

Embrace Healthcare Ltd

Clayfields Business Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Clayfields Business Centre is the name of the location. The provider is Embrace Care Limited. This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Personal care means help with tasks related to personal hygiene and eating. The service is co-ordinated from the main office which is situated in Balby near Doncaster. At the time of this inspection 20 people were receiving a regulated activity.

This comprehensive inspection took place on 4 September 2018. We gave the service 48 hours' notice of the inspection visit because the location provides services in people's home and we needed to be sure that someone would be at the office.

At the last inspection in August 2016 the service was rated requires improvement. You can read the report from our last inspections, by selecting the 'all reports' link for 'Clayfields Business Centre' on our website at www.cqc.org.uk.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions effective and well led to at least good. At this inspection we found that evidence continued to support the rating of requires improvement.

At the last inspection the provider did not have an effective system in place to monitor the quality of service delivery, staff performance and feedback from people who used the service. At this inspection we saw improvements had been made, as the provider sought people's views and used this to improve the service. However, we found shortfalls in the records relating to the support people received with their medicines. Although the provider's audit system had been improved, it was evident that it needed further improvement, as these shortfalls had not been identified by the system in place.

There was also room to improve the care plans and written guidance for staff, as care plans we saw at the office did not provide sufficient detailed guidance for staff on areas such as catheter care or the use of hoists and slings.

At the last inspection staff were not always receiving appropriate support, training, and supervision necessary to carry out their roles. Staff induction was basic and required embedding into practice. At this inspection the records we saw showed improvements had been made in this area.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a procedure in place to ensure any safeguarding concerns were addressed and reported. People

we spoke with felt safe using the service. Overall, the service had a recruitment system in place which was used effectively when they employed new staff. This process included obtaining pre-employment checks prior to people commencing employment.

The provider supported people to maintain a healthy diet, when this was part of the person's care package. People who required the involvement of health care professionals were assisted to obtain this support. The principles of the Mental Capacity Act 2005 were followed.

People we spoke with were highly satisfied with the service saying it was well managed and there was good communication. They told us staff arrived on time and were well trained. People told us staff respected them and their homes.

The culture and ethos within the service was that of dignity and choice for people. This was achieved by encouraging people's involvement and ensuring through training that staff had a positive approach to equality, diversity and human rights.

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

During this inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

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.

The systems and records needed improvement regarding assistance people received with their medicines.

Risks associated with people's care were not always identified in their care plans, although feedback we received showed risks were being managed appropriately.

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

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received training and support in a timely way. The induction package required further development to ensure staff were confident when they first started work with the provider.

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

People received a nutritious and balanced diet which met their needs and had access to healthcare services when required.

Good ●

Is the service caring?

The service was caring.

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

Staff maintained people's dignity and respect and involved people in their care.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People's needs had been assessed and, overall, care files we checked reflected people's care needs, preferences and wishes.

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

Is the service well-led?

The service was not always well led.

The registered provider had improved the quality assurance systems to ensure the service operated to an expected standard. However, there remained room to improve the medicines audit system.

People felt consulted and involved and spoke very highly of the registered manager and the staff.

Requires Improvement ●

Clayfields Business Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 September 2018 and was announced. The provider was given short notice of our inspection because this is a small, family run service that provides a domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available at the office.

The inspection was carried out by two adult social care inspectors 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.

Before our inspection we gathered and reviewed information about the provider from notifications sent to the Care Quality Commission. We also gathered information from other professionals, including one social worker, a specialist nurse and a member of the local authority contracts team.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We sent out questionnaires to staff to gather feedback about the service and three staff members responded to us.

During our inspection we spoke with three staff including the registered manager, administrator and a senior care worker. We spoke with six people who used the service and two people's relatives by telephone to gather their views of the service. After the inspection visit we also spoke with three staff by telephone.

At the office we looked at three support plans for people who used the service and documentation relating to the management of the service, including four staff files

Is the service safe?

