

Care Embassy Consultancy and Training Ltd

Care Embassy Domiciliary

Care

Inspection report

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Tel: 01923678093

Date of inspection visit:
09 August 2019
12 August 2019
14 August 2019

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23 September 2019

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

About the service

Care Embassy is a domiciliary care service providing personal care and support to people living in their own homes in the community. At the time of the inspection 18 people were receiving support.

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

People were generally happy with the care they received, the staff who provided their care and they felt safe. Staff were aware of the procedure for reporting any concerns to help keep people safe. There were enough staff to meet people's needs. Although there was a robust recruitment process in place, we found that the process was not always followed, and pre-employment checks were inconsistent. We have made a recommendation in relation to pre-employment checks being completed, details are in the safe section of the main body of the report.

People were supported, when required, to receive their medicines regularly and staff completed the medicine administration records. Staff were aware of how to reduce the risk and spread of infection. The registered manager told us they had not had any accidents or incidents so could not share any examples of learning with us.

Staff obtained people's consent before supporting them. People were supported where required to eat and drink sufficient amounts to remain healthy and were supported to access healthcare professionals when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff that cared for them. People told us that staff were caring and kind. They told us the staff always asked them what they would like help with and supported them in the way they wished to be supported. People were involved in their care planning and staff made sure they respected people's dignity and privacy. Staff worked well as a team and did their best to ensure people were able to continue to live in their own homes.

People told us the staff managed past complaints well? and concerns were quickly addressed which meant they did not escalate to a formal complaint. Peoples view were sought through a variety of methods.

The registered manager did not have any quality assurance systems or processes in place at the time of the inspection. They told us the service was very small and they did some of the care delivery themselves so had an overview of the service. However, there were no records to verify any quality checks or audits. We have

made a recommendation in relation to establishing a robust quality assurance system, details are in the well led section of the main body of the report. During the inspection we found records to be inconsistent and incomplete. The registered manager told us they were going to introduce quality assurance and audits within the next few months.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection since the service was registered on 7 August 2018.

Why we inspected

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

Recommendations

We have made a recommendation in relation to the provider following their recruitment policy and consistently completing pre-employment checks.

Enforcement

We have identified a breach of regulation due to the provider not having quality assurance systems in place to monitor the overall safety and quality of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently 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 not consistently well led

Details are in our Well Led findings below.

Requires Improvement ●

Care Embassy Domiciliary 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one adult social care inspector.

Service and service type:

Care Embassy is a domiciliary care agency, it provides personal care to people living in their own houses and flats in the community.

There was a manager who was 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 two days' notice of the inspection site visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

Inspection activity started on 09 August 2019 and ended on 14 August 2019. We spoke with people who used the service and their relatives on 09 August 2019 to obtain feedback about their experience and quality of the care provided. We visited the office location on 12 August 2019 to meet the registered manager and to review care records. We spoke more staff and people on 14 August 2019.

What we did:

Before our inspection we reviewed information that we held about the service including statutory

notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. The registered manager had not been asked to complete a Provider Information Return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

As part of the inspection we spoke with two people who used the service, relatives of three people who used the service, three staff members and the registered manager. We looked at care plans relating to two people and reviewed records relating to the management of the service, including training records and recruitment files.

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 since the service registered on 7 August 2018.

The service was rated requires improvement at this inspection. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

- Although there was a robust recruitment process in place, we found that it was not consistently followed. We found application forms were poorly completed with gaps in the information provided. For example, applicant's full employment history was incomplete and gaps in employment history had not been explored.
- The registered manager could not locate the applicants' references or disclosure and barring checks which they told us had been completed. References were not always from a previous employer detailed on the application. This meant we could not be assured that all relevant checks had been completed before applicants started work.
- Following our visit to the office the registered manager located some of the information and provided this. However, the references despite being from a previous employer were not on headed paper and the registered manager had not verified the authenticity of the references. The DBS check for one applicant was completed by a previous employer and not the current employer.

We recommend the provider follows their recruitment policy and consistently completes pre-employment checks.

