

EMI-Care UK

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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

EMI-Care UK is a community-based care at home service providing personal care to three people at the time of the inspection. The service is operated by a small, family-based provider. The service can support older adults, people with sensory or physical impairments, people living with dementia and people with a learning disability or autism.

Not everyone who used the service received personal care. The 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.

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

People were protected from the risks of abuse or neglect. The management knew the local safeguarding procedures. Risk assessments were completed to cover people's personal care risks. There were sufficient staff deployed to meet people's needs. Medicines were managed safely. People were protected from the risks of infection.

People's likes, dislikes and preferences were considered and respected. This included any cultural or faith-based requests. Staff completed training in line with Skills for Care guidance. People were encouraged to eat and drink to prevent dehydration and malnutrition. The service worked proactively with other healthcare professionals and organisations. The service was compliant with the provisions of the Mental Capacity Act 2005.

People received compassionate care from a small group of staff, which included the management team. The service's staff were advocates for people and stood up for their rights. This included ensuring people's choices were respected by others. People were involved in their care planning, and social workers were included if needed. People's privacy and dignity were respected.

Care plans were sufficient and contained person-centred information. Staff recorded information in a holistic way, including social and emotional or psychological aspects. People's communication techniques were assessed, and where needed adjustments were made. There was a suitable complaints process in place and the registered manager knew how to manage any day-to-day concerns.

People received support from a well-led service. There were appropriate aims and objectives for the service. There was a positive workplace culture. The service operated in an open and honest way. Quality improvement was continuous, including updates to care documentation, using technology and recruiting extra staff. The service had a good connection with local social workers and the local authority. The management team ensured good communication with people and the staff.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were treated as partners in their care, and provided the opportunity to have a say in how their support was provided by the service. People had choices in their support package and could make changes based on their preferences. The management team demonstrated a positive approach to people living with learning disabilities or autism. On occasions, they acted as advocates for them to ensure they received high quality care.

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 19 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of service's registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

EMI-Care UK

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 carried out by 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.

Service and service type

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

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 18 June 2021 and ended on 25 June 2021. We visited the office location on 18 June 2021.

What we did before the inspection

We reviewed information we held and had received about the service since its registration. We sought feedback from the local authority, safeguarding team and other professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. 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 this information to plan our inspection.

During the inspection

We spoke with two people who use the service and three relatives about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the operations manager, registered manager and one care worker.

We reviewed a range of records. This included three people's care records and medicines administration records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. After the site visit, we requested and received further information from the registered manager about compliments and comments the service had received.

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 vulnerable to harm were protected from abuse, neglect and discrimination.
- There was an appropriate safeguarding policy in place which explained what steps to take if there was any allegations of abuse.
- The service reported allegations to the local authority as required. The local authority confirmed that the service worked together with them during any enquiries or investigations.
- Staff completed training in safeguarding and were required to repeat the training at set intervals. The registered manager had completed additional training and understood their role in protecting vulnerable adults.
- Feedback from a member of the public included, "I have known [the person] for quite a few years and I can say that without doubt they [have complex care needs]. EMI-Care UK have shown great patience and care for [the person], the flat is always left very clean and tidy. They have looked after [the person's] needs very well.

Assessing risk, safety monitoring and management

- People's risks were assessed prior to commencement of their package of care.
- Information was gathered from commissioners, social workers, the person and their families or friends. Staff used all of this information this to formulate the risk assessments.
- Risk assessments were updated with additional information as more details became available. The registered manager explained they visited people to ensure that risk assessments were relevant and up to date.
- A range of risks were assessed. These included the person's home environment, moving and handling, skin integrity, nutrition and hydration.
- People's and relatives' comments included, "I feel generally safe, but I have ups and downs" and, "I trust them. They do wear PPE ([personal protective equipment]). They keep it ([the house]) clean and tidy. With two dogs they [(the staff)] pull the place together."

Staffing and recruitment

- There were sufficient staff deployed to support people safely.
- One person wrote, "EMI-Care UK provides a brilliant service. They are prompt, reliable and always on time."
- An appropriate rota was in place to ensure care workers completed all of people's support calls in a timely way.
- Staff personnel files contained the necessary checks and documents to ensure only 'fit and proper'

persons were employed. For example, there were checks of staff members' previous conduct in similar roles, and criminal history checks were conducted.

