manager and understood how to put these into practice should it become necessary to promote the rights of people who may lack mental capacity. Staff had an understanding of the importance of consent before providing care. One person who used the service told us "They always ask me before they do anything for me. I know about my care plan and I signed it".

People's care records included information on how the service met their dietary requirements. A person told us they were happy with the way the staff supported them with their breakfast. Staff told us the person told them each day what they wanted and they prepared it. None of the people who used the service had complex dietary needs but staff we spoke with told us they had been trained to be alert to signs such as changes in a person's eating habits and report them to the registered manager. We asked the registered manager about the steps that they would take if they were concerned about someone's nutrition. We were satisfied from their response that they would, with the person's consent take appropriate action such as supporting them to access their GP for advice.

People told us they received the support they needed in relation to their healthcare needs. For example, a person's care records included information from a health professional about their health condition and the help the person needed. The person's support plan included this guidance and records confirmed the person's support was delivered in accordance with it. Staff told us they were trained to ask people how they were and to be alert to any signs that a person was unwell. One relative told us "They are very observant and would contact me if my relative was unwell". Staff gave us examples of situations when they had ensured people obtained appropriate healthcare. These included when someone seemed disorientated after they returned from a short trip.

## Is the service caring?

### Our findings

People told us the service was caring. A person said, "the staff are very caring, very nice. I could not fault them at all." They said relationships with staff were positive, "we have a laugh with carers during the visit." People we spoke with confirmed that they were cared for as they wished. "They do exactly what we want them to do and more". Another person said "They are very good. I was in a bad way when (name of provider) started helping me, but they have turned the corner for me. I am very happy". One relative told us "I think they are lovely and my relative thinks so too. My relative likes the staff. They seem to gauge the mood as my family member needs a bit of persuading to do some things and they do so nicely better than me. I have every confidence in them". Other comments included "They go beyond their duty to do things they are not expected to do for my relative and me. If I can use them all the time I will do."

People told us the provider had an initial meeting with them and asked them about their wishes in terms of how they wanted to be supported. Care records included detailed information on people's wishes and preferences. For example, one person told us "I like to have a hug when I am low and I always get a big one". Another person said "Yes, we had an initial meeting before the agency started providing care to us. We had a little interview and that's when I made it clear about being patient and compassionate with our care and that's exactly what we get. They check for pressure points when I have a bath".

People we spoke with were clear that they were able to tell staff what to do for them and they had choice and independence. For example, one person said they had been very specific with the provider about the timing of their support visits and they received support in line with their preferences. They said they continued to be independent with many activities and the support they received promoted this. They said "I asked for help with certain things such as shopping which is what I get."

People told us staff were respectful towards them and respected their privacy. They said they felt comfortable whilst they were receiving personal care. One person told us. "They treat us with dignity and respect. We have a laugh and joke with staff all the time. In fact once my spouse dropped something on the floor the carer got down on their knees and said (name of the person) will you marry me and I said they are already taken. We love our carers" Another person said "They are very respectful and polite".

Staff we spoke with were able to explain the practices they followed to uphold people's privacy and dignity whilst caring with them. One staff member said "I make sure I cover the service user's private parts when they have a shower and make sure I knock on the door and wait for answer and talk to them with respect".

People told us they had received written information about the support visits they would receive and how their needs would be met. They said they were also given information about the service which included emergency contact numbers.

## Is the service responsive?

### Our findings

People told us they received the care they needed and were listened to. A person told us they had been involved in creating their care plan, and were happy with the service they received. They said, "The cares are excellent they do exactly what is written on the care plan and we are very pleased. They look at the care plan first for guidance to how best to provide support." Another person told us how they had been involved in agreeing an initial care plan, and since then had worked with the provider to update it so it met their current needs. They said the staff always listened to them and would change what they have done based upon this feedback. They told us. "We have worked with the agency for a long time and they are always willing to be flexible to accommodate us. It is only a small agency. We wish they have more free time we would employ them for longer period. They are very good. They offer answers to our problems".

