

Embrace Healthcare Ltd

Clayfields Business Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clayfields Business Centre is a domiciliary care service providing care in people's homes. At the time of our inspection it was providing personal care to 52 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Medicines shortfalls were not appropriately investigated to ensure people were receiving their medicines as prescribed. The registered manager was not analysing and monitoring accidents and incidents, so lessons could be learnt. Audits needed to be further strengthened and embedded into practice.

People were protected from the risk of abuse. Staff received suitable and sufficient training to enable them to carry out their roles and responsibilities. People received safe and effective care from staff who understood how to recognise and report issues of concern and potential abused.

People were cared for by staff who had completed training in infection control procedures.

We recommended that accessible information is provided to people in line with the accessible information standard (AIS).

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. People received health care support when needed and people received support with preparing and cooking meals when this was an assessed need.

The provider had a safe recruitment system in place.

The service was working within the principles of the Mental Capacity Act (MCA). Staff were kind and caring and supported people to make their own choices about their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The last rating for this service was requires improvement (published 24 October 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

We have identified breaches in relation to Regulation 12 Medicines and Regulation 17 Governance at this inspection.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Clayfields Business Centre

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 carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the provider who is also the registered manager, a care coordinator and three care workers.

We reviewed a range of records. These included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure people were receiving their medicines. This was a breach of regulation 12 (Medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 (Medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines records did not always reflect that people were given their medicines as prescribed.
- Staff had not always completed medicines administration records (MAR) after giving people their medicines, leaving unexplained gaps on MAR sheets. It was not clear if the gaps were recording errors or if people had not received their medicines as prescribed.
- The registered manager had completed audits on the MAR to check that medicines were being appropriately administered. The audits had identified some of the gaps and action had been taken regarding some errors. However, others had not been investigated.
- Medicines given 'as and when required' are known as PRN medicines. There were protocols in place to instruct staff when to administer PRN medicines. However, staff had not recorded why they had given these medicines, the dose, or the effect of the medicines.
- Staff had completed medicines training and been assessed as competent to administer medicines. However, staff had not always correctly recorded when medicines had been administered, meaning the training had not always been effective.

Learning lessons when things go wrong

- Accidents and incidents were recorded when they occurred. Staff said they completed incident forms which remained in the persons home and a copy went to the office.
- The registered manager had not reviewed and analysed information around incidents, accidents and near misses, to identify any trends and put actions in place to minimise future risks. This is reflected in the well led section.

Systems and processes to safeguard people from the risk of abuse

- Following feedback from our inspection we raised a safeguarding alert with the local authority as concerns were raised about one person. We discussed this with a manager who immediately looked into the concern giving assurances the person was safe.

- People were safeguarded from the risk of abuse. People told us they felt safe. One person said, "Yes I feel much safer with this company than the previous one."
- Staff were trained in safeguarding people and were aware of the signs of abuse and how and knew how to report concerns. They felt confident that the provider would take action if a concern was raised.

Assessing risk, safety monitoring and management

- Risks had been recorded and monitored to ensure people received safe care.
- People's care records included risk assessments which guided staff about how risks in people's lives were reduced. This included risks associated with areas such as falls and moving and handling, eating and drinking and communication.
- Staff we spoke with knew about the risks to people at the service, and how to mitigate them.
- People and their families were involved in decisions about how risks should be minimised. Their preferences were acknowledged, and people were not unduly restricted.

Staffing and recruitment

- The provider had a safe recruitment system in place.
- Pre-employment checks were obtained prior to staff commencing employment. These included at least two references, and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff received training in infection prevention and control, so they could suitably support people.
- The provider supplied suitable and sufficient personal protective equipment for staff to use. For examples, protective gloves and aprons.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- Pre-admission assessments were carried out to ensure the service was able to meet each person's needs.
- Care plans were detailed for each identified need people had. Staff had a good understanding of each person and how to deliver their care and meet their needs.
- People's protected characteristics and diversity were considered and acted upon; staff took into account characteristics such as disability and cultural preferences when planning care.

