

Empathy Care24 Limited

Empathy Care24

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 1 and 2 March 2017 and was announced.

Empathy Care 24 provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 12 people.

The staff recruitment procedures were not always robust. The service had carried out pre-employment checks, but did not always follow this up with appropriate actions when information of concern was discovered. This meant that risks were not properly assessed and vulnerable people were being supported by staff who may not be suitable for the role .

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to enable them to be as independent as possible.

Staffing levels were adequate to meet people's current needs. Rotas showed that there were enough staff to cover the shifts required and at the correct staffing ratios.

All staff took part in induction training when starting employment and they felt this was sufficient to learn the role. On-going training was provided to ensure all staff had the skills, knowledge and support they needed to perform their roles.

People told us that their medicines were administered safely and on time. People mostly had family members to support them with medication, but when the service did support people, we saw that Medication administration records were used accurately by the staff.

Staff told us they were well supported by the registered manager, who they could approach at any time and they had regular one to one supervisions to discuss and feedback on their performance.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this. Most people told us that they had family support them with meal preparation, but on occasion where they had

asked staff to help, they had always been able to do so.

People were supported to access health appointments when necessary. People told us that they had family support them with access to health appointments, but could ask for support from staff if required. We saw that people's health needs were recorded and monitored accurately within people's files.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they had developed positive relationships with staff members and felt comfortable when receiving care.

People told us they were involved in their own care planning and were able to contribute to the way in which they were supported. People felt listened to and regularly had the opportunity to review their care. Relatives of people were involved in the review process as required when people were not able to input themselves.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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.

Staff had not always been safely recruited within the service, and risk assessments had not been carried out to ensure that staff were suitable to be working with vulnerable people.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Systems were in place for the safe management of medicines.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had suitable training to keep their skills up to date and were supported through supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment

Good ●

Is the service caring?

The service was caring.

People were supported to make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this

Is the service well-led?

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Good ●

Empathy Care24

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 2 March 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or a senior member of staff would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with four people who used the service and four relatives. In addition we had discussions with four support workers and the registered manager. We reviewed eight people's care records to ensure they were reflective of their needs, nine staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

Staff received the appropriate pre-employment checks before starting employment within the service, but this was not always followed up when areas of concern were discovered. We looked through staff files and saw all staff had identification checks, two references and had a Disclosure and Barring Service (DBS) check. We found two examples of DBS checks which listed offences committed by carers working for the service. There was no evidence in place to show us the registered manager had risk assessed the information that had been received about staff to ensure they were of good character, and were safe and suitable to be working alone with vulnerable adults. After our inspection, we requested the registered manager complete risk assessments to show that proper measures had been put in place to assess staff suitability, and on-going support and monitoring. We were provided with these risk assessments as requested.

People told us they felt safe when they received care. One person said, "I feel as though I am in safe hands." Another person said "I am very comfortable with these carers, I feel safe." All of the people and relatives we spoke with made similar positive comments.

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "Everything goes straight back to management. I would contact the police in an emergency, but otherwise I record and report." Another staff member said, "I would talk to the safeguarding team or the Care Quality Commission (CQC) if I needed to." Staff also had a good understanding of whistleblowing procedures and we saw that training had been completed in these areas. The registered manager was aware of the requirement to notify CQC about incidents as required.

People had risk management plans in place that covered the areas of risk within their lives suitably. We saw assessments that covered areas such as moving and handling, medication, nutrition, the environment and skin care. The people and the relatives of people that we spoke with said that they were happy that the risk assessments reflected how they should be safely supported within these areas of their life. The risk assessments we saw were laid out clearly for staff to follow, and documented the appropriate actions to take. All the risk assessments we viewed had been monitored and updated to reflect any changes necessary.

There were enough staff working for the service. One relative of a person said, "We have consistency in the staff that show up. Sometimes it changes for various reasons, but we are happy." Another relative said, "We have had no missed calls. Whenever a staff member has been late we have had a phone call to let us know beforehand if they are stuck in traffic or anything like that." All the staff we spoke with were happy that there were enough of them to cover the work required. We saw that the service used an electronic rota system which all staff were able to access remotely via a phone. This enabled the service to keep an efficient and up to date rota visible to all staff, and avoid any missed visits or staffing issues as much as possible. The rotas demonstrated that staffing levels were planned and sufficient to meet people's needs. They also gave staff time between calls to get from one place to the next. The registered manager was also regularly covering shifts as required.

