

Embark Ltd

# Embark Head Office

## 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

The inspection took place on 2 and 3 August 2018 and was announced. The provider was given 48 hours' notice because the location provides a care at home service. We wanted to be sure that someone would be in to speak with us.

Embark Head Office provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the last inspection on 25 and 26 November 2015, the service was rated as good in the areas of Safe, Effective, Caring, Responsive and Well-led. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had a good understanding of systems in place to manage medicines. People were supported to receive their medicines safely. Staffing levels were sufficient to ensure people's wellbeing and safety was protected. A robust recruitment and selection process was also in place. This ensured prospective new staff have the right skills and were suitable to work with people living in the home.

People and relatives were provided with information and guidance to access other services which were relevant to them for any on-going support they may need. Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff continued to receive regular training and updates to have the right skills and knowledge to be able to meet people's assessed needs. Staff had regular spot checks, supervisions and appraisals to help them to understand their roles and responsibilities.

Staff remained kind and caring and had developed good relationships with people. Relatives told us their loved ones were comfortable in the presence of staff. Relatives confirmed staff were caring and looked after people well. People were provided with the care, support and equipment they needed to stay independent in their homes.

People's individual needs continued to be assessed and detailed care plans were developed to identify what care and support they required. People and relatives were consulted about their care to ensure wishes, aspiration, needs and preferences were met.

Quality assurance and information governance systems remained in place to monitor the quality and safety of the service. Relatives all told us that they were happy with the service provided and the way it was managed.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Embark Head 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 2 and 3 August 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service.

Many of the people using the service were unable to answer our questions, however during our inspection we spoke with five relatives on the telephone. Two care staff and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, five staff training, support and employment records, incident reports and records relating to the management of the service.

The service was last inspected on the 25 and 26 November 2015 and was awarded the rating of Good. At this inspection the service remains Good.

# Is the service safe?

## Our findings

Relatives told us they felt their love one was safe using the service. One relative told us "[My relative] feels very safe and I am happy that he is safe too. The care is excellent, I have no quibbles at all. If he comes home to stay with us it's only ever for a night because he wants to go back. That wouldn't happen if he didn't feel safe there. He's always so happy there". Another relative said "Yes, totally safe, never a moments doubt about it. They don't just look after [my relative] by doing things for him, they show him how to do things for himself safely. Like not running too much hot water into the sink when washing and scalding himself. They make him aware of his surroundings. Brilliant care, helping him to be more whole". A further relative added, "The care and support they provide is just the best. The staff are just lovely people and we have never had one moments anxiety about [our relative's] safety".

Enough skilled and experienced staff remained to ensure people were safe and cared for on visits. Feedback from relatives and staff supported this. One member of staff told us, "There are always enough staff on duty". Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults. The provider had obtained proof of identity, employment references and employment histories.

People were protected by the prevention of infection control. The provider had detailed policies and procedures in infection control and staff received information around these in their staff handbooks on induction. Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff meetings. The registered manager analysed this information for any trends.

Staff continued to have a good understanding of safeguarding adults, they had undertaken relevant training and updates and could identify various types of abuse and knew what to do if they witnessed any concerns or incidents. There were safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being.

People continued to be supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Checks of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated by the registered manager.

Detailed risk assessments had identified hazards and how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. Other potential risks to people in relation to the care they received and any specific needs they had were detailed in their care plans.

## Is the service effective?

### Our findings

Relatives remained confident in the skills of the staff and felt they were trained well and also felt staff had been well matched to people using the service. One relative told us, "The staff are very well trained. I think they take a lot of time working out what each individual can do and then matching them with staff who not only support them in what they can do, but challenge them to go on and learn new skills. Like making sure they wash properly and make their beds, keep their rooms tidy. It sounds like nothing when you say it, but it's a major achievement for some of them". Another relative said, "I think the carers are not just well trained to do the job, I think they have a real sense of vocation which is quite rare now. They take extra time and trouble to make sure that [my relative's] life is as full and enriched as possible. Whatever he wants to do they offer support to help him achieve it and bit by bit he has become more independent, more confident. They are quick to pick up on how he is feeling and good at assessing whether there's a real problem, or whether it can be addressed with diversion tactics".