Our findings

We looked at care plans and records about the support given to people with their medicines. We found that records did not always reflect that people were given their medicines as prescribed. This was because staff had not always completed medicines administration records (MAR) after giving people their medicines, leaving unexplained gaps in the MAR sheets. We were unsure if these gaps were recording errors or if people had not received their medicines.

The registered manager had completed audits on the MAR sheets to check that medicines were being appropriately administered. The audits had identified some of the gaps. The registered manager had spoken with staff about the importance of signing MAR charts at staff meetings. However, they had failed to show what action had been taken to address the errors with the individual staff members responsible and had not made a record of why the medicines had been missed.

Some people were prescribed medicines to be taken as and when required, such as for pain relief. These medicines are known as PRN medicines. There were no protocols in place to instruct staff when to administer PRN medicines. Additionally, staff had not recorded why they had given these medicines, the dose, or the effect of the medicines.

We found that one person was assessed as at risk of choking and was being given their medicine crushed and mixed with yogurt. There was no assessment of the risk of crushing the medicines and no information in their care plan to instruct staff how this should be done safely, to meet the person's particular needs. We discussed this with the person's close relative who told us staff were shown how to do this when they started supporting the person and the person had not come to harm. However, the provider relied on word of mouth instruction for staff and no individualised risk assessment or proper written guidance was in place in the person's plan to support this instruction.

Staff had completed medicines training and been assessed as competent to administer medicines. However, as we found that staff had not always correctly recorded when medicines had been administered, this showed the training had not always been effective.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

People had care plans and records kept in their home and duplicate plans were kept at the agency's office. We looked at plans and records kept in the office. We found shortfalls in the assessments and care plans where people had more complex needs. For instance, one person's care plans did not provide sufficient detailed information in areas such as catheter care or the use of hoist and slings. The registered manager confirmed staff had received instruction in these areas from specialist health care professionals. Feedback we received from relevant healthcare professionals confirmed this. The person's relative told us they were also involved in instructing staff on all aspect of their family member's care when staff were inducted.

For the most part, where people's care was less complex, their care records contained the necessary information about risks associated with their care. The staff we spoke with had a detailed understanding of the care people required and how to provide this safely. They confirmed they were provided with written guidance on how to safely meet people's specialist needs, some of which was kept in people's files in their homes. This was confirmed by people who used the service.

However, written guidance from health care professionals regarding specialist needs was not included in the files kept at the office. Instruction provided to staff on how to provide care and manage the associated risks to people had not been recorded in the risk assessments or care plans in sufficient detail to ensure continuity of care. This also made it difficult to monitor if people were receiving the correct care. We discussed this with the registered manager who told us they would ensure this was addressed as a matter of priority.

Feedback from the specialist nurse we contacted was very positive. They said, "I met [the registered manager] briefly with two members of his team when they first took over day to day stoma care for one of my patients. [The registered manager] was very organised, planning before the meeting and ensuring a care plan was in place. They attended on the morning I was carrying out the training to ensure the carers arrived and checked that everyone was happy with the situation and taking on the care." They added, "I did follow up with the patient, who was very pleased with the carers, found them to be very caring and said they carried out care effectively."

The registered provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment. These included at least two references, and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

We looked at four staff's personnel files and found one inconsistency. We found, the staff member's references were both character references and not from their previous employer. We discussed this with the registered manager who said the staff concerned was a family member, and they were assured of their character. They added they would take remedial action to address this to demonstrate good practice.

We saw evidence in the files we reviewed there were regular 'spot checks' being carried out on staff. Spot checks are visits carried out by senior staff to observe care staff carrying out their duties. This helped to monitor the quality of staff practice and ensure the safety of the people who were being supported.

We spoke with people who used the service and their relatives and they were very positive about the quality of service they received. They all felt the service was safe. Comments included, "I feel very safe with them [staff]. They look after me very well", "I feel very safe with them [staff]. They are excellent" and another person responded, "Definitely. [The staff] all make me feel very safe when they are here." When we asked if one person's relative felt the service was safe they said, "Yes, on a whole. [The staff] are very good. [My family member] has a couple of favourites." Another relative said, "[My family member] is 150% safe with [the staff]. They are marvellous."

