

## Empathy Care Services Limited

# Empathy Care Services

### Inspection report

47 De Havilland Gardens  
Bury, Ramsey  
Huntingdon  
PE26 2SD

Date of inspection visit:  
29 November 2022  
07 December 2022

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22 December 2022

### Ratings

Overall rating for this service	Good ●
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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?	Good ●

# Summary of findings

## Overall summary

### About the service

Empathy Care Services is a domiciliary care agency registered to provide personal care to people living in their own homes or other care services. The service supports younger and older people, people with a sensory impairment and people living with dementia. At the time of the inspection, 10 people were using the service and 9 were receiving personal care. During our inspection the provider has applied to change the address of the service where people's care is managed from. When we visited the site office they had moved to their new address.

### People's experience of using this service and what we found

Staff knew how to safeguard and support people to keep them safe. Enough suitably skilled staff had been safely recruited.

People were supported by a consistent staff team who they felt comfortable with. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practise. The service and the staff team took on board learning when things went wrong.

People's needs were assessed before the service provided them with care or support. Staff knew people's needs well and care plans were reviewed as soon as changes occurred. Staff had received the required training and ongoing support to help them maintain and improve their skills. Relatives and health professionals all confirmed staff had the skills necessary to care for people well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives told us staff were caring and knew people's needs and preferences well. Staff gave people privacy, treated them with dignity, respect and promoted people's independence.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs. Complaints were used to help drive positive improvements. Procedures and policies were in place should any person suddenly become unwell or need end of life care.

Monitoring and oversight of the service was effective in identifying and driving improvements. The registered manager led by example and had fostered an open and honest staff team culture. People came first and foremost, and they had a say in how the service was provided. Apologies were offered when things went wrong, and the provider was open to learning as well as used compliments to identify what worked well. The provider worked well with other organisations, to provide people with joined up care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 3 September 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Empathy Care Services

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this. This was because some people needed a court appointed deputy or relative to speak on their behalf.

Inspection activity started on 29 November 2022 and ended on 7 December 2022. We visited the office location on 7 December 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since its last inspection. We sought feedback from the local authority safeguarding team. We used all this information to plan our inspection.

During the inspection

We spoke with four people and three other people's relatives, nine staff including the registered manager, care coordinator, senior care staff and care staff.

We reviewed a range of records. We looked at three people's care plans, various medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, quality assurance processes and various policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of when and how to refer safeguarding incidents to the appropriate authorities and took appropriate actions when needed.
- Skilled staff kept people safe as they were knowledgeable in identifying and reporting any potential abuse. A relative told us they trusted staff and were happy to leave their family member in staff's safe hands.
- People and relatives we spoke with told us people were kept safe as staff used equipment correctly and adhered to healthcare professionals advice.
- Staff told us they would look for and report any changes in people's personality, body language, increased distress or being fearful of someone. One staff member told us the different types of abuse and what the signs or symptoms of these could be, such as not taking care of themselves, marks on a person, changes to their mood or being tearful. The staff said, "I would report to my [registered] manager, and if no action was taken, then to safeguarding [authority] or if needed to the police."

Staffing and recruitment

- There was a robust recruitment process in place to help ensure staff were safely recruited. Appropriate checks were in place including those for photographic identity, employment and good character references, permission to work in the UK and a declaration of health status.
- Other checks completed on staff's suitability included a Disclosure and Barring Service (DBS) check for adults and children. The information provided in these checks includes details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions. One staff member said, "I had a police check from my country of origin and a DBS in the UK."
- People told us in the main that staff generally arrived on time. Some people however had care call visits that were not as evenly spaced as planned. The registered manager was aware of this and had reminded staff to report when they were running late or early. The provider was in the process of implementing an electronic system so they would have real time information about staff's whereabouts.
- People and relatives told us there were enough staff with the required skills to keep people safe without rushing care. One person told us, "I do have different staff, but these are a consistent staff team and we have got to know each other well."

Using medicines safely

- Trained and competent staff administered medicines as prescribed. For example, when medicines were started or stopped by a GP.
- The registered manager undertook audits of people's medicines and their records. They used these audits to improve medicines administration, such as for specific instructions and the time medicines needed to be

administered including before food or drink.

