

# Emiran and Associates Limited

# Emiran HealthCare

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Emiran HealthCare is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 13 people were receiving personal care.

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.

Quality assurance systems were not always effectively carried out to ensure people were provided with a quality service. Information of how to reduce risks to people's safety were included in people's care plans but were not always detailed. Surveys had not been not systematically provided to people, staff or relatives, on a regular basis, which could have identified issues that needed action.

Staff did not always attend calls at agreed times. Safe recruitment practices were in place to ensure only suitable staff worked at the service, though evidence of the take up of some relevant references from health and social care providers was lacking. Enough staff were employed to meet people's needs.

Everyone said they were satisfied with the care staff provided and with the management of the service. Staff were praised for their caring, respectful and friendly attitudes. People and relatives said safe care was provided or, if they had any concerns, the registered manager would swiftly act on the issue and put measures in place to ensure safe care. People were protected against the risk of infection.

People were protected against abuse, neglect and discrimination.

The registered manager understood their responsibilities and worked in an open and transparent way. People and relatives said the registered manager always listened to their views.

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

Rating at last inspection

The last rating for this service was good (Report published in February 2021).

Why we inspected

The inspection was prompted by a concern we received that safe care had not been supplied to a person. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Emiran HealthCare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

# Emiran HealthCare

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 2 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. Inspection activity started on 10 March and ended 13 March 2023. We visited the office location on 13 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since registration and we sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 3 people who used the service. 1 representative of a person and 3 relatives, about their experience of the care provided. We also spoke with the registered manager. We reviewed a range of records. This included 3 care plans.

We looked at a variety of records relating to the management of the service. Policies and procedures were also reviewed.

# Is the service safe?

## Our findings

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Risk assessments were in place for a range of issues including skin integrity and manual handling. Some risk assessments lacked detail such as assisting with continence care. We found no evidence this had caused unsafe practice and the person confirmed safe care had been provided. The registered manager took action when informed of this issue.
- People and relatives all stated that care staff had safely met care needs. Staff were able to describe how they supported people with mobility difficulties in a safe way. There was information in care plans to assist staff to supply relevant care including the use of equipment.
- Assessments included environmental risk assessments which identified and managed risks in people's homes.

### Staffing and recruitment

- People and relatives told us there were enough staff to meet their needs
- Recruitment systems for current staff showed evidence of good character, references and criminal records checks had been completed for staff. These checks help prevent unsuitable people from working with people who use the service. However, references from some previous health and social care settings were not in place. The registered manager said these employers had been contacted but had not supplied the references, though there was no evidence in place to show this information. They said this would be followed up again with these employers.
- Care plans identified the number of staff required to deliver care safely. People and relatives confirmed the right number of staff had always attended calls. Some calls had not taken place at the arranged time. People and relatives said in practice this had not caused any problems to them. We found no evidence of critical calls that needed to be provided at a definite time. There was a system that flagged late calls to remind staff to report such calls so that management could inform people of this.

### Preventing and controlling infection

- People were protected from the risk of infection as everyone told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff described relevant infection control measures in place to protect people.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that management always ensured supplies were in place.

### Using medicines safely

- Medicine was safely administered to people where this was required.

- People and relatives told us they had received their medicines at the right time.
- A medicine audit system was in place to check that medicine had been administered properly.
- Staff were trained to administer medicines and had their competency assessed.

#### Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- There was evidence of lessons learnt in dealing with a safeguarding concern.

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

- People were protected from the risk of abuse.
- People and relatives said staff followed safe working practices and there was good protection from the risk of abuse. One person said, "I have always felt safe with all the staff. They always keep me safe."
- Staff demonstrated they understood how to safeguard people and were aware of reporting to the registered manager if abuse was suspected or alleged. They were confident the management would act if they had any concerns about people's safety.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits and checks had been carried out to check the service met people's needs. However, auditing had not identified issues we found such as the lack of detail in some risk assessments and some inconsistent call times. Care record audits had been signed off as having no issues when some call times had not been met.
- The registered manager understood their role and the needs of their staff team. Processes were in place to measure quality performance. Staff understood their responsibilities, and who to report to if they had concerns and needed help.
- Spot checks on staff took place. They showed staff were providing appropriate care and had a positive approach to people.

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

- Surveys to people were positive about the standard of care provided. However, surveys had not been provided to all people, staff or relatives on a regular basis, which could have identified issues that needed action.
- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included important issues such as training and people's care needs.
- People told us that they were treated fairly and had their needs met.

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

- The registered manager aimed to promote a positive culture that was inclusive and empowering to achieve good outcomes for people. This had been successful for the people and relatives we spoke with.
- Staff said they were provided with good support from the management and said whenever they had an issue, they were able to get in touch with management who always responded positively.

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 was aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action. They also 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.

#### Working in partnership with others

- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. There was also evidence the registered manager had liaised with district nurses and occupational therapists.
- Staff understood they needed to inform the registered manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.