We spoke with staff who told us they had received training in safeguarding people from abuse. They could explain what they would do if they suspected abuse had occurred. Each staff member said they would report any concerns about abuse to the registered manager or care co-ordinator, who they were confident would take appropriate action.

We spoke with staff about staffing levels and they told us there were enough staff to meet the needs of the people who used the service. People confirmed they usually had the same carer staff regularly. For instance, one person said, "Yes, I have the same group of carers all the time." People also told us that, where necessary, they were supported well by the staff with their physical care needs and one person's relative said, "[The staff] keep [my family member] very clean and comfortable."

We asked people if staff arrived on time. People confirmed that they usually did, and on the rare occasions they were delayed they called to let people know what was happening. People's comments included, "Yes they are usually on time within a few minutes. They always stay and do everything I need and have never let me down", "They always manage to cover for staff absence" and "They do ring me to let me know if they are held up."

Is the service effective?

Our findings

At the last inspection, we found that staff induction, training and support required further development. At this inspection we found that the registered provider had taken effective action to address these shortfalls.

Staff we spoke with told us they were provided with a good quality induction and training, so they felt confident they could meet the needs of people they supported safely and effectively. The feedback from the staff questionnaire we sent out was also wholly positive. Staff responded that they completed an induction which prepared them fully for their role before they worked unsupervised. They had the training they needed to enable them to meet people's needs, choices and preferences.

Staff also confirmed they received regular supervision which enhanced their skills and learning. The records we saw confirmed this. For instance, a training matrix had been established to make sure staff received training and any regular updates in a timely way. The records we saw, including certificates in staff files, showed they had been provided with the necessary core training in subjects such as infection control, food hygiene, health and safety, safeguarding, moving and handling and fire safety.

The registered manager told us that three of the newer staff had also been signed up to complete the 'Care Certificate' to ensure they were given the right support and training after completing their induction. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Records that showed care workers were subject to 'spot checks'. Meaning that they were observed by a senior staff member whilst carrying out their role. Staff were receiving regular supervision and a yearly appraisal was planned for staff. The registered manager showed us a schedule that they had put in place to inform when supervisions and staff appraisals were due to take place. Supervision is a way in which staff are monitored and supported in their work and appraisals gave staff an opportunity to review their progress and agree future training and development goals. The records of the spot checks and staff supervision had been improved and kept consistently since the last inspection.

The people who used the service told us staff were knowledgeable and understood people's needs. For instance, one person said, "I think they are all well trained and competent carers." Another person said, "I think they are excellent. Very well trained." We asked people's relatives if staff had the necessary knowledge and skills to provide the care their family member needed. One response was, "Absolutely, the staff know what they are doing and look after [family member] very, very well."

People's care and support was planned and delivered effectively. The registered manager told us they carried out regular visits to people so they could understand their needs, likes and dislikes and respond accordingly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We spoke with the registered manager about the Mental Capacity Act, 2005 and found they had an understanding of this. We were informed that staff completed training in this subject. Staff we spoke with also understood the principles of the Act.

We saw that where possible, care plans were signed by each person and showed consent to care and treatment had been obtained. Staff told us they gained consent from people before carrying out personal care and respected people's choices. People who used the service confirmed this. For instance, one person said, Yes, [staff] ask my permission before they do anything. "

Where part of people's contracted care package, people were supported to maintain a healthy diet. Staff we spoke with explained how they prepared meals and offered drinks and snack to people when needed. One person's care plan we saw detailed the support they required to ensure they received appropriate nutrition. We asked people about the support they received with their meals and people were happy with the service. One person commented, "[The staff] will get a meal ready for me. I choose what I fancy."

