

Empowerment Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Empowerment Care Ltd is a domiciliary care agency providing personal care to people living in their own homes. The service provided support to older people, people with dementia or mental health issues and those who may have physical or sensory disabilities. There were also supporting people who had a learning disability and autistic spectrum disorder. There were 19 people using the service at the time of our inspection.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support

People's care plans and risk assessments did not always identify how to support them with their individual needs. Staff had not always received training in these key areas to ensure they could support people in a safe way. People were not always supported to have maximum choice and control of their lives. The staff did not always support people in their best interests.

Right Care

Some improvements were needed to people's care plans, although some were person centred, these were not always updated in a timely way and not all health risks were assessed and planned for. The provider had failed to ensure the management team were aware of and following best practice guidance. No staff had received learning disability training, which is now a requirement for all services who support people with a learning disability.

Right Culture.

The provider was not always identifying concerns external professionals had, and their recommendations had been not always acted on. This meant lessons were not always learnt from incidents which left people at risk. The Registered Manager was responsive to our feedback and told us they would put measures in place to reduce risks that had been identified during the inspection. People, relatives and staff were positive about the Registered Manager. Staff knew their people well and staff felt supported in their role and felt able

to raise concerns if needed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 June 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to staffing and safeguarding. 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.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Empowerment Care Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to managing people's risks, staffing and governance and oversight at this inspection.

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

Follow up

We will request an action plan from 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Empowerment Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 24 January 2023 and ended on 3rd February 2023. We visited the location's office on 24 January 2023 and 31 January 2023.

What we did before the inspection

We reviewed information about the service from on-going monitoring such as information we had received. We sought feedback from the local authority, Healthwatch and other professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 4 people who used the service and 1 relative. We also spoke with the registered manager and 5 care staff. We looked at the care records for 5 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service. We also looked at Medicines records



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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 people could be harmed.

At our last inspection the provider had failed ensure all people received their medicines as prescribed. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, whilst improvements had been made to medicines, we found further concerns in relation to the management of risk and the provider remained in breach of regulation 12.

Assessing risk, safety monitoring and management

- People did not always have risks to their safety assessed and planned for. For example, there were no risks assessment in place for specific health conditions people experienced such as motor neurone disease, autism and epilepsy.
- Care plans and risk assessments were not updated when people's needs changed. One person's care plan had been completed when they were in hospital and had not been updated with a change in their needs when they returned home. This meant people were at risk of not receiving the support they needed.
- Care plans and risk assessments contained conflicting information. This meant people may not be supported in the way they needed to manage risks to their safety. For example, the information we reviewed in 1 person's care plan did not reflect the care plan in the person's home, which staff told us about

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of Regulation 12 (2)(b) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst risk assessments and care plans were not always reflective of people's needs. Staff knew people well and understood how to meet their needs. One person said, "Yes, I feel safe with them." Staff told us they were aware of people's individual risk or how to offer support to people. People had a regular staff team, and there was no evidence anyone had come to harm.
- One person told us the care provided by the staff met their needs. They said, "Staff do everything I want doing. They bring everything to me as I am unsteady on my feet. They are very good to me." Staff were able to describe people's care and support needs

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We found the service was not working within the principles of the MCA. Mental capacity assessments and best interest decisions were not completed for some people who needed them.
- We found mental capacity assessments and best interest decisions were not carried out for people who may lack capacity. Relatives choices were followed instead.
- The provider did not show a clear understanding of the Mental Capacity Act 2005.

Staffing and recruitment

- Staff rotas we looked at recorded some staff were attending 2 or more calls at the same time or no staff were assigned to calls at all. This meant we could not be assured people were having their calls and their needs met. One person said, "They aren't usually on time, they can be 30 minutes late."
- The provider gave us evidence some calls had been attended on time, but they were unable to assure us all the recordings we saw that showed no calls were rostered had been met. The provider told us that they would make sure all calls are allocated travel time on the rota in future.
- Staff were recruited safely. Staff had received the relevant pre employment checks. This included looking at references and Disclosure and Barring Services checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

At our last inspection the provider had failed ensure all people received their medicines as prescribed. This was a breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in relation to medicines management. However, further concerns were identified around risk management and the provider remained in breach of regulation 12.