- The registered manager was actively recruiting new care workers and was able to clearly explain the process of them commencing employment with the service.

Using medicines safely

- People's medicines were safely managed.
- Staff completed both theoretical and practical training, observation and competency assessments prior to supporting people with their medicines. Staff were required to repeat the training at regular intervals.
- Satisfactory records of medicines were completed.

Preventing and controlling infection

- People were protected from the risk of infections.
- The service provided staff with appropriate personal protective equipment (PPE). This included disposable gloves, aprons, eyewear or visors and masks. The service ensured enough PPE was available throughout the pandemic.
- Staff maintained hand hygiene by washing their hands or using hand gel which they carried with them.
- The service ensured they followed government guidelines regarding the COVID-19 pandemic. This included how to safely complete personal care in the community.
- Staff completed regular testing for COVID-19 as part of the national programme set out in government guidance.

Learning lessons when things go wrong

- There was an appropriate system in place to record incidents or accidents.
- Care workers were aware of their responsibility to report any incidents to the management team.
- The operations manager and registered manager explained what steps they would take if an incident occurred.
- The local authority confirmed that the registered manager worked with them if there were any incidents which required further investigation.

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 likes, dislikes and preferences for care were recorded and respected by staff.
- Preferences included what people liked to eat and drink, how they liked to be dressed and how they wanted their support provided by the care workers.
- A social worker commented, "EMI have some extremely complex behavioural issue customers (people) and have held the packages when others (care providers) would have withdrawn. They communicate with [stakeholders] and the keyworker to advise of any issues and appear to be working well with the customers they have."

Staff support: induction, training, skills and experience

- Staff were knowledgeable, skilled and experienced to provide effective support to people.
- Staff completed their induction with the operations manager. They were required to undertake statutory and mandatory training before assisting people with their personal care.
- The registered manager used relevant guidance, such as that from Skills for Care, to ensure staff completed learning in appropriate topics. For example, this included food hygiene, health and safety, safeguarding, and prevention of malnutrition and dehydration.
- The registered manager or operations manager completed staff one-to-one meetings. This provided the opportunity to discuss care workers' strengths and opportunities for improvement.
- Appropriate records of staff training were maintained.

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

- People were assisted or provided with enough food and drinks to ensure a balanced diet was maintained.
- People were asked what they would like to eat and drink on a daily basis, ensuring they were provided choice.
- Care workers knew people's dietary preferences. They were aware of any cultural or faith-based restrictions for food and drink and respected them.

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

- Staff worked with the local authority, healthcare, and social care professionals to ensure that people received support in the right way.
- Appropriate health information was exchanged with others involved in a person's care, which fostered good health outcomes for people.

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 received training in the MCA, and this was repeated at regular intervals.
- People said staff sought consent before providing support to them.
- People's care and support documents showed they consented to receiving care and support.
- A relative commented, "...since EMI started supporting [the person, they] have become more independent. For example, [the person] is able to wash dishes and changing into [their] pyjamas without support. [We] have not seen previous companies supporting [the person] do these things."

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, relatives and others provided positive comments about the staff and service.
- They told us they were treated well and staff knew their needs. They confirmed that staff were friendly and caring.
- Staff completed training in equality, diversity and human rights so they could ensure care was provided in the right way. People's unique differences in their support packages were met by staff who were knowledgeable, skilled and experienced.
- The registered manager had extensive knowledge and experience in maintaining human rights and provision of compassionate care. Their philosophy was reflected in the way the service was carried out and managed.
- Comments included, "My carer is really nice and has a sense of humour", "There is lots of good practice", "I do like them...they look after me very well" and, "The carer is amazing. Treats [the person] like a daughter."

