

Empathy Care (IOW) Ltd

Empathy Care (IOW)

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

Empathy Care (IOW) is a domiciliary care agency providing care and support to people living in their own homes. Some people lived in flats at the same place the office was located, whilst others lived in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection six people were receiving personal care.

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

People were supported to be safe. There were systems and processes in place to ensure people were protected from the risks of avoidable harm. The provider had a policy and procedure for safeguarding adults and the registered manager and staff understood their responsibilities.

Risk assessments were completed for people and they were supported to manage risks in their home environment, to ensure safety. There was a system to manage accidents and incidents to reduce them happening again.

There were enough staff available to support people. The staff team worked well together and knew people well.

Where people required support with their medicines, they received them on time and correctly. Staff worked with the local health professionals and pharmacies to ensure people had the correct medicine and health support at the right times.

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 had received appropriate and varied training, that supported them to carry out their role safely. They received regular supervision to help develop their skills and assist them in their role.

People told us they were happy with the service they received and thought the staff were kind and caring. There was a complaints process that people could follow if they needed to. However, people and their families were all very positive about the service provided.

People and their families were involved in the development of personalised care plans that were reviewed regularly. Staff were skilled in delivering care in the way people preferred. This ensured people's preferred routines were met.

There was a clearly defined management structure and regular oversight and input from the provider's representative. The management team carried out regular checks on the quality and safety of the service. Staff felt supported by the management and told us the registered manager and providers were approachable and they felt valued.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered with CQC.

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 ●

Empathy Care (IOW)

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 Care Act 2014.

Inspection team

The inspection was conducted by one 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.

The service had a manager registered with the Care Quality Commission. 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.

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 21 January 2020 and ended on 3 February 2020. We visited the office location on 21 January 2020.

What we did before the inspection

We reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager, the nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from professionals who regularly visit the service and we spoke to two members of staff.

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 for 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 and their relatives told us staff knew how to keep them safe. One person when asked if they felt safe, said, "They [staff] know what they are doing, and I feel so safe here." A relative said, "I don't have to worry since [relative] has the support from Empathy Care, they keep him safe."
- Staff had received safeguarding training and had a good understanding about the ways they could raise concerns. One staff member said, "We would report any concerns to the [registered] manager and they would report to [local authority] safeguarding or CQC. If the problem related to the management team, I would report to safeguarding or CQC myself."
- Systems were in place to protect people from the potential risk of abuse. There were processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team. The registered manager was aware of their responsibilities and took appropriate action.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and staff had clear guidance to follow. For example, one person was at risk of falls and their care plan described how staff should support them, whilst retaining as much independence for the person as possible. Another person was diagnosed with a circulation condition. Their care plan provided a detailed description of the condition and actions staff should take to manage the associated risks.
- Risks to people's personal safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. For example, some people had an electronic alert system, which meant they could easily call for emergency help if needed.
- Environmental risk assessments took place in people's own homes. The environmental risk assessment took into account any factors in the person's home such as trip hazards, equipment and staff safety.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- As the service was registered with CQC in January 2019, all staff employed by the service had commenced work in the previous year. Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- There were enough staff to meet people's needs. The registered manager told us staffing levels were

flexible and based on people's needs. One staff member told us, "We are not the kind of service that rushes people, if they need the care, we stay until its done."

- People we spoke with told us staff had enough time to provide the support they needed and did not appear to be rushed or pressured.

Using medicines safely

- People received their medicines safely.
- Where people were able to, they were supported to be as independent as possible in managing and administering their own medicines. For example, one person took their own medicines, but staff supported them by checking they were taking them correctly, in agreement with the person.
- Staff received training in medicines administration. They completed relevant records which showed they safely supported people with their medicines.
- Safe systems were in place for people who had been prescribed topical creams. Where people required support with medicines to be given with specific spaces of time between each dose, clear records were maintained to ensure this was done so safely and within best practice guidelines.

Preventing and controlling infection

- Staff completed training in infection control.
- Staff had access to aprons and gloves to wear when supporting people with personal care or preparing food. These helped minimise the spread of infection.

Learning lessons when things go wrong

- There was an open and honest culture to reporting accidents and incidents. We reviewed incident and accident records which demonstrated staff shared concerns and sought timely advice from the registered manager.
- The registered manager had oversight of all information about the service and ensured appropriate actions were taken where necessary.