- People received the right medication at the right time by trained staff and medicines were reviewed when required. One person said, " There is no issues with medicines, they do keep a record of what I have."
- People received support from staff to make their own decisions about medicines wherever possible.
- There was a system in place for recording where on the body analgesic skin patches were being applied and demonstrated the patches were being rotated in accordance with the manufacturer's guidance.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where people had difficulty communicating with staff.
- Staff completed people's medicines records accurately.

Learning lessons when things go wrong

- Areas of improvements required were not always identified by the provider to ensure lessons were learnt when things had gone wrong. For example, the provider had received recommendations from the safeguarding team to improve their practice, but these had not been implemented and we found continued concerns during our inspection.
- In some instances where areas of improvement had been identified the provider had completed investigations and taken action. For example, following a safeguarding incident, staff had received updated training and it had been discussed in the staff meeting.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were not always kept safe from avoidable harm as measures identified by the safeguarding team had not all been implemented. The measures included ensuring detailed care plans, clear medication audits and how to use medication crushers safely, which meant the manager had not always followed advice given, leaving people at risk of further harm.
- The provider raised safeguarding concerns when required.
- Staff knew people well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff received safeguarding training and had access to relevant policies and guidance. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns. One staff member said, "I now know how to protect people from abuse"

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 requires improvement. The rating for this key question has remained 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.

At the last inspection we had concerns about the way in which the quality and safety of the service was being monitored which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, not enough improvement had been made and the provider remained in breach of regulation 17.

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

- The provider's governance systems were not identifying areas for improvement and monitoring the quality of care people received. For example, the quality assurance systems had not identified issues found on our inspection in relation to care plans needing to be updated to identify current needs. People did not always have care plans and risk assessments in place in relation to their identified needs. For example, support with epilepsy.
- Systems in place did not ensure risk assessments were regularly reviewed and updated when people's needs changed. Some people's bowel management risk assessments and autism risk assessments did not contain up to date information. This meant people were placed at risk of their needs being met.
- The provider's system for staff monitoring and rostering systems to ensure people had their calls at the right times were not effective. Call times for different people were too close together, 2 or more scheduled at the same time or the call was not covered on the rota. This placed people at risk of not receiving the correct call times and lengths. Placing them at risk of their care needs not being met.
- Medicines audits did not identify some people's medicines and Medication Administration records (MARS) had not been reviewed for 3 months. This meant we could not be assured the provider's systems to check medicine administration were effective. This meant people were left at risk of possible concerns with their medicines not being identified in a timely way.
- The provider had failed to display their previous inspection rating on their website.

Systems were either not in place or robust enough to demonstrate effective management to ensure quality and manage risk. This was continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider had not taken all the actions required to demonstrate people always received high quality, safe care and support. The continued breach of regulations demonstrated further improvements were

needed at the service.

- Staff had not received specialist training for people's specific health needs. This left people at risk of receiving inappropriate support.
- Staff had not received support through supervisions or appraisals. However, staff attended team meetings so they could share their views. They felt involved with the company and they were listened to.

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 clear about their duty of candour. They told us it is their duty to be transparent and apologise for mistakes.
- When incidents or areas of concern had been identified in the service, the registered manager was open and honest and had shared this information with people, relatives and staff.

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

- People and relatives were able to report any concerns to the registered manager. One person said, "I have contact with [registered manager] via the telephone and I can call them directly" Another person said, "Everything I have enquired about they have responded in a positive way."
- Staff felt able to contribute to the service. We saw examples of staff members making suggestions regarding putting incentives in place to motivate staff. One staff member said, "[Registered manager] is very good and responsive, they always listen to us."

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

- People, relatives and staff spoke positively about the company and the support they received. A person said, "I would call the and speak to [registered manager] - They are very obliging."
- Staff told us the registered manager was very responsive. One staff member said, "Yes, they always help me, and they will answer my calls. "Another said, "They are very fair, accessible and professional I have no issues."
- We spoke to the manager about inclusivity and they told us they considered people cultures and preferences when they produced care plans and risk assessments, and this was seen when reviewing care plans.

Working in partnership with others

- People's care records confirmed staff collaborated with health and social care professionals, such as district nurses, speech and language therapists and the local authority. This supported people's physical health and well-being.

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 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | Risks to people were not always identified, recorded and mitigated. Care documentation did not always contain the most current or factual information |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Systems were either not in place or robust enough to demonstrate effective management to ensure quality and manage risk. |

The enforcement action we took:

We will ask the provider to be compliant with the warning notice by 1 May 2023