

Emanuel Care Limited

# Emanuel Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

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: Emanuel Care Limited is a Domiciliary Care service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, and younger disabled adults.

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

People's experience of using this service:

- People who used the service and relatives were positive about the service provided. One person told us, "I am more than happy, they are brilliant." One person's relative said, "They go so much further than have experienced before. [The staff] stay on if [my relative] need them to, they go over and above in the way they care."
- Staff supported people to keep safe, and acted when necessary to prevent any harm or abuse.
- People were supported by staff who were skilled, highly motivated and caring.
- People were consulted over their care needs and actively encouraged to make their own decisions.
- Care plans were person centred. Staff were responsive in identifying and reviewing changes to support good physical and mental health.
- The service was well run and there were systems to assess and monitor the service and continuously improve.

Rating at last inspection: This was the first inspection for this service.

Rating at last inspection: Because this is a new service that had not been inspected, this service had not been rated.

Why we inspected: This was their first planned comprehensive inspection following their registration in March 2018.

## 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.

# Emanuel Care Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This service is a small domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, and younger disabled adults. At the time of our inspection, there were four people using the service.

The service had a manager registered, who was also one of the directors of the registered provider with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that someone would be available to provide the information we needed for our inspection.

Inspection site visit activity started and ended on 5 March 2019. We visited the office location to see the registered manager/provider and office staff; and to review care records and policies and procedures.

#### What we did:

Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We asked the service to complete a 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. We also reviewed any information about the service that we had received from members of the public and external agencies.

During the inspection we looked at records relating to four people's care, three staff recruitment records, training records and complaints. We also looked at what audits and systems they had in place to check on the quality of service provided. We spoke with the registered manager and four care staff. We also went to visit two people in their own homes.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and knew who to contact if they felt unsafe. One person said, "I've never been worried about my safety."
- Staff had received training in safeguarding and understood how to recognise and protect people from abuse.
- The registered manager told us what action they would take if they had any safeguarding concerns or were worried about people's safety.

Assessing risk, safety monitoring and management

- Staff understood the actions they should take to make sure people were safe.
- Personalised risks assessments demonstrated that the risks to people relating to their care and support were assessed and mitigated. This included risks associated with moving and handling and in people's home environment.

Staffing and recruitment

- Sufficient staff were employed to cover people's care visits. People told us that their care workers always arrived for their care visits and if the care workers were running late they were informed. One person commented, "They are rarely late, if the traffic is holding them up, I get a phone call." One person's relative said, "[The staff] are always here when they say they will be, they are brilliant."
- People told us they normally get the same staff, "There is a small team, I never get strangers walk into my home."
- Staff had been recruited safely to ensure they were suitable to work with people who may be vulnerable to abuse.

Using medicines safely

- Not everyone who used the service required support with their medicines. One person who received support said, "[The staff] help me. I don't have to worry, they know what they're doing."
- When people required support with their medicines, they received them as required. People's records identified the support they required and guided staff on how this was to be provided safely.
- Care workers received training in supporting people with their medicines. The registered manager assessed staff competency before they were able to administer medicines alone.
- There were systems to monitor and assess the support people received with their medicines. This supported the management team to act swiftly to reduce risks.

Preventing and controlling infection

- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Personal protective equipment, such as disposable gloves and aprons was provided for care staff to use to reduce the risks of cross infection.

#### Learning lessons when things go wrong

- The service had systems to learn from incidents and media reports to reduce the risks to people using the service.

# 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

Good: 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

- Assessments of people's individual and diverse needs were in place prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.

Staff support: induction, training, skills and experience

- People were supported by skilled, experienced staff. One person said, "They are trained well, they know how to help me properly." One person's relative commented, "They know what they're doing."
- The provider's induction procedures and ongoing training, provided staff with the skills and competencies to carry out their role effectively. Staff were supported to undertake qualifications relevant to their role.
- Staff were provided with one to one and group supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Staff told us that they felt supported and had received the training they needed to meet people's needs effectively.

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

- Where people required support with their dietary needs, this was provided effectively.
- People's care records included the support people required and guidance of how to do this effectively. This included encouraging people to drink to reduce the risks of dehydration.

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

- People told us that if they needed help to get to appointments, such as hospital appointments, staff would go with them and supported them to arrange health care appointments. Their care records showed the level of support given, Staff followed up on advice given.
- Records demonstrated that if staff had concerns about people's wellbeing, they had acted quickly. This included calling health professionals or advising their relatives they needed to see a doctor.
- The registered manager told us how they had worked with other professionals including occupational therapists to support people to obtain the equipment they needed.