The provider told us they met with people before they started to use the service to ask them about their support needs. Care records included an initial assessment and a support plan. These were fully completed and set out what people's individual needs were in relation to their health and personal care. They had details of people's circumstances and background and included important information such as key contacts. Care plans were up to date in terms of people's needs and the support they received. People we spoke with told us that staff completed daily records to confirm that they had delivered their support as planned.

People we spoke with said they were in close touch with the provider. They told us the provider visited them regularly to assist them with their support and also telephoned them to ask for their views of the service.

The provider took account of complaints and comments to improve the service. We saw there was a system in place to address any complaints that arose. This included a complaints procedure which was available to people who used in their own homes No-one we spoke with raised any concerns. They said they would feel comfortable speaking with the manager or staff if they needed to.

People told us that had no complaints about the service but would have no hesitation in raising a concern with the provider if they had any complaints or concerns. People said they thought the registered manager would act on any concerns they had. One person told us "No problem at all I have no complaints" Another person said "I am extremely satisfied with the agency I have no problems at all". People told us they had received information about how to make a formal complaint when they started to use the service.

Staff we spoke with were aware of the provider's complaints procedure and how people could use it. There had been no complaint recorded in the last year.

There was also a compliments record of people's appreciation of the services they had received. Comments included "Thanks a million for all you have done for me during the year 2015. " And" (name of service user) has been using the services of Epiphany In Care for some time now to our complete satisfaction. Having used other care providers, Epiphany In care is by far the best we have used, providing excellent care with dignity and patience which is important as (name of the person) suffers from many conditions. Their carers

interact well and provide excellent value for money".

## Is the service well-led?

### Our findings

The provider of the service who is also the registered manager was involved in the day to day operation of the service. People told us they had met the provider when they had assessed their needs and they had also provided their support. They said the registered manager was approachable and friendly. They told us the provider always asked them for their views of their support and how their experience of the service could be improved. They said their suggestions were acted on, for example in relation to the timing of support visits.

People had completed a brief questionnaire about their support. Some of the questions included if the carer arrived on time and if the carer respected their privacy and their dignity. The responses confirmed people were happy with the service they received. One person said "I am very happy with the agency." Another person said "We are very satisfied the services provided".

The registered manager and staff told us that the values of the organisation included to provide good quality service, to listen to people and act on their requests or comments, to enable people to be as autonomous as possible and provide flexible services. One person told us "Epiphany in Care always live up to their values. We are happy".

The registered manager told us they updated their current practice by subscribing to the CQC and Skills for Care newsletters and attending various training updates with the local councils.

Staff told us the provider was a good role model in terms of the way they related to people who used the service and staff. One staff told us. "The manager is a very caring and patient person. They take their work seriously, always on time, very respectful. All the service users like her and always happy to see her". Another staff member said "The registered manager is a fair person; they will talk to you in a good mannered voice. They are approachable and would listen. They would not make a hasty decision but will come back to let you know."

Staff told us the manager was open to their ideas and committed to providing people with a quality service. Staff said registered manager had made sure they (staff) understood the values of the service which were set out in the staff handbook. Staff told us they had the opportunity to discuss how to improve the service at regular discussions. Staff told us they enjoyed working for the service. A member of staff said, "It is a small and friendly agency, slow starting and doing their best. I am happy to be a part of it".

Staff said the provider checked the quality of the support they delivered. They said they undertook 'spot checks' when they observed how they supported people. Supervision records included brief notes of the provider's observations of staff practice. These notes covered how staff had communicated with people, upheld their privacy and dignity and how they had completed their duties and met people's needs in accordance with their support plan. Staff said the provider checked during these visits that their record keeping was accurate and up to date. They said they had received guidance from the provider on how to record the support people had received. A member of staff told us, "We have to make sure we record everything we have done in details." This showed that the registered manager ensured that care records were accurate and up to date.