Medication was administered safely. Staff told us that most of the people they supported either

administered their own medication, or had the support of family members. We saw Medication Administration Records (MAR) that showed some people were supported with medication. These records showed the type, route, time and dosage of medication required, and were all accurately completed. Staff records we saw confirmed that medication training had taken place.

Is the service effective?

Our findings

The staff had the skills and knowledge required to support people correctly. One person told us, "The staff I see are great. Very good at the job. I have nothing to worry about." A relative told us, "Considering we have only been using them for a while, I think they have settled in really well and I trust them with what they are doing." All the staff we spoke with were confident that the training, support and guidance they received enabled them to work effectively with people.

All the staff received an induction training package when they first started working for the company. One staff member told us, "The induction process was good. I was shown the company policies and standards, people's care files and risk assessments, and I also did the mandatory training." All the staff we spoke with confirmed that they had gone through this process as well as shadowing more experienced staff to meet the people being supported and understand their routines and preferences. We saw training certificates within staff files as well as evidence that observations of their practice had taken place to show that they had understood the training they had received.

All the staff received formal supervision from the registered manager on a regular basis. One staff member told us, "Yes I receive supervision regularly, I can speak frankly with the manager and discuss our work." All the staff we spoke with were happy with the level of supervision they were receiving. We saw records of these supervisions and that various topics had been discussed such as training, general service updates, client specific issues and staffing.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection.

Staff gained consent from people before carrying out any care tasks. One person told us, "The staff always ask." A family member told us, "I'm here all the time and I can tell you that they always ask before doing anything. They talk [person's name] through everything." All the people we spoke with made similar positive comments. We saw that people had signed consent forms within their files.

People were supported to maintain a healthy and balanced diet and could make choices about what they wanted to eat. One person said, "I mostly sort myself out, but if I ask someone to make my breakfast then I know they will help me." All of the people and relatives we spoke with told us that they usually managed their own food preparation, but could ask for support if required. We saw that the service had eating and drinking monitoring forms for use if and when required, and staff were confident in how to support people in this area. People also had their dietary needs and preferences noted within their care plans.

People had the support they needed to access health services. One person said, "I have support from my

family, but would ask for help from the staff if I needed anything. I know that the option is there." All the people we spoke with told us that they had support in place to access health services and were able to see medical professionals when they needed to. Staff confirmed that the people they supported needed minimal input in regards to health professionals and appointments, but they did keep up to date with everyone's medical needs and medications. We saw that people had their medical history documented along with any conditions they may have. This meant that staff had a good knowledge of people's on-going health and could monitor and support them when required.

Is the service caring?

Our findings

The staff had a caring attitude and approach with people and their families. One person told us, "The staff are absolutely smashing, I really like them." A relative of a person said, "They are brilliant. We have built up a good rapport with [staff name] and they are excellent." One staff member told us, "I get on very well with all the people I support and their families. It's important to develop a good relationship with people and gain trust." Another staff member said, "I think we have enough time with people to make sure they are happy."

Staff were aware of people's preferences. The staff we spoke with told us that they were able to take the time to support people in the way they wanted, and that care plans outlined what people liked and did not like. One staff member said, "Everything is recorded well, so we have a good and up to date understanding of what people like." We looked at care plans and saw that information about people, their personal history and their likes and dislikes were recorded for staff to read. For example, one person's plan had information about their previous employment and the things they liked to do for fun.

People were able to be involved in their own care planning. One relative of a person said, "We are regularly consulted about the care planning for [person's name]. We update as required and can always talk about any changes in routines when we need to." Another relative said, "They involve [person's name] as much as possible. She is always talked to about what's going on. I get involved in the meetings with the manager to talk about reviews." The staff we spoke with said that they were able to recognise when changes were necessary, speak with people about changes, and action them within the care plans to reflect people's needs accurately. We saw that people were given the opportunity to express their views about their care through reviews. We looked at people's records and saw evidence to show they were involved in decision making processes.

People told us they felt their privacy and dignity was always respected by staff. One person told us, "They are very respectful." All the people we spoke with said that they were happy with the way the staff treated them and that their privacy was always respected. A staff member said, "I always take care to respect a person's privacy. When I work alongside other staff I see that they all do the same. Everyone that works for this company respects people in that way." All the staff we spoke with had a good understanding of the importance of respecting people's privacy and dignity.

People were supported to be as independent as possible. All the people we spoke with told us that staff encouraged them to do things for themselves where possible. A relative told us, "The staff understand what I do as a carer, what [person's name] does for themselves, and what is expected of them as staff. They understand the importance of the things we do ourselves and respect that." All the staff we spoke with told us that the level of support each person needed was different and they adapted to each person's needs accordingly.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Is the service responsive?

