

Empowerment Healthcare Ltd

# Empowerment Healthcare

## 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

Empowerment Healthcare is a domiciliary care service providing personal care to people living in north London. Eight people were using the service at the time of our inspection.

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

People told us the service was exceptionally well run. The provider's vision and values placed people at the heart of the service. Staff focused on taking a holistic approach to empowering people and improving their well-being. We found multiple examples where staff and the registered manager had supported people to understand their rights and achieve better outcomes.

The provider engaged with people in ways which considered their equality characteristics and empowered them to voice their opinions. The registered manager understood the responsibilities of their role. They took a consistent approach to engaging with other service when seeking to make improvements to people's lives. The provider had systems in place for monitoring the quality and safety of the service. They sought feedback from people on a regular basis to help identify potential areas for improvement.

People were protected from the risk of abuse. Risks to people had been assessed and staff understood how to support people safely. The provider followed safe recruitment practices and deployed enough staff to safely meet people's needs. Staff supported people to manage their medicines safely, where this was part of their care plan. They followed safe infection control practices and knew to report any incidents or accidents which occurred. The registered manager confirmed they would review incident and accident information for any learning which they would share with staff to improve safety.

People were supported to maintain a balanced diet where this was part of their care plan. They had access to a range of healthcare services when needed. The registered manager carried out an assessment of people's needs when they started using the service to help inform the planning of their care. Staff were supported in their roles through regular training and supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff sought people's consent when offering them support. They involved them in decision about their care and encouraged their independence. People had care plans in place which described their individual needs and their preferences in the way they wished to be supported.

The provider had a complaints procedure in place which was shared with people when they started using the service. People knew how to complain and expressed confidence that any issues they raised would be addressed to their satisfaction. Staff treated people with dignity and respected their privacy. People told us they'd developed strong relationships with staff. They confirmed they were treated with care and spoke highly of the support they received which took their equality characteristics into account.

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

#### Rating at last inspection

This service was registered with CQC on 8 August 2020 and this was the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Empowerment Healthcare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by an inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 19 April 2022 and ended on 25 April 2022. We visited the location's office on 19 April 2022.

#### What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the office location and spoke with the registered manager. We reviewed records, including three people's care plans and risk assessments, three staff files and records relating to the management of the service, including policies and procedures, staff training information, audits and staff rotas.

Following our office visit we spoke with two people, two relatives and three staff to gain their feedback about their service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were aware of the different types of abuse and knew the action to take if they suspected anyone had been abused. One staff member told us, "If I thought someone may have been abused, I'd report it to the registered manager. I know I could also contact the local safeguarding team or CQC, if needed."
- The registered manager was aware of their responsibility to report any allegations of abuse to the relevant local authority and to notify CQC. The provider had safeguarding and whistle blowing procedures in place which staff had reviewed and understood.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and staff were aware of the action to take to support people safely. Assessments had considered key areas of safety, including mobility, nutrition and hydration, medicines management, continence and skin integrity.
- People's care plans included guidance for staff on how to minimise identified risks to people. For example, one person's care plan contained information on the support they needed to maintain a balanced diet. Another person's care plan described the steps staff should take to minimise the risk of them falling. Staff demonstrated a good understanding of the details of people's care plans and risk assessments.
- The registered manager had sought input from relevant health and social care professionals where needed, to ensure people received safe support. For example, they had worked with an occupational therapist to put appropriate equipment and guidelines in place for staff to enable one person to mobilise safely.

Staffing and recruitment

- The provider employed enough staff to ensure people's needs were met. One person told us, "The staff arrive at the times we've agreed and always help me with whatever I need. I've never had a missed visit." A relative said, "The service has been excellent from the first day. We have a regular carer; they're punctual and always stay for the full duration of the visit."
- The provider arranged people's calls in a way which promoted consistency of care by minimising the number of different staff scheduled to visit them each week. The registered manager also confirmed the current staffing levels enabled them to cover any planned or unplanned absence without any problem.
- The provider followed safe recruitment practices. The registered manager had carried out checks on staff before they started working which included reviewing their employment histories, checking their ID, carrying out criminal records checks and seeking references from previous employers.

Using medicines safely

- Staff helped people to manage their medicines safely, where they had been assessed as requiring support in this area. People's care plans identified the different types of medicines they had been prescribed, the times they should be taken and who was responsible for administration, if staff support was not required.
- Staff had completed medicines management training. The registered manager carried out regular spot checks on staff which included checks on the medicines support they provided to ensure this was safe.
- Staff completed medicine administration records where appropriate, which confirmed people had taken their medicines in line with the prescriber's instructions

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection. Staff completed infection prevention and control training. One staff member told us, "We all have a stock of PPE which we use when visiting people. I always wear a facemask, gloves and an apron." One person confirmed, "They [staff] always wear PPE when they visit."
- The registered manager regularly reviewed national guidelines on the use of PPE in a domiciliary care setting which they fed back to staff, to ensure they stayed up to date with current requirements.