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

- Initial assessments of people's needs were completed prior to the service commencing support. People's choices and preferences for support were discussed.
- Care plans contained clear information about people's needs and were updated if people's needs changed.
- The registered manager told us they would be pro-active in contacting health and social care professionals if a reassessment of need was considered a priority, for example when people's health deteriorated.
- The provider had an equality and diversity policy and staff understood how to ensure people's individual needs and wishes were met.

Staff support: induction, training, skills and experience

- Staff had received an induction into their role. The registered manager told us the staff team all had some previous experience in care. They were provided with training and support to ensure they could meet the needs of the people using the service.
- Staff received regular up to date training, this included training in safeguarding, equality and diversity, fire awareness, medicines, food hygiene, dignity & respect, falls prevention, managing behaviour that challenges and end of life care. The nominated individual was also employed by the provider as an in-house trainer. They took responsibility for providing some of the training for staff and arranged training with external facilitators when needed. Staff told us, "We definitely get good training, the training manager is really good, and the training is enjoyable, so that helps us remember" and "Yes, the training is great."
- Staff had regular supervision and annual appraisals were planned. These enabled the registered manager to monitor and support staff in their role and to identify any new training opportunities.

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

- The registered manager told us the staff team worked collaboratively with other professionals to meet people's needs. They followed recommendations by professionals to support people effectively. This supported staff to help people manage their own health and wellbeing.
- People who used the service told us staff had at times, assisted them to healthcare appointments, if they were unable to attend on their own.
- Information about people's personal and health needs was included within their care plans, which could go with the person to hospital, to help ensure their needs could be consistently met.

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.

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 had completed training regarding MCA.
- People who used the service had signed consent forms to say they were happy to receive care and support from the service. However, the registered manager had also completed an MCA assessment for each person as part of the initial assessment process.
- No one had been assessed as lacking capacity to make decisions.
- There was no one receiving care and treatment under a community DoLS.

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

- People told us the staff were kind and caring. One person told us, "They [staff] are truly wonderful, it has changed my life." Another person told us, "I get on with them all, they are like friends, they are very kind."
- We observed people being supported by staff who clearly knew them well and spoke to them with patience and kindness. For example, we observed one staff member arriving for work. They greeted people in a warm and friendly way, asking individual people how they were.
- Staff told us they had formed good relationships with the people they supported. One staff member said, "As we only support a few people, we know them really well and listen to what they want." Another said, "I thoroughly enjoy being at work, we laugh all the time with people, we are like a family, it is a pleasure to go to work, it truly is."
- Relatives told us they felt the staff knew people well and treated them with kindness and compassion. One relative said, "I trust them [staff] and that makes such a difference, I know [relative] is in good hands."
- Staff had received training in equality and diversity and people's diverse needs were recognised and recorded within their care plans.

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

- The registered manager sought the views of people and their families during the care planning process and through individual contact. Care planning documentation demonstrated that people were involved in making decisions about their own care and support needs.
- Relatives told us they felt people were involved in deciding what they wanted to do. One relative told us, "They [staff] listen to my [relative] and they can work out together, the best way to support him."
- Records contained information about how each person communicated. This ensured staff understood how each person expressed their views.
- We observed staff speaking to people with respect and giving them time to process information, so they were able to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was maintained in the way information was handled. Care plans were stored safely, and staff followed the confidentiality policy. Staff were aware not to share confidential information with people that were not authorised.
- The main building where the office was located, had several privately rented flats, where some people receiving a service lived. However, there were also communal areas where some people chose to spend their time. One person told us, "It's great to have some company and then I can go back to my flat when I am ready."

- People's privacy and dignity were respected by staff. One person said, "They [staff] knock before they come in, and respect it is my own private space."
- People were encouraged and supported to be as independent as possible. For example, one person's care plan described how staff supported them to build their confidence, so they could shower independently again. A relative said, "I know [relative] still has his independence but gets the support and company he needs too."

