

Emmaculate Care Services Limited

# Emmaculate Care Services Selby Office

## Inspection report

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18 June 2018

27 June 2018

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## Ratings

Overall rating for this service

Good 

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?

Good 

# Summary of findings

## Overall summary

Emmaculate Care Services Selby Office is a domiciliary care agency. It provides personal care to people living in their own homes. The service supports younger adults and older people, as well as people with a learning disabilities or autistic spectrum disorder, mental health needs, people who misuse drugs and alcohol, people with an eating disorder, a physical disability or sensory impairment and people who may be living with dementia.

Not everyone using Emmaculate Care Services Selby Office receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Inspection activity started on 14 June 2018 and ended on 27 June 2018. It included telephone calls to people who used the service and their relatives or carers. We visited the office location on 18 and 27 June 2018 to see the registered manager and office staff; and to review care records and policies and procedures. The provider was given five days' 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. At the time of our inspection, there were 19 mainly older people using the service.

At the last inspection in April 2017, records were not always well maintained and effective systems were not in place to monitor and audit the quality and safety of the service. We rated the service requires improvement overall and identified one breach of regulation relating to the governance of the service. We asked the provider to take action to address our concerns. At this inspection, improvements had been made and we rated the service 'Good' overall.

Risk assessments did not always contain clear and detailed information about how staff should manage risks to keep people safe. It is important that risk assessments provide clear and detailed information to support staff to provide consistently safe care.

Staff supported people to take their prescribed medicines. The provider had not followed their own policy and procedure, as sufficiently detailed protocols were not always in place to guide staff on when to administer medicines prescribed to be taken 'as required', such as pain relief. It is important staff have information about when to administer these medicines to ensure they are given safely and appropriately.

Improvements had been made to how staff training, supervision and appraisals were evidenced. Staff completed a range of training courses to support them to provide effective care. The registered manager documented observations and competency checks to monitor the support they provided and support staff to continually improve and develop. Staff received regular supervision and an appraisal of their performance. People gave positive feedback about the skills and experience of the staff who supported them.

Consent to care was recorded. Staff documented mental capacity assessments. We spoke with the registered manager about making sure they recorded the specific decision for which people's mental capacity was being assessed. Staff supported people to make sure people ate and drank enough. They helped people to access healthcare services if they were unwell or needed medical attention.

Staff were trained to recognise and respond to safeguarding concerns. The provider safely recruited new staff. Enough staff were deployed to meet people's needs. People told us staff were reliable and punctual. Systems were in place to minimise the risk of spreading infections.

People praised the attitude and friendliness of staff and complimented their kind, caring and respectful approach. People told us staff listened to them, treated them with dignity and respected their decisions.

Staff provided person-centred care and responded to people's needs. People told us they felt able to raise issues or concerns and confident management would respond and act on their feedback.

The service had a registered manager. They had been the registered manager since October 2016. A registered manager is a person who has registered with the CQC 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. The registered manager was supported by a business manager, deputy manager, care coordinators, a field supervisor and quality monitoring lead in the management of the service.

People who used the service and relatives gave overwhelmingly positive feedback about the quality of the care and support provided. Staff told us management were approachable and supportive. We made a recommendation about continuing to develop audits to monitor all aspects of the service.

## 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 required improvement to be safe.

Risks assessments did not always contain enough information about how risks should be managed.

Staff supported people to take their prescribed medicines. More information was needed to guide staff on when to administer medicines prescribed to be taken 'as required'.

Staff understood their responsibility to identify and report any safeguarding concerns.

The provider safely recruited new staff. Sufficient staff were deployed and staff were reliable and punctual.

Systems were in place to minimise the risk of spreading infections.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff completed a range of training and learning opportunities. People gave positive feedback about staff's skills and the effective care they provided.

The registered manager completed supervisions, spot checks and appraisals to monitor staff's progress and support their development.

Staff sought people's permission before providing support. Consent to care was documented in people's care records.

Staff supported people to make sure they ate and drank enough. They sought medical attention when needed to ensure people's needs were met.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

People told us staff were kind, caring and courteous.

People had choice and control over the support staff provided.

Staff supported people to maintain their privacy and dignity.

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

**Good** ●

The service was responsive.

