

Embrace Uk Community Support Centre

# Embrace UK Community Support Centre

## Inspection report

Selby Centre  
Selby Road  
London  
N17 8JL

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27 August 2020  
02 September 2020

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Embrace UK Community Support is a domiciliary care agency providing personal care to people living in their own home. At the time of our inspection there were 100 people 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

We received concerns about safeguarding, risk management, staffing and staff training, complaints, infection control, missed and late calls and the management of the service.

People and most relatives told us they felt safe using the service. Although relatives knew who to contact if they felt their relative was unsafe, people using the service were not sure who to talk to.

Staff did not always understand their responsibilities in reporting and acting on abuse.

Risk assessments lacked details on how to reduce risks to people with specific health needs.

We have made a recommendation in relation to the management of medicines.

Accidents and incidents were not always recorded in line with the providers policies and procedures.

People and relatives told us staff followed good infection control practices when providing care.

Systems for monitoring the quality of the service were ineffective in ensuring records related to care and treatment were up to date.

The provider failed to notify CQC of a notifiable incident involving an allegation of abuse.

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 (published 24 May 2018).

### Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about risks related to safe care and treatment, complaints, staff training and management of the service. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the way safeguarding concerns were raised and the management of risks related to safe care and treatment, so we widened the scope of the inspection to become a focused inspection which included key questions from safe, effective, responsive and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to complaints, risk assessments, staffing levels and staff recruitment, staff training and supervision and governance systems at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service responsive?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Embrace UK Community Support Centre

## **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 team included an 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 and 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 24 hours' notice of the inspection. This was because we needed to carry out a risk assessment in relation to the coronavirus pandemic to ensure the safety of the inspector, and staff working in the office. We also wanted to ensure that the registered manager would be available for the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the 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 used all of this information to plan our inspection.

#### During the inspection

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

We reviewed a range of records. This included 7 people's care plans and risk assessments. We looked at four 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. We also reviewed records related to missed and late call reports.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the local authority commissioners and a healthcare professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Risk assessments were not always reviewed in line with the provider's policy and procedures. For example, we found a risk assessment had not been reviewed following a recent incident. Risk assessments did not provide enough information for staff on how to reduce individual risks. For example, people with health issues such as diabetes, risk assessments did not provide guidance for staff on what to do should a person suffer a hypoglycaemic (low blood sugar levels) or hyperglycaemic (high blood sugar levels) episode.
- Another person at risk during transfers, did not have a moving and handling risk assessment in place. This put people at risk of harm because control measures were not in place for staff to follow to provide safe care.
- The registered manager told us care coordinators were responsible for reviewing and updating risk assessments. They also told us due to the coronavirus pandemic it had been difficult to maintain up to date office records.

The above is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the registered manager sent a copy of a revised risk assessment dated May 2020, for one person who had reduced the number of visits.

### Staffing and recruitment

- Staff were not always appropriately deployed to ensure people received safe care.
- We reviewed records of calls made to four people during August 2020. This showed visits were not made in line with times shown in people's care plan. For example, one person required two care staff for moving and handling, however records showed the carers arrived at different times. For another person the care plan stated they required four visits daily, however, the call logs showed only three visits were carried out throughout August 2020.
- People and relatives we spoke with told us staff did not always arrive on time and sometimes missed calls. One person told us, "The carers have not been coming for about a week now, I don't know why, I have told the [staff] here." A relative told us care staff had failed to turn up on a number of occasions.
- The registered manager told us all missed or late calls were addressed once reported to the office by staff or people who used the service. Where staff were unable to attend another staff member would be asked to do so. This put people at risk of harm because staff failed to arrive at their home to provide planned care.

The above is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities)

## Regulations 2014.

- The registered manager told us care coordinators were responsible for allocating care staff to people who used the service. Staff allocation was based on the geographical area where staff and people lived. Priority was given to staff skills and postcode area to avoid too much travelling.
- Although the provider had carried out some recruitment checks, we found gaps in records sent to us by the provider following our inspection. For example, two of the four records reviewed did not include DBS information, for another staff member a copy of their work permit was not provided. This meant we could not verify all the relevant checks had been carried out to ensure staff were safe to work with people.

