

Embrace Healthcare Ltd

Clayfields Business Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 23 August 2017 and was announced. The provider was given short notice of our inspection in line with our current methodology for inspecting domiciliary care services. At the time of our inspection there were two people using the service. The provider registered with the Care Quality Commission (CQC) in August 2016. This was their first inspection.

Clayfields Business Centre is the name of the location. The provider is Embrace Care Limited. The service provides personal care and support to people living in their own homes. Care and support is co-ordinated from the main office which is situated in Balby near Doncaster.

At the time of our inspection 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.

The service had a recruitment system in place which was used when they employed new staff. This process included obtaining pre-employment checks prior to people commencing employment.

The provider had a procedure in place to ensure any safeguarding concerns were addressed and reported. People we spoke with felt safe using the service.

The service did not manage anyone's medicines at the time of our inspection. However, the registered manager confirmed that an appropriate process would be followed if someone required this support.

Risks associated with people's care had been identified and methods put in place to minimise the risk occurring.

Staff did not always receive appropriate support, training, and supervision necessary to carry out their roles. Staff induction was basic and required embedding in to practice.

The registered manager informed us that if anyone began using their service who lacked capacity, they would ensure the principles of the Mental Capacity Act 2005 were followed.

The provider supported people to maintain a healthy diet, when this was part of the persons care package.

People who required the involvement of health care professionals were assisted to obtain this support.

We spoke with staff and they told us how they ensured people's privacy and dignity was maintained. Staff told us they would respect people's homes and told us they always knocked on the door before entering their property.

We looked at care records belonging to people who used the service and found they were informative. However, further information regarding likes and dislikes could be added to ensure they are person centred.

The service had a complaints procedure and concerns received were acted upon in a timely way and in line with the provider's policy. People we spoke with felt able to raise concerns.

The provider did not have an effective system in place to monitor the quality of service delivery, staff performance and feedback from people who used the service.

During this inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The provider had a recruitment system in place. Pre-employment checks had been obtained prior to new staff commencing their employment.

At this time, people did not require assistance with their medicines.

Risks associated with people's care had been identified and were being managed appropriately.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always receive training and support in a timely way. The induction package required further development to ensure staff were confident when they first started work with the provider.

The registered manager was aware of their responsibilities in line with the Mental Capacity Act 2005.

People received a nutritious and balanced diet which met their needs.

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People who used the service and their representatives told us the care workers were kind and caring.

Staff explained how they maintained people's dignity and respect by knocking on doors before they entered and involving people in their care.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care files we checked reflected people's care and support needs.

Complaints were dealt with in an appropriate manner. People felt able to raise concerns if they needed to.

Is the service well-led?

The service was not always well led.

The registered provider had systems in place to ensure the service operated to an expected standard. However, some of these were not used and others required embedding in to practice.

There were no other audits in place to check the service was operating to the expected standard.

Requires Improvement 

Clayfields Business Centre

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 checked 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.

This inspection took place on 23 August 2017 and was announced. The provider was given short notice of our inspection because the location provides a domiciliary care service.

The inspection was carried out by one Adult Social Care inspector.

Before our inspection we gathered and reviewed information about the provider from notifications sent to the Care Quality Commission. We also spoke with healthwatch to gain further information and views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also gathered information from other professionals.

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 the service does well, and improvements they plan to make.

During our inspection we spoke with 4 staff including the registered manager, care co-ordinator and two care workers. We spoke with people who used the service and their representatives.

We looked at documentation relating to the management of the service and looked at four staff files. We also looked at two support plans belonging to people who used the service.

Is the service safe?

Our findings

We spoke with people who used the service and their relatives/friends and they felt the service was safe. One person's relative/friend said, "The service is very safe. The staff keep in touch with me." One person said, "They [the staff] assist me in a very safe way, they know what to do."

We spoke with staff who told us they had received training in safeguarding people from abuse. They were able to explain what they would do if they suspected abuse had occurred. One care worker said, "I would report any incident of this nature to the manager or care co-ordinator, they would take appropriate actions."