- The registered manager told us they were going to employ additional staff to help ensure that all checks were completed and that the process was robust. They also confirmed that other recruitment files did have all the correct checks completed. However, checks should be completed for all applicants and the process must be consistent to reduce the risk of unsuitable characters being employed.
- People told us they felt there were enough staff to meet their needs in a timely way. One relative told us, "I think we feel safe, I don't remember having any worries about anything. If we did I would speak to [Name of registered manager]. They visit sometimes to help provide the care." A person told us, "They [staff] always appear to know what they are doing and there has not been any problems so it's all fine."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative told us, "We feel safe and have got to know the team of staff. They are good people and try their best."
- Staff were aware of how to keep people safe and report any concerns. One staff member said, "I would approach senior staff and the manager if I had concerns."
- Staff received training on safeguarding adults and were able to describe the process for reporting concerns.

Assessing risk, safety monitoring and management

- The registered manager assessed individual risks and put measures in place to reduce these for example, by requesting equipment. The risk assessments could be developed to provide a more person-centred approach as many of the questions were of a tick box nature with no narrative to explain in detail how to support people safely.

Using medicines safely

- People told us they were supported where required to take their medicines by staff. One relative told us, "I do all the medicines as [Name] takes so many different things, it's very confusing." Another person told us, "The care staff remind me as sometimes I forget, but they would help if I needed it."
- Staff were aware of people's rights to refuse medicines. One staff member told us, "If someone refused their medicines I would explain why it is important and the risks and consequences of not taking it. If they still refuse, they have that right, which I would respect."
- The provider had not completed any formal or recorded medicines audits at the time of the inspection. However, they were in the process of introducing audits.
- Staff were trained in the safe administration of medicines and we saw evidence of this. However, competency checks were not recorded although the registered manager told us they completed these. We could not be assured of the frequency or findings as no information was recorded.

Preventing and controlling infection

- Staff were provided with personal protective equipment including gloves, aprons and hand sanitizer to help reduce the risk and spread of infection.

Learning lessons when things go wrong

- The registered manager told us they had not had any accidents or incidents since the service registered. They told us however, that if any occurred they would analyse them to see if they could have been avoided.
- The registered manager told us they would share information with the staff if any learning was found.

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 since the service registered on 7 August 2018. The service was rated as good at this inspection. 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 and their families told us their needs assessed before the service commenced. The registered manager either completed an assessment at the hospital or in the person's own home.
- People were involved in all aspects of the assessment process and staff ensured people were given choices about how they wished to be supported. The registered manager reviewed the service during the first few weeks to make sure the service was meeting the needs of the person appropriately.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received training relevant to their roles. The registered manager frequently worked alongside staff observing their practice. However, these observations were not recorded so we could not assess how effective they were. Staff told us they had regular training updates.
- New staff attended an induction at the office to help them understand their responsibilities and job role. They also had an opportunity to read policies and procedures. The registered manager worked with the new care staff until they were competent to work in an unsupervised capacity.

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

- People, where required, were supported to eat and drink sufficient amounts to maintain their health and wellbeing. Staff told us if they had any concerns they spoke with the registered manager so that they could consider if a referral needed to be done to a health care professional such as a GP or dietitian.
- Staff received training in food hygiene and encouraged people to be as independent as possible by encouraging them to do as much as they could for themselves.

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

- The registered manager told us they worked in partnership with other care professionals including the GP and speech and language therapy team. This helped ensure people's care was holistic.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. We found these were met.

- Staff asked people for their consent before they provided care and support. This was recorded in their care plan. People confirmed staff always checked that they wanted assistance before commencing.
- Most people were able to make decisions about their care and support. Where people did not have mental capacity to make certain decisions, the registered manager consulted people's relatives, healthcare professionals or independent advocates to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.

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 since the service registered on 7 August 2018. The service was rated as good at this inspection. 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; equality and diversity

- People were supported by staff who were kind and caring. One relative told us, "We have about three (care staff) that come on a regular basis, no problems. [Name of person] likes the ladies and they do a good job. We have no complaints at all, they are all very nice." A person told us, "The staff are really lovely, and we get to see the same faces which is nice."
- People and relatives told us staff were friendly and took time to have a chat while they were supporting people with their care. One relative told us, "They are a good bunch. It doesn't always take an hour but I don't mind because they always ask if anything else needs to be done."
- People told us their individual needs and wishes were considered when their care needs were assessed. For example, staff respected any cultural or religious preferences and observations. People told us they were given a choice about the gender of care staff who supported them.

