

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Emiran HealthCare is a domiciliary home care service providing personal care to people in their own houses or flats.

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. At the time of the inspection two people were receiving personal care from the service.

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

People said they felt safe using the service and the staff were kind and caring. Risks to people's safety were assessed and mitigated and the support plans reflect people's current needs and preferences.

Staff recruitment procedures ensured only suitable staff were employed at the service. There was enough staff to meet people's needs. People confirmed that staff arrived at the agreed times and stayed for the duration of the allocated calls.

Staff received appropriate training to meet people's needs safely. Systems were in place to ensure staff received regular supervision and on-going support.

At the time of this inspection, people did not require staff to administer medicines to them. The service had a medicines policy and staff were provided with medicines administration training, in the event of needing to administer medicines in an emergency or in response to people's changing needs.

People's needs and preferences were sought and incorporated into their care and support plans. Staff had access to the providers equality and diversity policy and were trained in supporting people with protected characteristics.

Staff received training on infection prevention controls, including specific COVID-19 training. They used personal protective equipment (PPE) and followed current government COVID-19 guidance to prevent the spread of infection. Individualised risk associated with Covid-19 had been assessed and mitigated for people and staff with higher risk health needs and staff from Black, Asian and Minority Ethnic groups (BAME).

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.

The registered manager understood the accessible information standard and that information could be made available in other languages, easy read format and large print, if required

The registered manager understood the responsibility of keeping robust records of all complaints, and safeguarding concerns and to report notifiable incidents to the Care Quality Commission (CQC). Following the inspection, they provided a detailed account of a safeguarding concern they had investigated. They confirmed going forward detailed records would be maintained of all complaints and safeguarding concerns, to evidence the actions taken. They also confirmed that all safeguarding concerns and other reportable incidents would be reported to CQC without delay and embedded into practice.

Reviews and audits were consistently carried out to maintain oversight of the quality and safety of the service.

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

This service was registered with us on 10/05/2019 and this was the first inspection.

Why we inspected

We looked at the overall quality of the service to provide a rating for the service under the Care Act 2014.

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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Emiran HealthCare

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.

This was a comprehensive inspection.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission, who was also the nominated individual for the service. This meant that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to be sure the registered manager would be available to speak with us. We also needed to arrange telephone calls to speak with people using the service and staff.

The inspection activity started on 21 January 2021 and ended on 25 January 2021. We visited the office location on 25 January 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information we held about the service.

During the inspection

We spoke with one person using the service and a professional representative acting on behalf of another of person using the service, about their experience of the care received by the service. We spoke with two members of staff including a care worker, the care co-ordinator and the registered manager / nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed records, included two people's care records, two staff files in relation to recruitment, supervision and training. We also reviewed records relating to quality assurance systems, including feedback from people using the service and the service policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, such as complaint and safeguarding records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe with the staff that provide my care."
- The provider had a safeguarding adult's policy in place. Staff told us, and records showed they received training on safeguarding (including the whistleblowing procedure to guide staff on how to raise any safeguarding concerns outside of the organisation if needed).

Assessing risk, safety monitoring and management

- Risks regarding people's care needs and home environments were assessed. The risk assessments within people's support plans contained the necessary information to mitigate risks. For example, moving and handling assessments detailed the level of support and equipment people needed to mobilize safely.
- The support plans detailed whether people had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNA/CPR) decisions in place. This meant in the event of a sudden life-threatening emergency requiring CPR to be applied, staff and healthcare professionals had the information available to ensure the wishes of the person were respected.

Staffing and recruitment

- The staff recruitment processes ensured only suitable staff were employed. Documentation was obtained to verify people's identity and their eligibility to work in the United Kingdom. Checks were carried out with the Disclosure and Barring Service (DBS) prior to staff working with people. The DBS carry out criminal records and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The staff files contained information on the interview process, and evidence that written references were obtained.
- There was enough staff available to meet people's needs. People told us and records showed the staff called on people at the agreed scheduled times. As the service grows the provider planned to introduce an electronic call monitoring system, to ensure call monitoring be constantly managed.

Using medicines safely

- Staff told us, and records showed training was provided on safe medicines administration as part of their induction. At the time of the inspection people self-administered their prescribed medicines. Staff aided one person in applying an emollient cream to protect the skin and staff appropriately recorded when they applied the cream.

Preventing and controlling infection

- The provider's infection prevention and control (IPC) policy was up to date. Staff told us and records showed IPC training and specific COVID-19 IPC training was provided.