The above is a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Systems were in place for the management of medicines.
- Care plans and medicine risk assessments documented people's medicine needs and identified whether people or staff were responsible for administering medicines.
- A relative told us staff had made a mistake with their relative's medicines, this resulted in the person not being given their medicine in a timely manner.
- The registered manager told us where medicine errors were identified, staff had to complete refresher training and have their competency re-assessed.
- Most staff said they had completed medicine training. A staff member told us they completed medicines training and had their competency assessed. Another staff member told us, "I make sure the name, address and everything is correct. Medicine administration chart (MAR) is on [my] phone, you tick it when it is administered." They had completed medicine training at their previous job, but stated they had a meeting about how to administer medicines earlier in the year with the service.
- The training matrix provided by the registered manager showed training in medication administration awareness had last taken place in January 2019. Current best practice (National Institute for Health and Care Excellence (NICE) guidelines for managing medicines for adults receiving social care in the community) recommends staff should complete an annual review of their knowledge, skills and competencies.

We recommend the provider seeks and follows best practice guidance in medicine management for adults receiving social care in the community.

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

- Although the provider had worked with the local authority where concerns were raised, safeguarding procedures were not always followed by the service.
- We found a safeguarding concern raised by a relative had not been reported to the local authority or notified to CQC as required to do so. Following our inspection visit, this was promptly done.
- Whilst staff training records showed staff had completed safeguarding training, not all staff understood their role in reporting concerns outside of the service and whistleblowing procedures. Therefore, training had not been effective in ensuring all staff clearly understood their role in reporting and acting on concerns related to abuse.
- The registered manager told us staff completed safeguarding refresher training about abuse and how to report any concerns, including whistleblowing procedures. Staff were also encouraged to report any form of



abuse. The training matrix reviewed showed most staff had last completed training in January 2019. Further information about training is included in the effective section of the report.

- We received mixed feedback from relatives. Comments included, "Yes, very safe, the people they send are very good, I always ask for people who speak proper English," and "Yes, because when [care staff] come they don't use their phones now, but they used to. I have told [care staff], we have cameras in my son's room so we can check what they are doing and make sure they are doing the job properly."
- Comments from people who used the service included, "Yes, [felt safe] because I know how they are treating me," and "Yes, I have the same one all the time she is fine."

#### Preventing and controlling infection

- People told us care staff wore personal protective equipment (PPE) when providing care. Comments from people included, "[Care staff] wear the masks and gloves, we keep our distance from each other," and "Yes they [care staff] wear gloves."
- A relative told us, "They [care staff] go to the bathroom and get organised with their PPE." Another relative said, "I had to tell them [care staff] to put their masks and gloves on, I can see in the bin there are gloves now so I hope they [care staff] are wearing them."
- Staff demonstrated a clear understanding of their responsibilities in relation to infection prevention and control and were provided with PPE. A staff member told us, "We wash our hands, we wear a mask, gloves and aprons, and shoe covers. We are a lot more aware of hand sanitising since Covid-19 [pandemic]. I wash my hands before I leave home and sanitise my hands when I get off the bus. I wash my hands when I get to the client's house and when I finish. The provider set up a texting [staff Whatsapp group] on the work phone that gives updates on Covid-19 [pandemic]".

#### Learning lessons when things go wrong

- We found incidents were not always recorded in line with the provider's policy and procedure.
- Despite reports of at least four incidents notified to CQC since January 2020, the incident log reviewed showed only one incident had been recorded for this year.
- We discussed the gaps in records with the registered manager who told us this had been due to the challenges faced by the service during the Covid-19 pandemic. Staff worked from home during this time and this made it difficult to maintain up to date office records. A new system to ensure records are properly maintained is being developed and will be implemented.
- Following our inspection, the registered manager sent us copies of incidents which they had now placed on the incident file.