Staff listened to people and provided person-centred care to meet their needs.

Care plans included information to guide staff on how best to support people.

People told us they felt able to raise any issues or concerns and were confident these would be dealt with. The provider had a system in place to respond to any complaints.

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

**Good** ●

The service was well-led.

Improvements had been made to record keeping. We made a recommendation about continuing to strengthen and develop audits.

People gave very positive feedback about the service. They told us management were approachable and praised the communication.

Staff told us management were supportive.

# 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. The inspection was planned to check whether the 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.

Inspection activity started on 14 June 2018 and ended on 27 June 2018. The provider was given five days' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure someone would be in the location office when we visited. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included notifications which providers send us about certain changes, events or incidents that occur and which affect their service or the people who use it. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service and four people's relatives or carers. We visited the office location on 18 and 27 June 2018 to speak with the registered manager, business manager, deputy manager, quality monitoring lead, team leader, care coordinator and two care workers. We looked at four people's care plans, risk assessments and medication administration records. Three staff's recruitment, induction and training files, meeting minutes, survey results, audits and a selection of other records relating to the running of the service.

# Is the service safe?

## Our findings

Staff completed care plans and risk assessments, which contained information about the support people needed. These outlined any risks and included guidance for staff on how to minimise those risks to help keep the person safe.

The quality and detail in care plans and risk assessments varied. For example, detailed risk assessments were in place regarding people who had diabetes or were on anticoagulant medicine. These provided very specific information about the risks, signs and symptoms that staff would need to look out for, and guidance on what to do in an emergency.

Other care plans and risk assessments needed more specific and person-centred information. For example, falls risk assessments identified people who were at high risk of falls, but clear support plans were not always in place about the management of this risk. Other records lacked detail. For example, recording 'ensure appropriate equipment is available', but not including specific information about what equipment that person used. One person had a history of mental health needs. Their care plan and risk assessment did not include clear information about how it affected them or any support staff needed to provide to help keep them safe and well.

The registered manager explained this information was provided as part of the induction and shadowing process. However, it is important that risk assessments provide sufficiently clear and detailed information to support staff to provide consistently safe care. The provider told us they were in the process of reviewing and updating the risk assessments to make them more person-centred.

Staff supported people when needed to take their prescribed medicines. People gave positive feedback about the support they received. The provider had a medicine policy and procedure which provided guidance for staff on how to safely administer medicines. Staff completed training and the registered manager observed their practice to make sure they followed best practice guidance.

Staff used medicine administration records to document they had supported people to take their medicines. We spoke with the registered manager about making sure staff consistently recorded additional information to explain any codes used, for example when a medicine had not been administered.

Protocols were not always in place to guide staff on when to administer medicines prescribed to be taken 'as required'. This meant staff had not always followed the provider's own policy and procedure relating to these types of medicines. It is important staff have information about when to administer these medicines to ensure they are given safely and appropriately.

People who used the service and relatives told us they felt safe with the staff who visited them. Comments included, "They are very good" and "The carers take all the worries away." One person who used the service said, "I have a lifeline and they [staff] check to make sure I have it on every day." They told us how this made them feel safe as they could call for assistance in an emergency. A relative of someone who used the service

explained, "I've got my life back; I can go and do things as I know I can trust the carers."

The provider had a safeguarding policy and procedure to support staff to identify and respond to any safeguarding concerns. Staff completed training and showed a good understanding of their responsibility to report safeguarding concerns. Records showed concerns were investigated in consultation with the local authority safeguarding team.

Staff kept records of any accident or incident that occurred. These included information about what had happened and how staff had responded. For example, staff had sought medical attention after a person had fallen and injured themselves. Records showed the registered manager and business manager had also worked with other professionals to look at why the person was falling and anything else that could be done to reduce the risk of them falling again. This evidenced a positive approach to responding to concerns with a focus on reducing risks in the future to keep people safe.

Staff were safely recruited. New staff completed an application form, interview and were asked to provide references. Disclosure and Barring Service checks had been completed to make sure prospective employees were not barred from working with people who may be vulnerable. The provider had checked staff had the right to work in the country.