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. We checked whether the service was working within the principles of the MCA.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Information in care plans demonstrated staff's working knowledge of the MCA and how they put it into practice. Staff received training in the MCA.
- People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care. The registered manager understood their responsibilities to apply for an Order from the Court of Protection as needed.

Office location and access.

- The service's office is located in Colchester town centre and was suitable for the running of the service.
- There is parking available close by and there were regular busses into town, so the service was easy to access. The management told us they were happy to go to the person's home if they had difficulties that made it hard for them to travel.

## 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by kind and compassionate care workers. One person told us the staff were, "So kind and thoughtful." One person's relative told us that the staff were, "Helpful and supportive. They are here so often, we have a chat and feel like part of the family." Another relative said, "My [relative] tells me they love their visits, saying things like, 'My friends will be here soon'."
- Staff received training in dignity and respect. They understood why it was important to treat people with respect. All the staff we spoke with talked about people in a compassionate manner.

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

- One person commented, "I have my say, the carers listen and we get along together well." One person's relative told us that they and their family member were consulted about the care and support provided. They said, "They do things just like my [relative] likes it."
- People's care records evidenced that people were central to the decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were guided in people's care records to ensure their privacy, dignity and independence was always respected.
- One person told us, "They make me feel comfortable and never make me feel embarrassed. I'm helped to do what I can do for myself."
- There was storage in the service's office to keep confidential records safe and secure.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy with the care they received, it met their needs and preferences. One person said, "I couldn't get better care." One person's relative told that the care their family member received enabled them to be comfortable and relaxed, "My [relative] likes the staff to chat as they help them, they find ways to make them smile."
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People's care records demonstrated their full involvement in the decisions about how they wanted their care to be delivered. The care plans were person centred and guided care staff how people's individual needs were to be met.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was provided to people who used the service.
- People knew how to raise concerns and complaints. One person told us that they had not needed to complain because staff listened and made changes before they needed to.
- The registered manager used feedback from complaints and suggestions to drive improvement. The registered manager told us that ongoing communication with people who used the service and acting on any concerns swiftly, reduced the risks of complaints escalating.
- Where people raised concerns, they were managed in line with the provider's complaints procedure.

End of life care and support

- There was no one receiving end of life care when we visited the service. The registered manager said they would work with other healthcare services, such as hospice services, to support people to be comfortable and pain free when they reached the end of their lives. Care workers received training in end of life care.
- People's care records included any decisions people had made about their end of life choices. This included if they wanted to be resuscitated.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the other directors had a good oversight of what was happening in the service, and demonstrated an in-depth knowledge to support quality care to people using the service.
- The service is new and gives a service to four people. The registered manager and the directors also support people with personal care, which means they are in daily contact with people. This means that they have a good rapport with people and know how they feel about the support they get.
- There was a programme of quality assurance checks in place, including care records and medicines. It is not yet fully in place because the service is small and the providers have a good oversight of the service offered. However, the providers were aware that as they get more support packages, these systems would support them to address any shortfalls promptly. Care workers were observed in their usual duties, by a member of the management team, to ensure they were working to the standards expected.
- The management team were passionate about the care people received and promoted open communication. They understood their responsibility of the duty of candour.
- Management and all staff spoken with were highly motivated, and shared the same values of putting people using the service first. The registered manager and other directors told us how they advocated on people's behalf and worked with other professionals to obtain the care packages and support people needed.
- The management team were clear that before expanding the service, they were ensuring they had the capacity and systems in place to manage this safely and effectively.

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

- People and staff were actively engaged in developing the service; through surveys and ongoing communication to check they were happy with the service they received.
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.
- The registered manager and the other directors involved staff in decisions about the service. They did this through meetings and ongoing discussions.
- Care workers told us they felt listened to and supported by the director. Their enjoyment of their job, contributed to good morale and team working. One staff member commented, "It's a good place to work. We are treated fairly." Another said, "This is a great company. They [management team] take time to talk to you."

#### Continuous learning and improving care

- The registered manager kept their learning up to date and understood the importance of keeping up to date with changes in the care industry.
- The registered manager and the other directors had recently attended a course delivered by the local authority. They were made aware of planned changes, for example with how the pharmacy would be providing medicines, and were planning how they would manage these changes safely and effectively.
- There was a commitment to learning and development. The registered manager told us that when people using the service had specific needs, training was sourced before they provided care to ensure that care workers had the knowledge of how to provide care and support.

#### Working in partnership with others

- The registered manager told us that they made a point of working with other professionals. This included professionals involved in people's care. Social workers and healthcare providers for example.