Staff support: induction, training, skills and experience

- Staff received a thorough induction where they completed mandatory training and carried out shifts shadowing more experienced staff.
- We viewed staff training records. Each member of staff had an individual training record and most staff had completed the training the provider considered to be mandatory. Some training gaps had been identified by the provider so further training was being booked.
- Staff we spoke with were confident in their roles, and felt the training equipped them for the job.
- The registered manager had a training matrix in place to enable them to identify who had completed training and who required training updates.
- Staff's work performance and training needs were reviewed at formal supervision meetings with the management team.
- The registered manager ensured that regular spot checks were carried out on staff work to ensure they had the necessary attributes and skill to support people.
- We received mostly positive feedback regarding staff being trained.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff consulted with people on their food preferences where this was needed as part of the care package. Staff told us they would make a range of meals for people from sandwiches to freshly prepared meals. This depended on the person's needs and personal choices.
- We received some complaints about some of the staff's ability to cook and prepare meals that people enjoyed. For example, one complaint was that staff had prepared marmalade and beetroot on toast. The provider was seeking additional information from people about this to ensure that their needs were met, and people received meals they enjoyed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to receive healthcare services and support, where this was part of their care package.
- Staff were knowledgeable about what to do if they found a person's health had deteriorated. They told us they would contact the care coordinator and inform them that the person was unwell, so medical attention could be sought.
- Staff said they came into contact with district nurses and occupational therapists (OT) on a regular basis and gave an example of how they involved the OT to assist a person with getting additional equipment for their home to support their mobility.

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

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

People 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 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 they were assessing people capacity to consent.

- Consent to care had been obtained and people where possible had signed to show their agreement.
- Staff told us they would ask consent from people before carrying out tasks such as personal care. One said, "If a person refused care I would try and give them time and ask again. If they were regularly refusing I would report this so that it could be looked at further."
- The registered manager and staff had received training about MCA and understood how to apply this legal guidance when they supported people with their decision making.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 staff gave examples of how they supported people in a caring manner. Staff knew what was important to people and said they took time to get to know people.
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke with knew people's life histories and individual preferences.
- People received care from staff who developed positive, caring and compassionate relationships with them. One person told us, " The girls [staff] are kind and caring, they sometimes have difficulties understanding me, but we get it sorted."
- Another person said, " I had a care plan meeting with [provider]. I am very much satisfied with what care was proposed and the care staff give. [Staff] are able fully to communicate, they look at care plan if needed. Different ones care very well, listen to me and my instructions, are interested in my family, like an extra member of my family. I would recommend them. Not found anything they [staff] could do better."

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

- People told us they were involved in making decision about their care. One person said, " Fully involved in care and care planning. Any queries, staff phone up and ask me. Any issues I phone them. I have a copy of the care plan."
- Staff understood people's social diversity, values and beliefs and these aspects of their care and support were planned proactively in partnership with them.
- Staff we spoke with were aware of how important it was to ensure people were involved in their care and for them to be at the centre of any discussions and planning.
- The records we saw showed people were involved in their care plans. Information in the plans included people's likes, dislikes, choices and preferences.
- We saw that during spot checks people's feedback of the service they were receiving was gathered.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the importance of respecting people's privacy and dignity. They all gave examples of how they ensured people were covered during personal care, to preserve their dignity.
- Staff said they would always keep people's personal information confidential They also knew that records were confidential and data security was important.
- When staff discussed people's care needs with us they did so in a compassionate and respectful way.
- One person said, " I have had this company since July. They respect my privacy and dignity." A relative

said, " They protect [my relative's] dignity and privacy as much as they can with what they are doing."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs were assessed and where they were able people or their relatives were involved. People had the opportunity to discuss their care needs and update them when needed.
- Care plans contained sufficient information about people's social, spiritual and cultural needs. They contained information on how best to communicate with people, their likes, dislikes and personal histories. This helped staff to get to know people when they first met them, and they updated this information when it was necessary.
- People's independence was encouraged without compromising their safety. People's care plans showed what aspects of personal care people could manage independently and what they needed staff support with

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.