The service had a recruitment system in place which was used when they employed new staff. This process included obtaining pre-employment checks prior to people commencing employment. These included references, with at least one coming from their previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at staff recruitment files and found they contained all the relevant checks. We spoke with the registered manager about their process when applicants had gaps in employment. The registered manager told us they would ask about these in the person's interview and make a record of it. We also spoke with staff who confirmed they had to wait for the checks to be returned prior to them starting their new role.

The provider was in the process of recruiting more staff to ensure people received the support they required. The service currently provides a service to two people, one being a 24 hour care package. The provider currently employed three care workers, (one who was working their notice and leaving the company), a care co-ordinator and the registered manager.

We spoke with staff about staffing levels and they told us there were enough staff to meet the needs of the people who currently used the service. The registered manager told us that if they felt people's need were requiring more staff to assist them; they would speak with the social worker.

We spoke with the registered manager about how the provider managed people's medicines in a safe way. The registered manager told us that there were procedures in place for managing medicines but currently did not support anyone in this way. We looked at care records and found that the documentation included a section about people's medicines and current dose and how they should be taken. The registered manager confirmed that if anyone required support in this way, a Medication Administration Record (MAR) would be set up. This would be available in people's homes for care worker to sign when they had administered the medicines.

We looked at care records belonging to people who used the service and found they contained information about risks associated with their care. Risk assessments included things such as moving and handling, mobility, the environment and falls. One person who was at risk of falls had a monitoring form where all falls were recorded and actions taken were logged. We also saw that one person had a Personal Emergency

Evacuation Plan in place. This was guidance for staff in how to support people in an emergency to evacuate their home safely.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives/friends. They told us that staff were knowledgeable and understood people's needs. A professional worker told us that the staff were very knowledgeable about the support they could offer someone and explained how their needs could be met. One person said, "They [the staff] know what they are doing."

We spoke with staff and they told us they received training via eLearning and had received some face to face training. However, first aid training was currently being provided via eLearning. This meant that staff had not received any practical training in this subject. We spoke with the registered manager and were informed that staff would be attending a practical first aid training course in September 2017.

The provider's training policy stated that new starters would complete an induction which included mandatory training in subjects such as infection control, food hygiene, health and safety, safeguarding, moving and handling and fire safety. The policy stated that the induction would help staff to adjust to their new role, gain knowledge required and gain competencies. The induction would also include the 'Care Certificate.' However we found this had not commenced. We spoke with the registered manager about the induction package and they told us this would to be developed to incorporate the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This would ensure that staff were given the right support and training after completing their induction.

One care workers said, "The induction was a full shift shadowing [the care co-ordinator]. I completed some training shortly after I started work." Another care worker told us that they had completed some training at college before working for the provider.

We looked at staff files and found some certificates which showed that some training had taken place. We did not see any record of staff competencies for things such as moving and handling. We spoke with the registered manager who informed us that care workers were periodically visited and observed whilst carrying out their role. However, these had not always been recorded.

We looked at staff files and found that staff had received supervision sessions. These were one to one sessions with their line manager. However, these had only recently commenced in July 2017. Current staff had been employed around five months and only had one supervision recorded. Staff we spoke with told us that they felt supported by the registered manager and care co-ordinator and could contact them at any time.

The registered manager showed us a schedule that they had put in place to inform when supervisions and staff appraisals were due to take place.

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 spoke with the registered manager about the Mental Capacity Act, 2005 and found they had an understanding of this. We were informed that staff had completed training in this subject. However when speaking with staff they were unsure about the principles of the Act. The registered manager informed us that if anyone began using their service who lacked capacity, they would ensure the principles were followed.

Where required people were supported to maintain a healthy diet. Staff we spoke with explained how they prepare meals and offer drinks and snack to people when needed. One person's care plan detailed the support they required to prepare meals and to ensure they received appropriate nutrition.