Most people arranged their own healthcare appointments, or relatives did this on their behalf. However, where necessary, people were supported effectively with their health care needs. Staff we spoke with said they would contact the registered manager or the care co-ordinator if they felt someone was unwell or required support from health care professionals. The records we saw confirmed that staff in the service monitored people's health and wellbeing effectively and one social care professional told us, "Embrace have, from what I've seen, been good at alerting social services to when there is an issue with someone's care that requires aids or adaptations to home, or the care package to meet their needs. This was evidenced when they rang to report that [a person using the service] was struggling to get out of the bath. It appears that Embrace do try to promote a person's independence."

Is the service caring?

Our findings

We asked people who used the service if they felt staff were kind and caring. We received a very positive response. People's comments included, "Very much so, nothing is too much trouble for them," "They are very caring, kind people. All of them," and "They are very kind and very thorough in everything they do." One person's relative responded, "Absolutely, we are very lucky to have them."

Staff told us it was part of their role to encourage people to be as independent as possible. People we spoke with all confirmed this. For instance, one person said, "Yes, I do as much as possible for myself." Staff could explain to us how they met people's communication needs. For example, staff could tell us how they communicated with one person whose first language was not English. They told us how they would use hand gestures and objects to help with communication. One person we spoke with told us staff were pleasant and communicated well with them, saying, "They chat all the time."

Staff told us that they treated people with dignity and respect and gave examples. One care worker "I find out how people like things to be done by talking to them and, if appropriate, their close relatives. There is information about people's likes and dislikes in their care files. I know not to presume." People's feedback confirmed that staff treated them with dignity and respect. For instance, one person said, "[The staff] are very respectful. They treat me very well" and another person said, "Absolutely yes, they have a lovely attitude." A third person said, "[The care staff] always listen to me and do things the way I like them." One person's relative told us, "[The staff] are very respectful to both of us, and always think about [my family member's] dignity."

Staff understood people's social diversity, values and beliefs and these aspects of their care and support were planned proactively in partnership with them. Staff we spoke with were aware of how important it was to ensure people were involved in their care and for them to be at the centre of any discussions and planning about their care. The records we saw also showed people were involved in their care plans. Information in the plans included people's likes, dislikes, choices and preferences. People told us staff listened to and respected their opinions and wishes. For instance, one person told us, "They always listen to me. How I like things doing, things like that. They not only listen, they are prepared to change as well." A relative said, "They [the service] include me in all discussions, which I appreciate."

People's individuality and diversity was respected and recognised by staff. The registered provider was an equal opportunities employer and the team included staff from different backgrounds, cultures and genders. This, along with relevant training, helped to make sure the staff team had a good understanding of, and valued people's diversity.

The management team protected people's rights in relation to how information about them was kept and used. For instance, the registered provider promoted awareness in the staff team about recent data protection legislation and this had been discussed in team meetings. People's right to privacy and confidentiality was proactively promoted by staff and people's written and electronic information were securely stored. Staff were aware of issues of confidentiality and told us they did not speak about people in

front of others. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives. People told us they were very happy with the service they received and said they were involved in reviewing their care plans. For instance, "Yes I have [a care plan] and it is looked at regularly." This showed that people were involved in reviewing their care plans, which were kept up to date.

Feedback from the health and social care professionals we spoke with was also positive. One professional commented, "Embrace have worked extremely hard to manage one person's care and enabled the person to remain in the community. They have doubled up on calls and worked with the physiotherapist to use new equipment and aids. The person has stated that they like the carers, who they said are good and friendly and they are happy with Embrace. The person's family have also reported that they have been very happy with Embrace."

People's needs were assessed before they started to use the service. One of the management team met with the person and their family, where appropriate, to ensure the service would be able to meet the person's needs. They then drew up a plan of how they would achieve this and reviewed this with the person on a regular basis.

For the most part, the care plans we saw described the support people needed to manage their day to day needs. This included information such as their personal care, guidance about how to meet people's nutritional needs and other information including practical support. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written.

There was room to improve how information was given to people. Although staff told us that they knew people well and knew how to communicate with them, information people was not always provided in a format accessible for people who did not speak English as their first language, or who had a sensory disability. The service needed to be able to provide this information to comply with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. We discussed this with the registered manager, who told us this was an area he was developing.