#### Learning lessons when things go wrong

- The registered manager had processes in place for reviewing any incidents or accidents which could occur for potential learning they could share with staff. Staff knew to report any incidents or accidents which occurred in the course of their work. One staff member said, "I'd report any accidents to the manager and complete an accident form as soon as I was able to."
- The registered manager told us there had been no incidents or accidents involving the service in the time since they had been registered with CQC.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they started using the service to ensure the provider was able to meet their needs effectively. The assessments considered people's physical and mental health as well as any potential social needs with which they required support. The assessments formed the basis of their care plans.
- The provider followed nationally recognised standards and guidance when carrying out assessments. For example, people, relatives and relevant social care professionals had been involved in the assessment process, where appropriate.

Staff support: induction, training, skills and experience

- Staff were supported in their roles through an induction and training programme which was relevant to people's needs. One relative told us, "[Staff] are very well trained; they do such a good job, they should be training others."
- Staff completed an induction when they started work for the service, which included shadowing more experienced staff and a period of orientation, reviewing the provider's policies and procedures and learning about their philosophy of care.
- The registered manager told us staff with no previous experience of working in social care would be expected to meet the requirements of the Care Certificate during the first months of their employment. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff also completed training in a range of areas considered mandatory by the provider. This training was periodically refreshed to help ensure they remained up to date with best practice. One staff member said, "The training has given me the knowledge and confidence needed to support people effectively."
- Staff were supported in their roles through regular supervision. One staff member told us, "I have regular supervision with the registered manager where I'm able to discuss how I'm getting on and whether I need any support with anything."

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

- People were supported to maintain a balanced diet. Their dietary needs had been assessed and their care plans contained guidance for staff on any support they required with meal preparation or eating and drinking.
- Staff took people's cultural and spiritual needs into account when supporting them to prepare meals. One relative told us, "I'm not a great cook and [their loved one] likes traditional food so it's great the staff are able

to prepare appropriate meals."

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

- The provider worked with other agencies to ensure people received timely and effective support. For example, the registered manager had been a contact with an occupational therapist to help arrange a review for additional equipment to support one person in their home.
- People were supported with their healthcare needs, where needed. Where one person had struggled to understand feedback from a consultant about a medical condition, the registered manager had arranged for them to speak with consultant in the presence of a staff member who spoke the same first language.
- The registered manager also told us people were able to manage their own healthcare appointments without support from the service, although they would be happy to do so, if 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff sought consent from people when offering them support. One person said, "They [staff] always check I'm happy for them to help me." Another person told us, "They wouldn't do anything I didn't agree to first."
- Staff received training in the MCA and understood how it applied to their roles. One staff member told us, "The people I support are able to consent to the support I provide, but if they couldn't I'd consider what was in their best interests, such offering them a choice of clothes to wear which was appropriate for the weather."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with care and consideration. People and their relatives told us staff were compassionate in their approach when supporting them. One person said, "They [staff] are always happy to help me with anything and treat me very well." A relative told us, "The staff are very caring and always show consideration [to their loved one]."
- Staff provided people with support which took their spiritual and cultural needs into account. One relative told us, "[Their loved one] is supported by staff who share the same faith, which is great because they understand how to provide care which reflects their needs." Another relative said, "It's really great to know [their loved one] receives culturally appropriate care."
- People had developed strong bonds with the people they supported. One person said, "I have a good relationship with [staff]; they know me well."

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

- People were involved in making day to day decisions about the support they received. One relative told us, "[Their loved one] lets staff know how they want to be supported and they help accordingly. The staff are always happy to help with different things on a given day, when needed."
- Staff demonstrated a good understanding of the support people required and their preferred routines but made sure to involve them in making decisions about the support they received each day. One staff member told us, "I'll always offer choices, so people are able to direct their care as much as possible. For example, if I was helping someone to get dressed, I'd offered them a choice of clothing options that are appropriate for the weather, so they can decide what they want to wear."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. One person said, "Staff are always respectful." A relative told us, "They're always polite, never rush and are respectful of [their loved one's] privacy."
- Staff understood the importance of maintaining confidentiality and knew the steps to take to promote people's privacy when supporting them. One staff member said, "I'll always make sure we won't be disturbed when supporting people with personal care. If I'm helping someone wash I won't leave them exposed and make sure they're comfortable with whatever I'm doing."
- Staff encouraged people to maintain their independence wherever possible. One staff member told us, "I'll always encourage people to do whatever they can for themselves." Another staff member said, "We focus on what each person can do for themselves and only step into help where they need assistance."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support which reflected their individual needs and preferences. They were involved in the planning of their care. One person told us, "We discussed what I needed help with when I started using the service. I know I could request changes to my care plan if needed."
- People had care plans in place which identified the areas in which they needed support as well as the things they were able to manage independently.
- Staff demonstrated a good awareness of the details of people's care plans and their preferences in the way they wished to be supported. For example, one staff member told us about a person's favourite meals which they helped to prepare. Another staff member explained how one person valued their independence when washing and dressing so they knew to be on hand and only provide assistance when requested.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been considered as part of the initial assessment carried out by the registered manager. The registered manager confirmed they were able to provide information about the service to people in formats which met their needs. Staff had also been able to support people to translate information they received from health care services, where English was not their first language.
- Staff were aware of people's communication needs. For example, one staff member described how best to communicate with a person they supported, in line with the guidance in their care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities which reflected their interests, where this formed part of their care plan. For example, one person's care plan identified activities they enjoyed, including visiting the park and arts and crafts, which staff supported them with on occasion.