- People and relatives we spoke with who had support with administering medicines confirmed all medicines had been given as prescribed and staff had never missed a dose. One relative told us, "Staff have never been late, crucial for his [health condition], but they don't miss any medication."
- One person told us staff always made sure they took their medicines before food and that they sat up for a period of time. Staff completed Medicine Administration Records as required and correctly used codes for not administering, such as when the person was asleep.

#### Assessing risk, safety monitoring and management

- The provider had completed risk assessments as part of people's care and support. These were in the main detailed and included specific guidance for staff to help ensure people were safe. In some people's care plans however, further detail was required around the orientation of a sling to a lifting hoist. The registered manager told us they would add further clarity for how to use lifting equipment correctly.
- One staff member who supported people with repositioning said, "I was shown how to correctly attach slings, there are different coloured hoops that go in a certain position. It avoids a risk of confusion."
- People and relatives told us they felt safe as staff were always careful, knew how to check skin integrity, ensured people had food and drinks that were safe for them, such as soft food or drinks with thickener.

#### Preventing and controlling infection

- Staff adhered to good infection prevention and control (IPC) guidance, wore the correct personal protective equipment (PPE) according to each person's needs. All staff confidently spoke about the correct and effective use of PPE and told us how to prevent cross contamination. For example, thorough hand washing and changing PPE as required.
- One relative told us, "[Staff] always wear their PPE when providing personal care. They take their PPE away or dispose of it safely in the bin outside."
- Staff adhered to the provider's IPC policy. Checks were undertaken to help ensure good standards of IPC were consistently upheld. For example, knowing how to use PPE correctly so it was effective.

#### Learning lessons when things go wrong

- There was a clear purpose to using learning to drive improvements. This positive sentiment was shared by all staff we spoke with. One person told us they had reported staff for not wearing all their PPE and since, there had been no reoccurrence.
- Learning was shared with staff who took on board any changes. One staff member said, "Things occasionally do go wrong, but when they do the [registered] manager is very good at correcting any issues quickly, such as when staff put some PPE in the wrong waste bin."
- The registered manager had oversight of people's care and support. They analysed incidents, such as falls, skin integrity or malnutrition for any potential trends. They were then able to take effective action.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager or their representative undertook an individual assessment of people's needs before people's care and support started. This enabled each person's needs to be discussed and helped determine the information and guidance in people's care plans for their care needs.
- One person told us, "Staff know what they are doing. When I started, they asked me questions about what I wanted. Everything is quite satisfactory." One relative said since the initial assessment, regular reviews and changes had been made including additional equipment and more staff as the person's needs had increased.
- People at an increased risk of malnutrition had details in their care plan how this was minimised. One staff member told us how the speech and language therapist (SALT) guidance was followed for adding thickeners to all drinks to aid a person's swallowing.
- People and relatives were positive about the way people were supported to eat well and healthily. One relative told us, staff were good at encouraging enough intake of fluids and highlighting risks, such as unexpected weight loss.

Staff support: induction, training, skills and experience

- Staff received support and training in areas relevant to their roles, such as moving and handling, how to communicate with people with a sensory impairment, dementia and diabetes care.
- Staff told us they got the support they needed including guidance from health professionals, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff completed a comprehensive induction with additional face to face learning, such as for medicines administration and the use of people's equipment. The induction was supplemented with mentoring staff who worked with experienced staff until they knew people well and were confident in their role.
- One staff member told us, "The training I had was thorough. Each item of equipment we use was explained in detail, what we need to check and how it could impact on people such as if they have had a stroke."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals, such as a GP, SALT or community nurses when needed. One staff member told us, "Some people have help with meals and others help to prepare them. Also, people who have diabetes you have to follow the care plan, so they eat the right foods. I know if they have low or high blood sugars, but a community nurse administers their insulin."