- Unannounced 'spot check' observations took place to ensure staff were using PPE such as, disposable face masks, gloves and aprons and they following the latest government COVID-19 guidance for community care workers. Staff told us the registered manager maintained a good stock of PPE which was replenished regularly. People also confirmed that staff wore PPE when supporting them.

Learning lessons when things go wrong

- To further improve the quality of monitoring the care and delivery of the service, the provider had researched several electronic care monitoring systems. Once implemented this would enable people using the service and family members to access information, regarding all aspects of their care, both electronically and manually.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an initial assessment carried out prior to care commencing to ensure their needs could be met.
- Peoples said they had been involved in putting together their support plan, which included enough information on their needs and preferences.

Staff support: induction, training, skills and experience

- Staff told us, and records showed mandatory training was provided on induction. For example, infection controls, moving and handling and food hygiene. Following the completion of training, supervised shadow shifts were carried out to assess staff competency in delivering safe care. People confirmed they felt staff had the necessary skills and experience to provide safe care.

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

- People were supported to maintain a balanced diet. People's support plans had information for staff on the level of support needed for eating and drinking and how people liked their food and drinks prepared. One person said, "I have microwave ready meals, the staff heat them up for me." Staff were aware of the importance of ensuring foods were heated to the correct temperatures.

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 worked in partnership with health care professionals, such as GP's.
- Peoples care records included details of their GP for staff information if needed.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records evidenced that staff had completed training in MCA and deprivation of liberty.
- The registered manager had completed mental capacity assessments with the people using the service.
- People said they felt in control of how their care and support provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were gentle, kind, caring and respectful and they would recommend the service to others. We saw evidence that staff organised for people to celebrate special occasions, such as birthdays with a cake and a card.
- We saw records of compliments received from people using the service thanking the staff for the care they provided. For example, '[Carer] goes out of their way to see that I have everything that I need.' '[Carer] is calm, caring and always professional.' And, 'The staff work to a very high standard, they are very client orientated.'
- Staff told us, and records showed, they had received training in equality and diversity and had access to the providers equality and diversity policy. Staff had also received training in supporting people with protected characteristics such as dementia and learning disabilities.

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

- People told us they felt involved in decisions regarding their care and support. They said staff listened to them and provided care how they wanted it to be provided.
- Records showed people were regularly invited to share feedback on the service.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with dignity and respect. They confirmed the staff ensured they were covered when being assisted with personal care and doors and curtains were closed.
- The support plans reflected what people could and couldn't do for themselves. Although staff gave assistance to one person in applying a prescribed cream, this was not reflected in the person's support plan. The registered manager arranged for this to be added to the plan immediately.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which was also available in people's home files. People told us they would feel comfortable to speak directly with the registered manager if they had any concerns about their care.
- At the site visit no records were available to evidence the actions the registered manager had taken in response to one recent complaint / safeguarding concern that had been raised. Following our site visit, the registered manager provided evidence of their investigation, which included communications with the complainant and the local safeguarding authority. The registered manager confirmed that in future detailed records would be maintained of all complaints and safeguarding concerns, to evidence the actions taken. They also confirmed that all safeguarding concerns and other reportable incidents would be reported to CQC without delay and this would be embedded into practice.

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

- People said they felt involved in planning their care. The support plans had been signed by the person receiving care and their personal preferences, likes and dislikes were recorded.

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.

- The registered manager understood the accessible information standard and that information could be made available in other languages, easy read format and large print, if required.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. The registered manager said that training would be provided for staff in the event of end of life care being required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 the responsibility of keeping robust records of all complaints, and safeguarding concerns received and to report notifiable incidents to the Care Quality Commission (CQC). They confirmed that all safeguarding concerns and other reportable incidents would be reported to CQC without delay and this would be embedded into practice.

- Systems were in place to maintain effective oversight of the quality and safety of the service. Reviews and audits were consistently completed.

- Individualised risk associated with Covid-19 had been assessed and mitigated for people and staff with higher risk health needs and staff from Black, Asian and Minority Ethnic groups (BAME).

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

- Care was person centred or planned and timed to meet people's needs. People's feedback on their experience of using the service was encouraged and regularly sought. All the comments received from people using the service were pleased with the care and support they received. Staffing was consistent and people had built positive relationships with the staff.

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

- Staff received regular supervision and spot checks. They told us they felt well supported and the registered manager was always available when needed.

- Quality monitoring was completed at the same time as care reviews, which gave people the opportunity to discuss their experience of the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager utilised external consultants to independently scrutinise the quality of the service to ensure all systems were compliant. As the service continues to develop the registered manager planned to implement an electronic care monitoring system. This would enable people using the service to instantly access records relating to them and provide instant quality monitoring of all aspects of the service.