Improving care quality in response to complaints or concerns

- The provider had systems in place for handling and learning from complaints in order to drive improvements. People were given a copy of the provider's complaints procedure when they started using the service. This explained what they could expect from the provider if they raised a complaint, including the

steps they could take if they remained unhappy with the outcome of any investigation.

- People and relatives knew how to complain. The registered manager told us the service had not received any complaints since the service had been registered with CQC. This reflected the feedback we received from the people we spoke with. One person told us, "I'd speak with the manager if I was unhappy with anything, but I've never had any problems."
- The registered manager confirmed they would maintain a record of any complaints which would include details of any investigation and the outcome. They told us they would review this information for any learning which could improve the service people received.

#### End of life care and support

- The service was not providing support to anyone in need of end of life care at the time of our inspection. The registered manager confirmed they would work with relevant healthcare professionals when needed to ensure people received appropriate end of life support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's vision and values placed people at the heart of a service, focused on taking a holistic approach to empowering people in ways which had a positive impact on their well-being. The registered manager and staff consistently reflected the provider's vision and values in the way they worked. For example, staff had supported one person who had outstanding energy bills to arrange to pay the outstanding balance in a manageable way. In another example, the registered manager had supported one person to apply for benefits they had not known they were entitled to.
- Staff were highly motivated and proud of their work supporting the local community. One staff member told us, "We have a great team here who are all focused on the same thing. It's great to do something which has such a positive impact on people's lives."
- People and relatives spoke highly of the inclusive and empowering culture the service had developed. One person said, "I'm very well supported; they've all been a pleasure to deal with and I can talk with them about anything." A relative had written to the service, noting, "We are very grateful for the help. Staff are always there if we need any support, including outside of care."

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

- The provider engaged with people in ways which considered their equality characteristics and empowered them to voice their opinions. The registered manager recognised when people from different cultural backgrounds needed support to understand the level at which they could involve themselves in decisions about their care. We found multiple examples where they had worked with people to understand their options, empowering them to make decisions which had a positive impact on their well-being.
- Where one person had received a letter from a healthcare professional about a significant health condition, staff had helped translate the letter into the person's first language and then talked through the information to make sure they properly understood the choices available to them. When the person still had further questions, the registered manager had arranged a telephone call with the healthcare professional for a time they could attend and support the discussion.
- The registered manager also engaged with people and relatives in a constructive way on a regular basis. All of the people and relatives we spoke with told us the registered manager was in frequent contact with them, asking for feedback and seeking to tailor the service to meet their individual needs. One relative told us, "They go above and beyond when supporting us and have made a huge difference to our lives."

### Working in partnership with others

- The registered manager consistently sought to work with other agencies in order to improve outcomes for people. For example, where they had identified shortfalls with one person's accommodation which impacted on their safety and freedom, they had supported the person to contact the local authority and complete a housing application. This had been accepted by the local authority who were in the process of identifying a more suitable home for them.
- We also saw written feedback from a local authority officer who had worked with the service which noted, "You have really gone out of your way to help clients and many have flourished as a result of your continued support."
- The registered manager had worked hard to engage with local authorities where the service was able to provide support to people living in the local community. They confirmed they would welcome visits to the service from local authority commissioners and act on any feedback they provided to help drive service improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in post who understood their responsibilities under current health and social care legislation. They knew which events they were required to notify CQC about and were aware of the need to display their CQC rating, once awarded.
- Staff understood the responsibilities of their roles. They were provided with information describing the provider's expectations of them when they started working for the service. They were also in regular communication with the registered manager, who shared information about any service developments or areas of learning. Staff were also to contact a member of the management team out of hours if needed, in the event of an emergency.
- The registered manager understood the duty of candour and was open and honest in their approach when engaging with people, relatives and stakeholders. They told us they would ensure they would inform people of any incidents or accidents which occurred, promptly and transparently.

### Continuous learning and improving care

- The provider had systems in place for monitoring the service to help identify potential issues and drive improvements. The registered manager and senior staff carried out a range of checks and audits which included checking records completed by staff in the course of their work, reviewing stakeholder feedback for learning and carrying out checks on staff rotas and training records.
- The registered manager also carried out regular spot checks on staff performance, which considered a wide range of factors relating to their roles, including timeliness, infection control practice, seeking consent, treating people with dignity, medicines support and record completion. These checks helped ensure the staff were providing people with high quality care.
- The provider sought feedback from people through regular informal contact, quality assurance visits and the use of feedback forms. The feedback we reviewed showed very high levels of satisfaction from people about the support they received. This was reflective of the feedback we received when speaking with people and relatives.