People told us staff were reliable and punctual. Feedback included, "They are always on time", "More or less they arrive on time. They are usually quite good. When they've been delayed it's because there's been an emergency" and "They arrive on time. I don't ever remember having to ring, because they're late." Relatives said, "They are very good with timekeeping; sometimes there has been an incident before us, but they always ring and let me know" and "They have never missed a visit."

Staff provided positive feedback and told us rotas were organised in advance to ensure they had enough time to travel between people's planned visits. One member of staff said, "The rotas are good as the clients we visit are not far apart." The provider had introduced an 'electronic call monitoring system', which staff used to record the time they arrived and left people's homes. Office staff used this to monitor staff's progress and took action when they were running late to notify people or arrange cover. This ensured sufficient staff were deployed to meet people's needs.

The provider had an infection prevention and control policy and procedure. Staff completed training covering good hand hygiene practices and the importance of wearing Personal Protective Equipment (PPE) such as gloves and aprons to minimise the risk of spreading infections. PPE was available in the office for staff to pick up and use. The registered manager completed spot checks to make sure this was being used and good practices followed.



## Is the service effective?

### Our findings

At our last inspection in April 2017, the provider had not maintained accurate and complete records of staff training, supervision and of any assessments completed under the Mental Capacity Act 2005. This was breach of regulation relating to the governance of the service. At this inspection improvements had been made and the provider was compliant with this regulation.

Records showed new staff completed induction training and shadowed more experienced members of the team to develop their knowledge, confidence and practical skills. Training was delivered through a range of practical taught courses and on-line 'eLearning', which was aligned to the Care Certificate. The Care Certificate is a nationally recognised set of standards which should be covered as part of a robust induction programme. These standards set out the knowledge, skills and behaviours expected of staff working in health and social care.

Training covered topics such as moving and handling, health and safety, first aid, safeguarding and person-centred care. Staff had completed additional training on specific topics such as dementia, epilepsy and strokes to broaden staff's knowledge and understanding of conditions which affected some people who used the service.

The provider had a system in place to monitor staff's training needs and to make sure they completed regular updates to maintain their knowledge and skills. The registered manager observed and documented 'spot checks' of staff's practice. These covered the support provided with moving and handling, medicines as well as reviewing staff's communication skills and infection prevention and control practices. Feedback was given to support staff to continually develop and improve their practice.

People gave positive feedback about the effective care and support staff provided. They told us, "They've all been very good with me" and "All the carers are the same, they are excellent." This showed us staff were well-trained to meet people's needs.

Staff provided positive feedback about the training and advice, guidance and support available to them. They told us, "They [the registered manager and business manager] helped me through everything and I learnt a lot", "The training has been really useful to me" and "They are always asking if we want to do courses to help us progress."

Staff received regular supervision and appraisals of their performance. Supervisions included face to face meetings to discuss workload, training needs and general wellbeing. Appraisals provided an opportunity for staff to discuss their performance and training needs in more detail and set goals for the coming year. This showed a positive commitment to supporting staff's development.

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. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When 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. Staff completed training on the MCA. People who used the service told us staff listened to them, offered choices and respected their decisions. People's care plans showed they had been asked to sign records consenting to the support staff provided. Staff had completed mental capacity assessments to explore whether people had mental capacity. We spoke with the registered manager about making sure staff documented the specific decision for which people's mental capacity was being assessed. They agreed to update these records.

Staff monitored people's food and fluid intake and provided support when needed to make sure people ate and drank enough. People's care plans contained information about the support they needed with meals and drink. This included information about their likes, dislikes and any special dietary requirements. Staff documented the support provided at mealtimes in people's daily notes. They explained how issues or concerns were recorded and shared with other staff and management so they could closely monitor the situation and seek professional advice if needed.

Staff worked with health and social care professionals to make sure people's needs were met. For example, they sought appropriate medical attention following accidents or incidents to make sure people were not seriously injured. People's relatives provided positive feedback about the communication and told us staff informed them if their relative was unwell.

People's care records included relevant information about their medical history and current or on-going health needs. Advice and guidance from doctors, the district nurses or diabetic specialists had been included in people's care records to support staff to provide effective care.

# Is the service caring?

## Our findings

People who used the service were consistently positive about the kind and caring staff. They told us, "They are all very friendly and cooperative and they do look after me quite well", "They've all been very good with me" and "I feel they look after me." A relative said, "They are really caring and get on well with [name]." Other relatives praised the attitude and friendliness of staff and complimented their kind, caring and respectful approach.