Our findings

People had their needs assessed before starting to receive care from the company. All the people we spoke with told us that an initial assessment of their needs had taken place. One person said, "I met with the manager. We all sat around and talked about what I needed. It was very friendly." The registered manager confirmed that she would complete pre assessments with people and follow this up once visits had begun to make sure that the person was happy with the care and the care plans in place. The paperwork we saw within peoples files confirmed that these pre assessments had taken place.

People received care that was personalised to their needs. A relative of a person told us, "The staff have really taken the time to get to know [person's name]. They are always able to chat and we look forward to seeing them." Another relative said, "We get to see the same staff and get to know each other which helps a lot." We saw that people had personalised information within their care plans that included personal history, individual preferences, interests, likes and dislikes. The staff we spoke with all had a good knowledge of the people they were supporting and what their preferences were.

Care plans and risk assessments were updated regularly by the registered manager. People told us they were regularly consulted about any changes in their care, and could instruct change when required. We saw that regular checks and updates to all documentation were carried out every three months. The registered manager told us that the service would soon be transferring their documentation to a new electronic system which would allow for even easier reviewing of documents.

People were encouraged and supported to develop and maintain relationships with people that matter to them. All the people and relatives of people that we spoke with told us that staff respected the relationships that people had. One relative said, "I have found using this company a very positive experience for all of us, not just [person's name] who receives the care."

People had the time they needed to receive care in a person-centred way. People told us that the staff arrived on time and did not rush through tasks. One person said, "The staff are never rushed. Obviously they are busy, but I feel like they take the time needed." All the staff we spoke with felt they had enough time to care for people in a positive way, and not just rush through tasks. One staff member told us, "We are given the time we need on calls. We have travel time accounted for as well so it is organised well."

People received planned care when and where they needed it. The people we spoke with told us that the staff provided them with what they needed and they did not feel that anything was missed. We saw that the staff members used a system to log in and out of visits by phone, which helped to monitor the length of people's visits and allowed the registered manager to keep track of the staff. Everyone we spoke with told us that the communication from the service was good, and that they received phone calls to inform them if anyone was going to be late.

People knew how to share their concerns and complaints. All the people we spoke with told us that they had not had to make any complaints, but were aware of the formal complaints procedure. The registered

manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. We saw that actions and responses could be created and carried out for any complaints made.

Is the service well-led?

Our findings

People told us the registered manager was approachable, organised and easy to contact. One person said, "I have met the manager and I know I can contact them if I need to." A staff member said, "The manager is very supportive. If I have a problem I just make the call." Another staff member told us, "The company is very good and enjoy working for them. It is well organised." We observed that the registered manager was very knowledgeable about the service, the staff and the people that used the service. They were able to explain at length about each person using the service and what their needs were, as well as each staff member and their own development.

The structure of the staffing in the service was that the registered manager was also the director and nominated individual. The only other role within the service was that of the carers. The registered manager told us of plans to expand the service when possible and take on more staff. At which point more roles would be created within the service. All the staff we spoke with were aware of their responsibilities and of the visions and values of the service and were positive about the potential development in the future.

Incidents and accidents were reported accurately by staff. We saw forms that showed detailed recording and a managers response and actions to each incident. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

Staff members were able to raise concerns and have their voices heard. One staff member said, "I feel very confident to raise any problems and I know that I can reach someone. I know that things will be followed up properly and professionally." Another staff member said, "I have a lot of trust in the manager. She is very good." We saw that the staff had regular team meetings to enable a forum of discussion between staff and to update them as required. We saw minutes to staff meetings that showed us various topics had been discussed including general service updates and expectations, staffing, and updates on the people that were being supported. All the staff we spoke with understood the whistleblowing procedures and were confident in using them if and when required.

The service regularly monitored quality to enable improvements. We saw that the registered manager maintained electronic records where possible, and had plans in place to move fully in to an electronic care planning system where all aspects of paperwork and audits would take place. Paper files were maintained within each person's home, and copies were kept securely at the registered address of the office. We saw that audits were taking place regularly by the registered manager to monitor all record keeping and care planning. Actions were created and followed up when necessary.

Questionnaires had been formulated which asked for opinions on the quality of the service. These were sent to people using the service to gather information and drive improvement. All the people we spoke with confirmed that they had the opportunity to complete a questionnaire and comment on the quality of the service they were receiving. We saw that this information was reviewed by management and used to make improvements when required.

