

EMBRACED CARE LIMITED

# Embraced Care

## Inspection report

First Floor  
257 Belgrave Gate  
Leicester  
LE1 3HU

Tel: 07951177340

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27 August 2021  
03 September 2021

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Embraced Care is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, four people were using the service.

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.

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

Details of how to reduce risks to people's safety were not always included in people's care plans. This was rectified after the inspection visit by the registered manager.

People said they received safe care and were protected against abuse, neglect and discrimination.

Safe recruitment practices ensured only suitable staff worked at the service. Enough staff were employed to meet people's needs.

People told us they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff encouraged people to maintain their independence and do as much for themselves as they wanted to.

Care plans reflected people's individual needs and preferences. People were supported to have choice and control of their lives.

The registered manager understood their responsibilities and worked in an open and transparent way. People were aware of how to make a complaint and were pleased that the registered manager always listened to any concerns and acted on them.

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

### Why we inspected

This service was registered with us in May 2019 and this is the first inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### 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** 

# Embraced Care

## Detailed findings

### Background to this 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

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they 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 seven days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 27 August and ended on 3 September 2021. We visited the office location on 3 September 2021.

#### What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. 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 three people who used the service about their experience of the care

provided. We spoke with two care staff members and the registered manager. We reviewed a range of records. This included two people's care records. We looked at two staff files 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 registered manager to validate evidence found. We looked at staff training information and the amendments to procedures and care planning.

# 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 service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's care had not always been assessed. Risk assessments were not detailed to give staff information on how to assist people to move. The registered manager sent us these risk assessments after the inspection visit to cover this issue.
- We did not find any impact on people. However, there was a risk of relevant care not being provided to people without detailed risk assessments in place to assist staff to provide safe care.
- People we spoke with told us they were being safely supported. We found no concerns relating to unsafe support.

### Using medicines safely

- Medicine administration records (MAR) were in place regarding people's medicine, though no medicine was currently supplied to people as they were independent and could administer their own medicine.
- Staff were trained in medicine administration and told us they felt confident supporting people with medicines when they needed to. They were aware of the safe procedure to administer medicine. Staff said their competency in relation to medication had been assessed by the registered manager.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving support from staff. One person told us, "I have no concerns about my safety with staff."
- The provider had systems in place to safeguard people from abuse. The procedure to safeguard people was in place. This meant people could be provided with appropriate protection.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns to relevant agencies if they had a situation where they needed to follow safeguarding or whistleblowing procedures.

### Staffing and recruitment

- Assessments and support plans identified the number of staff required to deliver care safely, and the time of calls. No one reported any missed calls.
- Sufficient staffing was in place. People told us that staff were usually on time and, if they were late, this was minimal and caused them no concerns.
- One person told us, "Staff are on mostly on time. If not, they ring me."
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

### Preventing and controlling infection

- People told us that staff always wore personal protective equipment (PPE) during the COVID-19 pandemic. One person said, "Staff wear gloves and masks to protect me."
- Staff had received training in infection control, including COVID-19 and donning and doffing of PPE.

### Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. No accidents or incidents had occurred to date.
- Staff meetings showed care and training issues were discussed at staff meetings. This meant there was a forum to discuss improvements to the service.

# 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 had their needs and preferences assessed before care was provided. This ensured there were sufficiently trained staff to provide the care and support needed.
- Assessments reflected people's lifestyle choices, culture and preferences.

Staff support: induction, training, skills and experience

- People said staff provided good personal care to them and staff were well trained. One person said: "Staff are trained to know how to help me."
- Staff files showed induction and training. This was supported by competency checks. Staff had not been trained in end of life care. The registered manager said this training would be provided to staff. Other training, such as people's health conditions, would be provided as needed in the future.
- Staff had been trained in important areas such as infection control, medication and health and safety. They said they felt confident to meet people's needs.
- Staff said the training they were provided with meant they could meet people's current needs.

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

- A person said they were provided with meals and drinks that met their needs.
- Other people said they did not need any assistance with food or drinks, as their relatives provided this help.

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

- People's assessment and care plans covered health care needs, and external agencies and contact details for health care professionals involved in their care.
- Staff told us they would contact the relevant professionals if people in their care required further health or social care support. This had not been needed so far.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Staff understood the principles of the MCA and supporting people to make choices. Mental capacity assessments had been completed. Everyone was able to decide their day-to-day choices and did not need any assistance in doing so. No best interest decisions were needed.
- People confirmed staff always asked for consent before providing care to them. People had signed and consented to the care being provided.

# 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 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 received support from staff who were friendly and caring. One person said: "Staff are very good. I have no problems. The care worker is friendly and good to me."
- Staff had a good knowledge of the people being supported. They were enthusiastic about providing quality care to meet people's needs.
- People said that staff fully respected their religion and culture. For example, if they wanted to go to the mosque, staff would take them.

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

- People said they had been involved in the planning of their care. One person said, "I was asked about what I needed from the manager who listened to what I have to say. He is a good man."
- Care plans set out how people liked to receive their care. They said staff respected their views.

Respecting and promoting people's privacy, dignity and independence

- People said staff were respectful of preserving their privacy and promoting dignity when providing care to them. Staff gave good examples of protecting people's privacy.
- People said staff respected their independence and did not do things for them that they could do themselves. Staff said they always encouraged people to be independent and would help when needed.
- Staff were aware of keeping information safe and confidential.

# 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

- Care plans had information on how people wanted their care to be provided. Staff promoted people's independence.
- People said they received care that was personalised to their needs. They said staff knew and understood them. One person said, "Staff check with me how to help me and always provide this help to me."

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.

- No one said they needed this assistance at the moment. The registered manager stated that he was currently working on providing the service user guide in people's first language.
- The registered manager was aware of the need to respect people's preferred communication styles.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place so complaints could be recorded and dealt with formally. To date, only two complaints had been made. These had been dealt with to the satisfaction of the people involved.
- People told us that if they had had concerns in the past, the registered manager dealt with them very quickly and they were very satisfied with this response.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require this type of support.
- In people's care plans, people indicated that they would supply this information to the service when they were ready.

# 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 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.

### Continuous learning and improving care

- Audits and checks had been carried out to check that the service met people's needs.
- People told us that staff provided care that met their needs.
- Spot checks on staff took place to monitor how staff were providing care, timeliness of calls and the approach to people. Staff said they had regular checks and said they were provided with any support they needed from the registered manager. One staff member told us; "Whenever I need help, I get in touch with the manager and he is always there to support me."

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

- The registered manager and staff all had a good knowledge and understanding of people they supported, and they knew them well. One person told us, "Staff are very friendly and the manager is good as well."
- Staff told us they were happy working for the service. One staff member said, "The manager thanks my for the job I do."
- Staff put people at the centre of the service and provided friendly, quality care to meet people's care and support needs.

### 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 registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.

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

- The registered manager understood their role and understood the needs of their staff team. Staff we spoke with were very positive about carrying out their work.
- Staff understood their responsibilities, and who to go to for help should they need it.

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

- Feedback was sought from people and staff on a regular basis. Questionnaires were provided. This gave the opportunity to suggest any changes or improvements.

- Staff meetings were held to discuss the service. Issues discussed included training and government guidance.

#### Working in partnership with others

- As people receiving a service were currently well, there had been no need to contact health professionals. Staff said they would inform the manager and peoples' families if people were ill.
- The registered manager was referring a person to the occupational therapist for an assessment to see whether equipment was needed to help a person with showering.
- The registered manager was receptive to feedback when we discussed the inspection findings.