Staff continued to assess people's care and support needs, so they could be certain that their needs could be met. Information was used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.

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. Staff had good knowledge and an understanding of the (MCA) because they had received training in this area. People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves.

Staff remained supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One relative told us, "Everything is about helping [my relative] to have as full a life as possible not just sitting doing nothing. He loves helping with the cooking and deciding what he'll have to eat". Another relative said, "Their skill is enabling [my relative] to be as independent as possible. He cooks for the house sometimes with their support and one day I went and he made tea for me, I nearly cried it was so unexpected". Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat a healthy diet.

Staff continued to take a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling and medicines. Staff completed their training on induction and updates were organised as required. Staff received continued support to understand their roles and responsibilities through supervision where they could discuss any concerns, training and development.

People remained supported to access and attend routine health care appointments such as visits to the GP.

Staff monitored people's health and wellbeing and supported them to access or request referrals to services as and when required. The registered manager gave examples on how good professional relationships had been built up with regular contact with other health professionals.



## Is the service caring?

### Our findings

People continued to benefit from staff who were kind and caring in their approach. One relative told us, "[My relative] is so happy, he loves going out into the community and doing things, but the home is very much where he feels safe and contented. He gets on well with all the staff, although I think he has his favourites. They really treat him with respect and consideration". Another relative said, "The staff are very kind. Very motivated, they have a very enlightened, progressive approach and do things with [my relative] that we wouldn't necessarily do. There isn't one carer we aren't happy with and there's good continuity with the staff. He's flourishing". A further relative added, "The staff are just brilliant, they are so patient with them. I've never seen anyone, irritated or cross there is such a happy atmosphere in the home".

Staff continued to speak with great warmth and affection in their approach towards people. They gave examples of how over time, rapport had built up with people and their relatives. One member of staff told us, "We are in their home and are here to just provide support to enable them to live the life they want. It is such a fun job". Another member of staff said, "We're like a family. We are inclusive to everyone, it is the same as any young person moving out of their parents' house, we support them to live an independent life".

Staff told us how they promoted people's independence. They told us that wherever possible people were encouraged to maintain their independence and undertake daily living tasks. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. Relatives supported this and one told us, "I have watched [my relative] grow in confidence since he has been with them. I think they have brought joy into his life, he has developed good social skills. The staff are very good at encouraging him to participate in whatever is going on. If he wants something to eat the staff don't just go and make it for him, they ask him what he wants and then help him prepare it for himself". Another relative said, "The teach [my relative] how to do things for herself safely. Like making a cup of tea. It sounds a small thing, but there was a time when we never thought it possible. They're wonderful, every minute of the day there is someone there and she knows she can rely on them".

Staff remained aware of the need to preserve people's dignity when providing care to people in their home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. People's needs were recorded in their care plans and staff we spoke to knew the needs of each person well. Staff also attended equality and diversity training and people were supported to live their life in the way they wanted. People had also been supported to make choices around their care and maintain links with their family and friends. One relative told us, "[My relative] has a great life with his friends, a better social life than I do and he is safe and supported not molly coddled. He is fully involved with his care plan and it's all about what he wants to

achieve. I would say his aspirations are being helped".

## Is the service responsive?

### Our findings

Relatives told us their loved ones received personalised care that was responsive to their needs. One relative told us, "They are totally responsive to what [my relative] wants and needs. If he wants to go out, they'll sort it and take him. If he goes somewhere and then changes his mind, they don't make a big deal of it, they'll simply take him home again. Nothing seems a big deal, it's just accepted that he has the right to change his mind like any of us". Another relative said, "[Our relative] has learnt so much there, how to wash up, prepare meals, make sandwiches. He's functioning more like any other person in a family environment".