Staff we spoke with confirmed that they would contact the registered manager or the care co-ordinator if they felt someone was unwell or required support from health care professionals.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives/friends and they felt the staff were kind and caring. One relative/friend said, "The staff are very caring and supportive and nothing is too much trouble. They communicate well with me." A person who used the service said, "They [the staff] are very caring, visit regular and are very pleasant."

We looked at care files and found that they contained a correspondence section. This detailed communication which had taken place between families and relevant others involved in people's care.

Staff we spoke with were able to explain how they would maintain people's privacy and dignity. One care worker said, "It is important to find out if people prefer a male or female worker." Another care worker said, "I talk to the person and find out how they like things doing and involve them. One person wants to remain independent so I encourage that."

The service had a charter of rights in place and the provider encouraged care workers to respect this. It included promoting independence, calling people by their preferred name, helping people to have choice and to maintain their independence. Staff we spoke with told us how important it was to ensure people were involved in their care and for them to be at the centre of all discussions and planning involving their care and support.

We looked at care records and found that they included a service user profile which was designed to build up a picture of the person's life and form a good relationship. We saw that one person's profile had been completed but another person's profile was blank. We raised this with the registered manager who told us they would ensure this was completed.

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives/friends and were told that the care workers involved them in their care and support. They confirmed that they had a care record in their homes and that staff wrote in it every time they visited.

Prior to people commencing a service, the provider visited them in their own home and completed an initial assessment. This was to ensure they could meet the person's individual needs. Based on this information and by talking with people and their relatives, care plans were devised to meet people's needs.

We looked at two care records and found they gave detail on how to support people with their care needs. We saw care plans for things such as, general care and wellbeing, personal safety, eating and meals and mobility. For example, one care plan was to assist a person with preparing meals. This included assisting the person to shop for food, prepare food and help to choose a meal they preferred. Another care plan regarding general care stated that holding a conversation was important to the person, but their understanding may be impaired due to short term memory loss.

Care plans were reviewed every six months or sooner if necessary. This included people and their family and friends and any other relevant people. People we spoke with confirmed these took place and felt they were able to contribute.

One person was assisted to socialise and activities were provided in accordance with the person's choices. For example, this person enjoyed going out for meals and shopping and staff assisted them to do this.

The provider had a complaints procedure and people told us they would speak with the registered manager or the care co-ordinator if they had any concerns. One relative/friend said, "I can't fault anything. I have never known an agency like it." One person said, "I would raise any complaints with the manager and I am confident they would sort them out. I find the service very satisfactory."

Is the service well-led?

Our findings

People we spoke with and their relatives/friends spoke highly of the registered manager and the care co-ordinator. One person said, "They [management team] are always at the end of the phone."

The management team consisted of a registered manager and a care co-ordinator. Staff we spoke with were complementary about the management team and felt supported by them. 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.

We spoke with the registered manager about how they ensured the service their care workers provided was of a good standard. The registered manager told us that staff were visited approximately every two weeks by the registered manager or the care co-ordinator. The visit was unannounced and checked staff were working in line with the person's care plan, that Personal Protective Equipment (PPE) was being used, and that staff were interacting appropriately with people they were supporting. The registered manager told us that care workers received feedback afterwards. However, there were no record of this taking place and no feedback logged. This meant the registered provider could not check to see if the care worker was improving from their previous visit.

There were no other audits in place to check the service was operating to the expected standard. No audits were completed on care plans and records. Daily progress sheets were kept in the person's home and were not checked on a regular basis by the registered manager. We spoke with the registered manager who told us that records were checked at each person's six monthly review. This meant the registered provider did not check records regularly to ensure they were completed accurately and to identify any concerns.

During our inspection we identified that staff training required more management oversight. This would ensure staff were suitably trained to meet the requirements of their job role.

The registered provider did not have any systems in place to gain feedback from people who used the service, their relatives/friends and staff. This meant the service did not continually evaluate the service and identify areas of improvement.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had systems in place to ensure the service operated to an expected standard. However, some of these were not used and others required embedding in to practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had systems in place to ensure the service operated to an expected standard. However, some of these were not used and others required embedding in to practice.</p>