Staff were split into teams covering specific geographical areas. This helped to minimise the different number of staff who might visit each person who used the service. People gave generally positive feedback about the consistency of staff who visited them. A person told us, "Mostly the people that look after me have been coming right from the beginning and I know them quite well." Staff explained that because they worked in one area, "People know who you are and we are not flying about to get to the next person, we are just in one area."

People knew the names of the staff who regularly visited. Staff told us they had the opportunity to meet people whilst shadowing before they provided any personal care. This helped them to get to know the person they would be supporting.

Our conversations with people showed us they got on well with the staff who visited them and valued their company and the time they shared. A person who used the service said, "I love the carers. I'm close to them. They are like family." A relative told us, "The two ladies we get on a regular basis are good we have a laugh and a joke with them. They are really caring and [name] gets on really well with them."

People told us staff took time to talk with them and showed an interest in how they were. A relative said, "If they are finished early they stay and chat with [name]." They explained how their relative valued the time spent chatting with staff and how positive it was that they did not 'rush' to the next person.

People consistently told us staff treated them with dignity and respect. They described staff as polite and caring in their approach, which made them feel valued and respected. Relatives said, "They come in and they care rather than it being just a job. They are so respectful", "They are very, very respectful and willing" and "They are very polite and treat [name] with respect and make sure they are comfortable."

Staff completed equality and diversity training and showed a good understanding of the importance of treating people with respect and supporting them to maintain their privacy and dignity. A member of staff explained how they supported people with personal care to minimise any anxiety and promote people's dignity. They told us, "I talk through what I am going to do to reassure them. I ask them what they can do for themselves and help only where they need help. I always put towels across people's bodies so they are covered up."

People told us staff listened to them and respected their decisions. They said staff asked what support they needed and listened to their instructions. People consistently told us staff did not 'take over' and were

sensitive and respectful in their approach to providing care.

The provider understood the role of advocacy services and had information available in case people who used the service needed this support. An advocate is someone who supports people to make sure their views and wishes are heard.

## Is the service responsive?

### Our findings

We received positive feedback about the person-centred care and support staff provided. People who used the service told us staff were responsive to their needs, commenting, "They've been very good, they seem to do everything I need doing and they always ask me before they go if there is anything else I need" and "They help me when I can't manage." A relative said, "They are not rushing in and out. They stay their time and they do everything they can to help whilst they are here."

Each person who used the service had a care plan and risk assessments relating to their care and support needs. These included person-centred information and guidance for staff on what care and support was needed at each visit. They included the time and length of the visits and a narrative account of what support was needed and how this support should be provided. Although care plans included information about people's likes, dislikes and preferred routines, they reinforced the importance of not making assumptions and offering people choices. This showed a person-centred approach to planning and delivering care.

Staff explained how they shadowed more experienced staff and were introduced to new people who used the service. They also read people's care plans and spoke with the person and their relatives to understand their needs and how best to support them.

Copies of people's care records were stored in the office and in people's homes for staff to use during their visits. The provider had also introduced electronic records, which enabled them to share information electronically and for staff to remotely access care records relating to people's care and support needs. This made sure staff had the information they needed to provide responsive care.

Staff kept records of the care and support provided at each visit. People who used the service confirmed this telling us, "They write every time they've been what they've done" and "They have a book they fill in every time they visit about what they have done." Staff explained how they used this system to share information from one member of staff to the next and make sure they had up-to-date information about any issues or concerns.

Staff regularly reviewed and updated people's care records to ensure the care and support continued to meet their needs. Records of reviews showed people who used the service and other important people in their lives were involved in this process.

The provider had a policy in place to guide staff on how to support people approaching the end of their life. Staff completed training on end of life care and information about any end of life wishes people had were recorded in their care plans. This included information about whether or not people would want to be resuscitated if the need arose. Records showed staff had received a recent compliment regarding the kind and compassionate support they provided with end of life care.

Information was available in formats which were accessible to people who used the service; this included information about how to make a complaint. People told us they had not needed to complain and were very

satisfied with the service provided. Comments included, "I'm happy with them, I can't fault them" and "I have absolutely no complaints."