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 personalised support which met their needs and preferences. One person told us, "They [staff] staff know me well and listen to what I want, they help me when I need it."
- Care plans contained person-centred information and identified what was important to individuals. Aims and objectives had been agreed with people. One person's care plan stated, 'I may like to be taken out shopping, I like to decide what to do.'
- Staff worked with people in various aspects of their personal care needs, to keep safe and to maintain their health and well-being. For example, one person's care plan described how they needed prompting and support from staff, to maintain their personal hygiene to prevent a deterioration in their diagnosed health condition.
- Staff clearly knew people well and made accurate records of the care and support they provided. Any changes to people's needs or wishes were promptly recorded in their care plans.
- There were systems in place to ensure up to date information was shared with the staff team.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards.
- People had information presented in a way they found accessible and in a format they could easily understand. For example, the registered manager told us that they were able to use large print for people with visual impairments. In addition, they would seek external support or aids such as from the 'society for blind,' to support with accessible information for people if needed.

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 access the community in line with their agreed care plan.
- The provider supported the development of relationships by ensuring regular care staff that they knew well, were allocated to people.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, which provided information on the action people or their

representatives could take if they were not satisfied with the service being provided. The registered manager told us they had not received any complaints in the last year but there was a clear process to investigate and respond, if any complaints were received.

- People and their relatives told us that they were confident if they raised a concern or complaint it would be dealt with. A relative said, "If I had any complaints I would say, but I have not had any."

End of life care and support

- At the time of our visit end of life care was not being provided. People's care plans included a section where any specific wishes in relation to this stage of their lives, could be recorded. However, these had not been fully captured or evidenced, if people chose not to share this information. We discussed this with the registered manager who assured us they would update people's care plans to reflect their wishes, and record if they consented to do so.

- Staff had received training in how to support people at the end of their life.

- The registered manager told us they would work closely with relevant healthcare professionals to provide end of life support to people and their families, should they need it.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place who was experienced and understood their role in meeting their regulatory requirements. People and their relatives told us the registered manager was open and listened to them. One person said, "She [registered manager] is great, I can talk to her about anything, she always listens."
- There was small dedicated team of staff who understood their roles and communicated well. One staff member said, "Because we [service] are small, we know people well and work well together, we can discuss any concerns with the [registered] manager and know we will get listened to."
- The provider had policies and procedures in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.
- Quality assurance processes were in place, consisting of a range of regular audits completed by the registered manager and provider's representative. For example, people's care plans and daily records were sampled, and spot checks were completed on staff to ensure they maintained the standards expected.

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

- People and their relatives told us the service met their needs and was delivered to high standards. One relative said, "[Relative] has been so happy since being supported by Empathy Care. The staff are all brilliant."
- There was a person-centred culture at the service. Staff and the management team had a good understanding of their responsibilities towards the people they supported and were committed to delivering person-centred care.
- Staff praised the support they received from the management team and how they felt invested in delivering good quality care to people. One staff member said, "I love working for Empathy Care they are really good, and we support each other as a team."
- In our discussions with staff, it was clear they enjoyed supporting people using the service and they found it rewarding.

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 provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. The registered manager was working in accordance with this policy within their

practice.

- The registered manager understood their responsibilities and knew when they were required to notify CQC about incidents, safeguarding concerns and events.

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

- People's individual life choices and preferences were met. The provider and registered manager were clear how they met people's human rights.
- People and families were involved in planning care and support and the registered manager was actively involved in the delivery of care and support to people. It was clear that the registered manager knew people well and had developed positive relationships. They told us, "We have not rushed into supporting more people, as we want to make sure we are getting it right for the people we support now, and then we can grow when we are ready to."
- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- Effective communication between the management team and staff supported a well organised service for people.
- Staff told us they felt valued and appreciated by the registered manager and providers who had recently held a 'staff appreciation day, where they surprised the staff with gifts and thanked them for all their hard work. One staff member said, "We had a staff appreciation day recently and that was really nice. We had a lovely day, were even given gifts and felt really valued."
- Regular team meetings took place to share information about people's changing needs, share learning and to discuss team issues.

Continuous learning and improving care

- The registered manager and providers were committed to learning and improving care.
- The provider had a working action plan in place, to identify on-going monitoring and development of the service provided.
- Staff were offered a wide variety of training to maintain and develop their skills.

Working in partnership with others

- The registered manager was aware of the importance of partnership working with other health and social care professionals to promote good outcomes for people.
- Referrals were made to other health services when necessary and the registered manager ensured these were appropriately followed up.