- At the last inspection the provider told us they intended to introduce information in various formats to support people's communication needs in line with the AIS. At this inspection we found that the provider still needed to carry out work to ensure information was available to people in formats to meet their communication needs.

We recommend the provider consider current guidance on providing information in line with the AIS to people and take action to update their practice accordingly.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place.
- We mainly received positive feedback regarding the service provided. However, one person raised a concern with us which they had not previously raised with the provider. We discussed this with the provider and they were responsive and acted to address the concern.
- People felt the service would respond well to any complaints or concerns they might raise. They were confident their concerns would be taken seriously.
- There was a log of all complaints that had been made and the action that had been taken to investigate and resolve the complaints.

- The provider was addressing complaints in line with the policy timescales.

End of life care and support

- The provider was not currently supporting anyone at the end of their life but had done so in the past.
- Staff said they had worked with health professionals and the person's family to ensure the person's passing was dignified.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- There was a registered manager who was the nominated individual and therefore legally responsible for the service.
- The registered manager was supported by a care coordinator who had recently been recruited.
- The registered manager had realised that the service was growing and there was a need for additional management support. The care coordinator role was to support the registered manager with the operational management of the service.
- The care coordinator told us they had plans to ensure the service was meeting the legal requirements and they were committed to improving the quality of the service. They were to be responsible for various roles such as supervision of staff, auditing and compliance.
- We found that the provider had systems and processes in place to monitor aspects of the service, however they needed to be developed further and embedded into practice.
- Some areas of the service were not being monitored which meant that the provider did not have full oversight of the service.
- Themes and trends of accidents and incidents were not monitored or evaluated and there were shortfalls with the auditing of medicines as they were not picking up and addressing all the issues we found on inspection.
- The services needed to further improve since the last inspection. However, not enough progress had been made and there were breaches in regulation.

The above is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection audits had been undertaken of care plans and records. Daily records were checked on a regular basis by the registered manager to ensure they were completed accurately and to identify any concerns.
- The registered manager had sourced a new training provider that they felt would help support them with their oversight and management of training.
- Staffs performance was monitored through regular spot checks of all aspects of their work to ensure they

met the requirements of the role.

- Staff told us they were supported very well by the registered manager and felt listened to. One staff said, "Staff are happy, they have a good relationship with the manager."
- The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. We checked that the local authority were being informed of safeguarding concerns and the registered provider was working in a transparent way.
- The provider was displaying the last CQC rating of the service which is a regulatory requirement.

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

- Staff told us they were regularly involved in team meetings and had regular discussions with the registered manager about aspects of the service. They said they felt like their views and opinions were taken on board and the registered manager listened to them.
- One member of staff said, "I enjoy team meetings and we have good communication. I have a voice and if you are struggling you can let your colleagues know and they help. Yes, it's a good place to work."
- All of the staff we spoke with said they were supported by the registered manager and felt they were fair with staff. One member of staff said, "I compare this job to my previous job. I can call the office and there is always someone there to help. There is an on-call system on a weekend so always someone available during out of office hours."
- People who used the service were consulted on a regular basis and their views and wishes were taken into consideration. One relative said, "Company well run, very very good and the manager is good." One person said, "I was involved in the planning of my care. There were no problems, they took on board what we said. We have used them since December last year, there have been no changes in the services we have received."

Working in partnership with others

- The provider worked in partnership with health and social care professionals to ensure people's care needs were met.
- The provider told us they had good working relationships with the district nurses who visited people at home and other professionals such as OT's. The provider, on many occasions, had alerted health care professionals when people's health had deteriorated, or their needs had changed. This helped to support them to receive the health care and treatment they needed.