The service had a complaints procedure and concerns received were acted upon in a timely way and in line with the provider's policy. People felt the service would respond well to any complaints or concerns they might raise. They were confident their concerns would be taken seriously. People said they knew how to make a complaint. One person said, "I feel very able to complain if necessary. The manager sometimes provides the care, so I would talk to them." One relative said, "[The registered manager] does listen to complaints and does act."

Is the service well-led?

Our findings

At the last inspection we found that the registered provider had systems in place to ensure the service operated to an expected standard. However, some of these were not used and others required embedding into practice. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that there had been some improvement in the areas we previously identified to address this breach.

However, we found there was still room to further develop the quality monitoring system to fully identify and address areas that needed improving. We felt that the audits needed to be further embedded into practice and developed over time, as the business grew. The service was now supporting people with administering medicines. Monthly audits were completed of the records of people's medicines but these had not identified all recording errors we found at this inspection. Additionally, where shortfalls had been identified by the audits, the registered manager had not always kept a record of action they had taken to address them.

Since the last inspection audits were undertaken of care plans and records. Daily progress sheets were checked on a regular basis by the registered manager to ensure they were completed accurately and to identify any concerns. Additionally, the management oversight of staff training had been improved. This included spot checks of staff's performance to ensure staff were suitably trained and skilled to meet the requirements of their roles.

We found the culture of the service to have a strong focus on promoting equality and diversity for people they were caring for and within their workforce. We asked people if they thought the service was well managed. Without exception people said it was. For instance, one person said "It definitely is well managed. They have changed my life for the better and the quality has improved no end. I can't praise them enough." Another person told us, "Yes, we are highly delighted with them." A third person told us, "I think it is well managed and I would recommend them to anyone."

The registered provider had developed systems to gain feedback from people who used the service and those important to them, such as their close relatives. In the PIR the registered manager told us they sent out surveys regularly and undertook telephone monitoring. It was evident the registered manager evaluated the feedback about the service and identified areas of improvement. People we spoke with confirmed this. For instance, one person said, "Yes, I have been asked for feedback on the service." Another person told us, "The manager sometimes calls." One person's relative said they had not filled in a survey, adding "but, we see [the registered manager] regularly, so we talk to them." This showed that the registered manager was committed to listening and improving the service. We saw results of the surveys completed by people who used the service and the feedback from people was very positive.

The registered manager shared information with staff in a variety of ways, such as face to face, phone calls, and more formally, through meetings. The registered manager and staff discussed people's care and support needs, shared information, and identified any training needs. Staff knew their roles and responsibilities and told us they were treated equally. People we spoke with and their relatives spoke

positively about the registered manager and the care co-ordinator. One person said, "Yes, I've spoken to [the registered manager] who is happy to change times. They do listen."

One social care professional commented, "We receive no information of concern relating to the service delivery" and another told us, "I have only encountered Embrace while working with two service users, but have so far, been impressed."

Everyone we spoke with knew the registered manager and all said they were helpful and approachable. For instance, people said, "I have met [the registered manager]. They are very helpful if I have a problem or concern," "[The registered manager] is very nice. Very helpful. and will do whatever they can to help", "Yes, the manager is helpful and approachable. All the office are. When you ring they do their best to sort things out", "[The registered manager} is very good. Nothing is too much trouble." "One person's relative said, "Absolutely, the manager is marvellous. Just like the rest of the staff. All messages are passed on immediately."

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. However, there had been one instance, where the registered provider had made an appropriate referral to the local authority about an allegation, but had had not notified CQC. This was discussed with the registered manager, who was apologetic for this oversight and reported this incident to us retrospectively.

It is a requirement that providers display their latest inspection rating on any website in relation to the service and within the service. We found that the provider was meeting this requirement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider did not have suitable systems in place to ensure the proper and safe management of medicines.</p> <p>This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (2)(g) Safe care and treatment.</p>