People continued to receive person centred care that was focused on them as an individual. Staff supported people to access the community and take part in meaningful activities to increase their skills and enjoyment of life. For example, people went swimming and were encouraged to take part in exercise at a local gym to assist healthy lifestyles and social interaction with peers. One relative told us, "[My relative] goes out and about into the community and I've been surprised at how well known he is. I go out with him and people are always stopping to speak to him. It's lovely". Another relative said, "Everything was assessed at the beginning, what he could do, what he couldn't do and since then it's been a growing process really, helping him build on what he can do and encouraging him to do more. If he shows an interest in something they do their level best to find a way of helping him do it". People were supported to achieve their goals and aspirations, such as going on holiday. Suitable staff in terms of age and interests were matched with people, so that they would enjoy the activity more. One relative told us, "They take [my relative] on holiday, but always make sure that there are young carers on the trip so that he isn't walking around with someone elderly, they're like mates doing things with him".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records remained easy to access, clear and gave descriptions of people's needs and the care staff should give to meet these. Care plans were person centred and included a family history, personal preferences and activities they liked to participate in. Staff told us they found the care plans to be detailed and informative to provide care and support to people. One relative told us, "We are fully involved with [our relative's] care plan and the reviews and so is he, it's all about what he wants to achieve. They are very good communicators. Very hot on keeping us informed, we don't have to chase them to find out how he is doing".

Individual communication needs were assessed and met, and the registered manager was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care available to them. The registered manager gave us examples of communication aids used to assist people, such as easy read documents and picture cards. One relative told us, "They are very good at communicating in a positive way with [my relative]. How you ask him will dictate the response you get and they've nailed that totally".

Relatives told us they and their loved ones were encouraged to give their views and raise concerns or complaints. None of the relatives spoken with had cause to raise concerns and were happy with the service.

One relative told us, "We've never had to complain about anything, but if we had any concerns we would speak up and I know they would deal with it promptly. It's just that kind of set up, anything that needs to be addressed is just done straightaway". The registered manager told us that information of how to complain was made available to people in accessible formats. They confirmed any concerns or complaints would be taken seriously, explored and responded to.

## Is the service well-led?

### Our findings

Relatives and care staff told us that they were happy with the way the service was managed and stated that the registered manager remained approachable and professional. One relative told us, "They are a brilliant company, very approachable and open. It's very well run. I would recommend it without hesitation and I can't think of anything they need to improve on". Another relative said, "They put the care of the people they are looking after at the heart of everything they do. They help people have goals that they can achieve, so that they feel encouraged and proud of themselves. I can't think of anything they need to improve on. I would always give them 10 out of 10". A further relative added, "When we met with them and realised straightaway that their vision for what [our relative's] life should be was aligned totally with ours. We couldn't be happier".

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a clear management structure with identified leadership roles. The registered manager was supported care staff and staff told us they continued to be well supported.

The registered manager continued to promote a positive and inclusive culture within the service. The registered manager told us, "We have a great staff team and our ethos is that we are approachable, friendly and supportive. We want people to love the life they live, and live the life they love". The registered manager monitored the day to day culture of the service through, amongst other things, open communication with people, their relatives, community professionals and staff. They made regular visits to both homes to obtain their feedback, to provide direct care and support and to ensure the care was of a good standard. Staff spoke about their work with clear enthusiasm, they felt supported, valued and fairly treated. One member of staff told us, "There is always management cover available for us and we can contact them at any time". Staff remained clear as to what was expected of them at work, and felt able to request any additional support or advice needed from the registered manager at any time. Staff felt a sense of shared purpose and experienced successful teamwork with colleagues. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. Staff had a good understanding of equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice.

The registered manager had maintained and developed systems to monitor the quality of the service which included regularly speaking with people to ensure they were happy with the service they received and used to improve people's care. Feedback came from regular meetings with people and their relatives and surveys. The information gathered from feedback was used to recognise any shortfalls, make plans accordingly to drive up the quality of the care delivered and involve people in the running of the service. One relative told us, "We go to the meetings when they review [my relative's] care and they talk to him about what his goals for the next six months are, it's something for him to work towards and gives him a sense of achievement".

The registered manager continually looked to improve and had liaised regularly with the relevant Local Authorities and Clinical Commissioning Groups (CCG), in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff. They received regular updates from organisations such as Skills for Care and had attended forums to increase knowledge and learning in relation to the sector. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.