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

- People were fully involved in discussions about the care and support they required. Care plans were developed with meaningful input from people and their family members.
- Staff supported and encouraged people to make decisions and choices about their care, and how it was provided. For example, days and times of support were provided to suit the person being supported.
- Staff told us that they never made assumptions about people's routines or preferences and always checked how they wanted their support to be provided.
- People were supported by a small team of regular staff which meant they had developed meaningful relationships with staff who knew their preferred routines and preferences. One person told us, "I like all the carers that come here. If I didn't I would just say, and they would be changed."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were always respectful and maintained and promoted their privacy and dignity. People confirmed that when they were being supported with personal care, staff ensured the person's dignity was maintained. A staff member told us, "I make sure I keep them partially covered to respect their dignity and privacy." A relative told us, "They are very mindful of it being our home that they are working in."
- Staff encouraged people to do as much as they could for themselves to help them to retain their independence.
- People were supported to access advocates when they needed support or advice with a range of topics. An advocate is an independent person who offers this type of support.

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 since the service registered on 7 August 2018. The service was rated s good at this inspection. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People they received care and support according to their wishes, and preferred routines. People said they were involved in their care planning, along with regular reviews to check if there have been any changes or establish if things were still suiting their care needs.
- Staff knew people and were able to be flexible in the way they supported them. People were always offered choices about their support.

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.

- Staff communicated with people in the way that they could understand. For example, staff told us that sometimes people could not always understand what was being said to them so they made sure they were facing the person and spoke slowly and clearly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to remain active in their homes and to continue to have meaningful and regular contact with family and friends.
- The registered manager told us that they were intending to introduce a quarterly newsletter to keep people informed about company news and also things that were happening in the local community to help reduce the risk of people becoming socially isolated.

Improving care quality in response to complaints or concerns

- People told us they would be comfortable to raise any concerns with the registered manager. One relative told us, "We see the manager often and they also check if everything is ok. If there are any problems, they are addressed quickly so there is no need for us to make a complaint."
- There was a complaints policy in place which people could access should they need to.

End of life care and support

- The service was not currently supporting anyone who was at the end of life. However, the registered manager told us that if people did require end of life care they would ensure staff had the skills and abilities to provide this.

- If people had any advanced planning wishes these were documented in their care records.

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 was the first time the service had been inspected since the service registered on 7 August 2018. At this inspection this key question has been rated as 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.

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

- The provider did not have any formal quality assurance systems or processes in place to help demonstrate how they monitored the quality of care being provided. This meant the provider had not been aware of the concerns we identified at this inspection.
- The provider told us they had an overview of the service because they regularly provided hands on care to people in their own homes. However, there were no records to demonstrate if this was effective or how this helped to identify potential areas which required improvement. There were no records in relation to staff support arrangements. The registered manager confirmed that she regularly worked with staff and considered that to be support. However, as nothing was recorded we could not establish when this happened, the frequency or what observations were made.
- Whilst there were no quality assurance processes and shortfalls in record keeping this had not had a negative impact on the people who used the service.

- The registered manager was unable to demonstrate that they understood the importance of keeping records that could be reviewed and validated.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no quality assurance systems in place to monitor the overall quality and safety of the service.

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

- The provider told us they had requested initial feedback to gather people's views on the service and they were planning to develop this as the service grew to ensure they had an overview of what the service did well and where they needed to develop.
- The provider gauged people's feedback on the running of the service through face to face discussion during care visits. However, these were not recorded or evidenced. The provider had plans to have staff

meetings but at the time of the inspection this had not been implemented.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager had some knowledge of duty of candour and was in the process of arranging further support to develop a fuller understanding. ● People felt positive about the way the service was managed and the support they received.
- The service was small with only a few staff who worked well as a team and understood their responsibilities.

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

- The registered manager confirmed there were no systems in place to monitor the quality of care plans, risk assessments, accidents, incidents, safeguarding, medicines, staff training and competence or recruitment.
- The provider had failed to identify the concerns we found during our inspection.
- The provider had failed to ensure records were consistently kept in relation to multiple aspects of the service.

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

- There was no evidence of any meaningful involvement or engagement. The registered manager did not demonstrate that they involved people, or staff in any decision making about the service. There was no evidence that the service considered any of the equality characteristics.

Continuous learning and improving care

- The registered manager was unable to demonstrate any learning or improvements to the standard of care as a result.

Working in partnership with others

- The registered manager told us they worked in partnership with other professionals. However as the service was so small they had not had an opportunity to evidence this other than provide details of assessments undertaken prior to people being discharged from hospital.

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	Regulation 17 HSCA RA Regulations 2014 Good governance There were no quality assurance systems in place to monitor the overall quality and safety of the service.