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

- People had an active say in their everyday support. Where necessary, the service asked friends, family or other professionals for their opinions to ensure people received the right support in the right way.
- Staff consistently reviewed people's needs, in both everyday practice and scheduled checks of the support packages.
- The registered manager stated people were treated as active partners in planning their support calls. If a person was unable to make decisions for themselves, staff consulted others and used the best interest decision making principles to tailor care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us care workers respected their privacy and ensured their dignity.
- People's houses were prepared by the care workers to ensure that personal care took place in private. This included closing curtains and doors and ensuring that intimate support was provided in a professional way.
- People were asked to complete as many tasks as they could before staff provided support to them. This ensured that staff promoted people's independence, as much as possible.
- A social worker stated, "One customer (person) whom EMI are supporting has also told me on several occasions how the carers have gone above and beyond to help her when things have become more difficult. She appears to be particularly fond of [one of the care workers], and speaks very highly of her."

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's care plans were individualised to their needs. There was a person-centred approach to the support plans.
- Care plans contained information which helped staff understand people's needs. Documents showed the staff recorded people's life and social history, things that were important to them as well as support tasks required at each call.
- A relative commented, "My experience of the services offered by EMI-Care UK was excellent. They provided a respectful and caring service for my father, who much appreciated the kind assistance he received. I would recommend the company highly to anyone else requiring its services."
- A social worker commented on working with the service on a complex care package. They wrote, "I can confirm that I worked with you and allocated social worker to establish the care needs of the customer (person), while ensuring that the care package provided was sufficient to meet the customer's needs. Although there were some challenges working with customer due to concerns about [their] finances and care funding, your carers remained person-centred in their approach to ensure that the care they provided and communication was appropriate to [the person's] needs."

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.

- Any communication or sensory impairments were recorded in the care plans.
- The service considered that some people required alternative methods of communication. For example, one person liked to communicate with the office by text message.
- A person called the office during the inspection. We noted the way the registered manager spoke with the person, and how they adapted their communication to suit the conversation.

Improving care quality in response to complaints or concerns

- People and others were satisfied with the support provided.
- There was an appropriate complaints policy and procedure in place.
- There had been no formal complaints since the registration of the service. Concerns were treated sensitively by the registered manager; records demonstrated that an inclusive, caring approach was used to manage any concerns.
- The local authority confirmed that the service worked with them if they became aware of any information

of concern.

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

- There was a positive workplace culture. Staff were happy to work for the service.
- The management team displayed a personal approach to the service. They knew the people who used the service well. They treated them in a friendly and engaging way.
- A relative said, "We would have not got here without your support."
- The service had a statement of purpose with appropriate aims and objectives to ensure the right care and support. A statement of purpose is a document that lists details about a service, including their goals for people's care and support.

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 was open and honest in their approach to supporting people.
- Although there were no reported safety incidents, the registered manager understood their legal obligations to report and manage such events.
- The management team's candour was demonstrated in everyday practice. When things went wrong, they acknowledged this and provided an apology. They used the information from incidents to prevent recurrence of them.

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

- The registered manager was knowledgeable and experienced in adult social care. They displayed a passionate approach to the service, underpinned by an ethical background.
- The operations manager was involved in the day-to-day support of people. They ensured that people's needs were met safely, in a timely manner and that they received good quality care.
- Both the registered manager and operations manager

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

- People and relatives were consulted regularly about the support provided. Changes to support were made by the management team and care workers when needed.
- The service demonstrated they were advocates for people. There were several examples where people's

needs had increased, and the staff communicated this with the commissioner of care. This had resulted in increased hours for the person's care to be met in a safe and effective way.

- A social worker stated, "[The registered manager] has fought on behalf of his customers (people) to ensure individuals have the right level of care and support to ensure their safety and enhance their well-being and, where required, has worked alongside other professionals to achieve good outcomes for the people they are supporting."
- The operations manager used a personal approach to engage with staff. They worked beside and with the care workers regularly. Communication with staff used an informal approach which ensured they received necessary information in a timely way.
- People's and staff's equality characteristics were recorded and protected by the management team. The service ensured that people were not subjected to discrimination because of their health conditions.

Continuous learning and improving care; Working in partnership with others

- The service was continually striving to evolve and look for new ways of working.
- The registered manager and operations manager kept themselves informed of updates to the adult social care sector. For example, the service had followed COVID-19 guidance and changed approach when guidelines were updated by the government.
- A social worker commented, "EMI are flexible in their approach and proactive in risk assessing difficult situations with customers (people) who have complex needs. They always look to find solutions to ensure they are able to continue to provide care, where another agency may have given notice on the package of care."