The provider had a complaints procedure which outlined how they acknowledged and responded to complaints about the service. People told us they had contact details for the office and felt comfortable speaking with management if they had any issues or concerns. A person who used the service said, "If I need them [management] I just ring." Relatives said, "If things are wrong I'm not frightened in telling them. [Business manager's name] is good at listening and trying to sort things out. They do their best" and "Any issues I have I have rung [the office] and it has been dealt with."

Records showed the provider had received one complaint since our last inspection. This had been investigated and a response provided to address the concerns.

Staff had received several compliments about the service they provided. Feedback from these included, "The team were always extremely courteous, well mannered, calm and very professional" and "The care [relative] received was second to none."

## Is the service well-led?

### Our findings

At our last inspection in April 2017, records were not always well maintained and effective systems were not in place to monitor and audit the quality and safety of the service. This was breach of regulation relating to the governance of the service. At this inspection the registered manager and business manager had responded positively to make improvements and the provider was compliant with this regulation.

The service had a registered manager, they had been the registered manager since October 2016. They were supported by a business manager, deputy manager, care coordinators, field supervisor and quality monitoring lead in the management of the service. The registered manager was also the provider's nominated individual. The registered manager and business manager were the directors for Emmaculate Care Services Limited, which owns and operates Emmaculate Care Services Selby Office.

The registered manager and business manager made sure a range of audits had been completed to monitor the quality of the care and support provided. Audits included a review of care plans, daily records completed by staff, medication administration records, accident and incidents, safeguarding concerns and complaints. Information from audits had been collated to identify 'common themes' and these were discussed at team meetings to drive improvements. Action plans were also used to outline any changes or improvements planned in response to the themes or concerns identified.

Audits showed a positive approach to monitoring the quality of the service, but could be developed to ensure they covered issues identified at this inspection. For example, auditing protocols for 'when required' medicines as part of medicine audits and focussing in more detail on the content of people's care plans and risk assessments to ensure they consistently contained detailed information. We spoke with the registered manager about making sure action plans relating particularly to people's care plans were more specific, recorded who would be completing the actions, by when and were reviewed and signed off regularly to ensure tasks were completed.

We recommend the provider continues to strengthen and develop their approach to auditing.

We received overwhelmingly positive feedback about the care and support staff provided. People who used the service said, "They are very good" and "They are perfect." Relatives told us, "Compared to the other companies we have they have been brilliant", "They are very good in a lot of aspects" and "They are miles better than anything else we have had. I would certainly recommend them."

People praised the person-centred, kind, caring and courteous attitude of staff. They told us staff were reliable, listened to them and provided the support they needed. People knew who the registered manager and business manager were and told us there was good communication and they could speak with them if they had any issues or concerns. Comments included, "[Business manager's name] does ring and ask if everything is ok" and "There is good communication they keep us up-to-date with anything that's needed."

Staff told us management were approachable, supportive and focussed on delivering a good service to

benefit people's quality of life. Staff said additional advice and guidance was always available and given when needed. Comments included, "They [the registered manager and business manager] are always available on the phone" and "They are always helping if we ever have any problems we can speak with them and it is sorted straight away"

The registered manager and business manager were actively involved in the day to day running and delivery of the service. They worked closely with staff to make sure they felt supported and motivated to provide a good service. There was a friendly and inclusive atmosphere with a clear focus on providing respectful and caring support to meet people's needs.

The registered manager and business manager held regular meetings to share information to improve the running of the service. Topics discussed included how to ensure compliance with the General Data Protection Regulation (GDPR). The GDPR is Europe's new framework for data protection laws. They also discussed the importance of completing regular supervisions, monitoring people's visits times, dignity and human rights, the risks of lone working, training, building positive relationships and best practice with regards to record keeping. Meeting minutes showed management used these to effectively share information, discuss important changes and support continual improvement.

The provider had completed surveys in 2017 to gather feedback from people who used the service and staff. They were in the process of completing their 2018 survey at the time of our inspection. Two responses had already been received and the feedback from these were very positive. The provider explained that when all responses had been received, the information would be collated and analysed to see if any areas of the service could be further improved. This showed a commitment to listening and learning from people's feedback to continually develop the service.