# 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.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Staff support: induction, training, skills and experience

- Staff did not always have the necessary training, skills and support to effectively carry out their roles.
- We received mixed feedback from people who used the service about staff skills and abilities. One person told us, "If they [management] give them [care staff] more training and more advice about things because [staff] change and they don't know as well." Another person said, "Everything I need they do it correctly."
- A relative told us, "They [management] could stop being chaotic, making sure all of the carers receive full training before going on the cases, they send inexperienced carers." Another relative commented, "Very few of them [care staff are trained], they don't know how to use the pump on the percutaneous endoscopic gastrostomy (PEG, a procedure for placing a feeding tube through the stomach), they [care staff] don't know how the PEG works."
- We reviewed the training matrix sent to us by the registered manager following our inspection visit. This showed staff completed mandatory training in various subjects, including, infection control, health and safety, moving and handling, medication administration awareness and equality and diversity. As well as specialist training in catheter care and dementia awareness. However, training had not been effective in ensuring staff had the right skills and training to deliver safe, effective care.
- Staff told us they had also completed training in areas such as challenging behaviour, Epilepsy and diabetes. These and other relevant training, such as PEG were not documented in the training matrix sent to us. Therefore, we were not assured that training in these areas had taken place.
- Staff did not always receive supervision in line with the providers supervision procedure. The registered manager told us staff supervision took place every three months or sooner. However, staff we spoke with said they did not receive regular supervision. Comments from staff included, "Not really no. If you got a problem, you can go in and say something. You are not really called in for a chat to see how things are going." Another staff member responded, "No," to the question as to whether they had regular supervision.
- This was corroborated by the supervision matrix sent to us by the registered manager. A staff member we spoke with had last received supervision in November 2019. Another staff member who also told us they had not received regular supervision, the matrix indicated their last supervision had taken place in January 2020.
- The supervision matrix also showed 41 of the 68 staff members listed had last received supervision between September and December 2019. We could not be confident that staff had received regular supervision to enable them to get the support they required to improve and develop their skills.

The above is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us staff had access to on-line training in various subjects, including mandatory training. They had recently signed staff up to complete the Care Certificate and invested in regular training for staff. The Care Certificate are a set of standards that sets out the knowledge, skills and behaviours expected for specific roles in the health and social care sector.
- Following our inspection the registered manager told us that practical training was provided at the service's office. However, feedback from people and their relatives as described above indicated this training was not always effective, nor was it recorded that the training had taken place.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Improving care quality in response to complaints or concerns

- We found the provider did not always follow their complaints policy and procedures.
- We reviewed complaints made to the service in the last 12 months and found some had not been recorded or dealt with according to the stages set out in the provider's policy.
- The last complaint documented in the complaints log was in October 2019, however, two complaints raised in May and August 2020 had not been logged.
- During our visit the head of service provided copies of documents related to the above complaints. However, we found the provider had not responded to these concerns when they were initially raised in April 2020. Records showed the provider had responded to the complaint at the point they had been informed of the concerns by the local authority. At the time of our visit this complaint was still unresolved.
- Relatives were not always happy about the way their complaints had been dealt with. Comments from relatives included, "The complaints procedure is never followed up, the supervisors need to train the staff, they need to be more professional. I am concerned for elderly people," and "I don't mess about, I would complain if I needed to."
- The provider had not handled and responded to formal complaints raised by relatives in line with their procedures. Therefore, systems for recording, handling and responding to complaints were not effectively managed.

The above is a breach of regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us although the service did not receive many formal complaints, minor issues dealt with were not in the complaints folder due to Covid-19 lock down. The registered manager told us this would be addressed by staff who had recently returned to the office.
- People told us they felt able to make a complaint. Comments included, "I call the office, I call if they are late and I am happy," and "If I needed to complain I would."
- A staff member told us, "They [people who used the service] all have phone numbers and a handbook that tells them how to [make a complaint]. They can call and the office will log a complaint. I can guide them and tell them the best person to speak to."

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Records related to people who used the service and staff were not always accurate and up to date. We found gaps in risk assessments were not always updated and lacked detail of specific risks. Complaints were not logged and followed up in line with the service's policy and procedures and staff training had not been effective.
- Audits carried out on the service were not effective in ensuring issues found during our inspection had been identified and addressed.
- We requested information regarding missed, late and cancelled care visits covering a three-month period, the provider was not able to produce this due to the system set up. Attempts made by the provider to produce an explicit report was unsuccessful. We were therefore unable to assess whether calls of this nature had been effectively audited or managed.

Systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks had not been effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

- The provider responded immediately during and after the inspection. They were apologetic about the reports and gaps found in safeguarding and incident records, which they told us was, in part was due to Covid-19 challenges faced by the service. The registered manager also said they were in the process of changing and improving their quality assurance and monitoring systems. Some aspects of this had already been implemented by the service, such as daily care records and medication information. Part of this would enable management to receive an alert in the event of missed or late visits and better oversight of the service.

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 their duty of candour responsibilities and reporting requirements. However, we found a safeguarding alert had not been sent to the local authority and subsequent notification not sent to CQC. We instructed the service to inform the local authority, which they duly did.

The above is a breach of Registration Regulations 18 (Notifications of other incidents) Regulation 2009

- The registered manager apologised and took immediate action to address this. They told us this had been an oversight and would in future ensure all notifications were submitted to CQC.

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

- We received mixed feedback from relatives about the management of the service. One relative told us, "It is well run and managed but when someone goes on holiday, they don't have people on standby, it would enhance the service, they struggle." Another relative said, "Definitely not, the managers, the care agency are not training the staff." A third relative told us, "I don't think so because I have seen how stressful the carers are, they are running from one place to another, it is chaotic."
- Comments about management from people included, "Yes, as far as I can see," "My experience has been good," and "I can only speak from my perspective and it is fine."
- The registered manager told us, "My door is always open...They [staff] can talk to me anytime." They also said, "I am very much attached to my staff members, I know exactly who does what, what language they speak and areas they work, in that regard I monitor and check up on them, this is not left just to the office staff."

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

- Most people and relatives we spoke with said they had not always been asked for their feedback about the care provided to them.
- One person told us, "They used to call fairly regularly," and "On the phone they will ask."
- A relative told us, "Every now and then they call and make sure everything is ok."
- The registered manager told us telephone monitoring was carried out by the care coordinators. Although these were recorded, they would often call people to check how they were and ask them whether they were happy with the care provided. However, these conversations were not always recorded.

Continuous learning and improving care

- Most people and relatives said they would recommend the service, but felt there were areas where improvements were needed such as training and staffing levels. Comments from relatives included, they need to give the carers more skills so they can do different things," and "The carers are tired, they need to train the carers so there is cover, at least two carers should be trained so they can cover holidays."
- The registered manager told us regular staff meetings took place and all staff had an input to learning. An example of this is, following an incident where the person had been found on the floor, staff were to report any circumstances where people lived alone and at risk of accidents. This enabled the service to work with the local authority to install an alarm system, so they were able alert someone in the event of an accident.

Working in partnership with others

- We noted mixed feedback from health professionals regarding the way the service worked in partnership to ensure people's health needs were met.
- A healthcare professional told us that the service had not been forthcoming with information requested in relation to concerns raised about the service, stating communication and responsiveness required improvement. We noted another healthcare professional had spoken highly of the service provided by the agency who worked in collaboration to achieve a positive outcome.
- The registered manager told us they worked in partnership with health professionals and the relevant funding authority as much as they could. At times they struggled to obtain initial information about people, which at times made it difficult to fully assess people's needs.



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 provider had not ensured risks to people were effectively assessed and mitigated risk, which put people at increased risk of harm.</p> <p>Regulation 12 (1)(2) (a)(b)</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider failed to establish and operate effectively accessible systems for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of regulated activity.</p> <p>Regulation 16 (2)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided and ensured compliance with regulations.</p> <p>Regulation 17(1)(2) (a)</p>
Regulated activity	Regulation



Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had not ensured adequate checks had been carried out to ensure staff were safe to work with people. This put people at risk of harm.

Regulation 19

## Regulated activity

## Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured adequate numbers of suitably skilled and competent staff had been deployed to meet people's needs. The provider had not ensured all staff received appropriate training, support and supervision.

Regulation 18(1)(2)(a)