- Incident records showed how staff had responded to people falling or other health conditions. One relative told us, "My [family member] would not be here today without staff. The staff called the ambulance and stayed with them until it was safe for [staff] to leave. I am grateful for what they did."
- The registered manager worked closely with various health professionals. Guidance from them including managing people's health conditions had been followed.
- Staff supported people to stay healthy in areas such as nutrition, good standards of hygiene and safe use of equipment related to people's care. A staff member told us how they used a hospital type bed for a person by lowering it for any moving and handling tasks and checking the bed rails and covers were safe.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were given choice and control over how they spent their time. Staff sought consent from people in a variety of ways. People's choices were respected even if people wanted to take risks in a safe way.
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney. These representatives made decisions that were in people's best interests. One relative said, staff were very good at offering a variety of options of clothes to wear, even if their family member generally picked the same colour.
- Staff received training in the MCA and had a good knowledge of the key principles of the MCA, how they were applied and when reviews of people's mental capacity was needed. One staff member said, "I always remind people if they make an unwise decision like taking their lifeline pendant off in case they fall or forget when they might need it. For instance, if they need assistance when we are not there." A relative told us how staff were good at knowing the person's choices and said, "They cut up the toast into slices so my [family member] can eat well. They respect these choices even if that is soup for lunch every day."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager and staff team put people first and foremost by being equally consistent in their approach to people who had a disability, impairment or preferred male or female care staff.
- Staff ensured people received care that implemented any adjustments needed, such as age or disability, treating people as an equal. This helped support people to be heard and understood.
- A relative told us, "Staff have exceptional skills in including my [family member] in everything. I never thought they'd get on well with staff, but they do. The staff have compassion in them and care from their hearts."
- A positive and common theme throughout our inspection was people and relatives telling us they praised staff for being there for a chat about a pastime, news, weather, but always listening.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices in their day to day support. For instance, about the time and duration of their care call visits and gender of care staff. The registered manager told us how they would always aim to provide people's care within a 30 minute window, but where time specific medicines were administered this would be more exact. This meant staff could better respond to people's choices and needs.
- People felt involved in decisions about their care. One person said their preference for male care staff had been facilitated. Another person told us staff showed kindness and were supportive in understanding how to minimise their pain by carefully positioning supportive pillows when they were in bed.
- People and their relatives said care was being provided as agreed and changes had been made when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's independence as much as practicable; only intervening to promote dignity or if people needed assistance. Staff were polite and respectful when speaking with people and gave them time to be in private where they preferred this. One relative told us how staff helped their family member with oral care. They put toothpaste on the preferred toothbrush and gave the person time and privacy to clean their teeth.
- Staff supported people in a polite and respectful way to live fulfilling lives. People and relatives we spoke with told us how people's independence was promoted with equipment by staff who knew how to use it. This had resulted in people living more independently.
- Staff promoted independence, ensuring people used the equipment they needed to remain independent. Doing this by encouraging people to do those tasks they could do and help with those they couldn't. One person said, "Staff encourage me to get out of bed, cover my [modesty], Then get up with their help. They

are always gentle. We laugh a lot too, it helps me."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff understood and focused on people's preferences and choices as well as their physical support needs. Staff saw people's potential and helped them achieve this. One example was a person who needed a specific type of food until they regained health, but now ate a normal diet. The person said, "When I first became ill the hospital advised what I could eat and food to avoid. I had soft food for a while but now the [SALT] has said I can eat most foods."
- People and relatives were in the main positive about the support provided. One person told us, "Staff are patient and very person-centred but most of all if I need the toilet just as they are about to leave as planned, they stay and make sure I have my [needs met. If it takes longer they don't mind. They let the office know."
- People's preferences were respected. Relatives told us about the personalised support that their family members had received, such as the subjects people liked to talk about. One relative told us how their family member liked to watch and talk about the latest World Cup football and how their favourite team was doing. Staff had reciprocated about their team's not quite so good progress. Both parties enjoyed the banter helping improve the person's wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in various ways, such as using the most appropriate form of communication. Staff were skilled at providing support, and accessible information, based on people's mental capacity. The registered manager told us they would develop care plans when needed in different languages or larger print and access advocacy for deaf or blind people.
- Staff broke down the barriers that could impact how people communicated. This enabled people live a more fulfilling life as well as being able to access important information about their care and support needs.
- Staff understand people's communications, such as through facial expressions or short clear sentences. This helped ensure people had their needs responded to and met in a way they wanted. Policies and procedures, such as those around quality surveys were available in accessible formats as required.

Improving care quality in response to complaints or concerns

- The provider had adhered to their complaints' process when a complaint was received and where necessary an apology had been offered. One relative told us, they had reported concerns about some staff's

communication skills. After a change of staff this had been resolved. The provider also followed up matters to ensure changes made were to people's satisfaction.

- All people and relatives told us if they had any concerns, they would contact the provider's customer relations manager or the registered manager who would address matters before they became a complaint. One person told us, "If I needed to raise a complaint, which I haven't, I'd just ring [registered manager]. I did call them once about the staff who didn't wear PPE, it hasn't happened since."

#### End of life care and support

- At the time of our inspection, nobody was in receipt of end of life care. However, policies and procedures and trained staff were in place should this ever be needed.

- The registered manager told us they kept a record of people's end of life decisions and approached this subject with relatives if they felt there was a need or change in people's health conditions.

- One relative who was able to make decisions in their family member's best interests said, "I have told staff what to do if there is a sudden change in [person's] health. We have a plan in place for any emergency treatment." A staff member said, "For end of life care it is important to remain calm and reassure the person and have a conversation they are comfortable with. I always promote dignity or administer pain relief; give the person time so they can be in private."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider used their monitoring and quality and assurance policies and processes to drive improvement. However, we found one person who needed medicines administered in a specific way and time, and this information had not been included on the person's MAR. The registered manager told us they would add this detail to the MAR once the person returned from hospital. The provider was also in the process of changing to electronic care records where incidents could be identified in real time and acted on straight away.
- In the main, audit processes had identified where records lacked detail to guide and direct staff to provide care, how to manage risks and ensure people were safe using equipment. The staff team knew people and their family members well.
- The monitoring systems in place including unannounced spot checks of staff, reviews of incidents, care records, compliments and complaints helped to monitor the quality of care provided. Staff were given feedback on what they did well and any areas to be improved upon. People were involved and their satisfaction was sought on actions taken.
- Records, such as staff meetings evidenced to us how improvements had been identified, such as to help ensure staff were punctual and stuck to care call visit times, especially where people needed medicines at a specific time. Staff were also reminded to notify the office if they had any difficulty logging into, or out of the staff rostering system.
- People and relatives told us the registered manager always acted promptly to any concerns raised and then checked everything was working well after changes were made.
- The registered manager told us they, and the other management staff, only accepted care packages where they could be assured their processes and systems would safely provide good quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had developed a positive culture within the staff team and continually strove to sustain this. Relatives were positive about the care and support people received. Comments included people's and relatives' satisfaction with the provider, such as compliments for the strategies staff used when providing personal care.
- Staff were aware of the service's values and visions. One staff member told us, "I was not expecting to be checked up on, everything went well and the [registered] manager asked the person for their comments

about me. The person likes to joke, talk about their past with me as they used to be a [person's hobby] and tease me if I would like to be on the TV. I got some lovely feedback later that day."

- The registered manager understood the need to be open and honest when things went wrong and were knowledgeable about the incidents they needed to report to us. They also implemented changes and told us, "People understand if you tell them staff might be slightly delayed but will be there later than planned. Communicating with people means a lot to ease their anxiety, it is working well. We have had late care visits but where staff inform the coordinator or ring me, we can put alternative staff in place."
- A relative told us, "I did ring the office with a concern once. We spoke about one staff member's rapport and since the staff were changed everything is working well. It is lovely to see my [family member] laughing. Something I never thought they would. I think Empathy Care could teach other companies a lesson or two."
- Staff were clear about their roles and explained these to us in detail. For example, a detailed knowledge about health conditions including diabetes, dementia or a stroke.
- People and their relatives were complimentary and praised the support provided. One relative complemented staff for staying above the allocated time to provide care and support. This meant a lot to the person even if this meant staff had to let the office know they might be a little late for the next person.

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

- People were involved as much as practicable in how the service was run and also through relatives and court appointed deputies in aspects of their care and support. This included quality monitoring surveys, best interest decisions with relatives and also day to day discussions people had with staff.
- Relatives and people were regularly asked for their views about, and involvement with, the service. People could choose their preferred way to feedback about the quality of care provided.
- All staff told us they felt well supported and listened to, and that their feedback was taken on board and acted on. The registered manager told us, "The main successes is our approach to person-centred care is robust training, induction, ongoing development for staff and being sensitive to people's needs and valuing their input."

Working in partnership with others

- The registered manager and staff team worked well with various organisations such as GPs, SALTs and social workers. This helped support better outcomes for people by enabling joined up care.
- Health professionals and social workers were involved when needed and guidance from them was implemented and adhered to. The registered manager ensured involvement of social workers at the earliest opportunity. This helped provided more joined up care and limited the chance of things going wrong.
- The registered manager fully understood their duty to cooperate with safeguarding authorities if or when needed.