

Embrace Healthcare Ltd

Clayfields Business Centre

Inspection report

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Date of inspection visit:
04 October 2022

Date of publication:
10 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Clayfields Business Centre is a domiciliary care agency providing support for people in their own homes. Not everyone using 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. The service was supporting around 80 people at the time of the inspection.

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

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

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.

Right Care:

People's care was personalised and enabled them to achieve good outcomes. Risks to people's safety were assessed and monitored and people had personalised risk assessments in place.

Right Culture:

People were encouraged to share their views and develop and improve the service. The quality of support provided was evaluated regularly.

Staff received safeguarding training and understood their responsibilities to report potential safeguarding concerns to the registered manager. Risks to people's health, safety and wellbeing were assessed and formed part of a needs assessment. This information was used to develop care plans and guide staff on how to manage those risks. Systems were in place to ensure the safe recruitment of staff. This included references and Disclosure and Barring Service (DBS) checks. Staff received training in medicine administration and their competency was assessed. Only staff assessed as competent could support people with their medicines. Staff understood and followed safe infection control guidelines and knew how to minimise risks of infection.

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.

We received positive feedback from people about Clayfields Business Centre. People felt well cared for and looked after. The provider used audits to monitor and improve the quality and safety of care. Surveys were used to gather feedback from staff and people about the service. The results were analysed and used to make changes in response. The provider and staff worked with other health and social care professionals to improve people's outcomes, and ensure people received care and treatment that was relevant to their changing needs and circumstances.

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 31 October 2019). We found breaches of regulation 12 and 17.

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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about the service. 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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Clayfields Business Centre

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

Inspection team

This inspection was carried 1 inspector and 1 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at. Inspection activity started on 4th October 2022 and ended on 26th October 2022.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We reviewed information we had received about the service since it was registered. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, 5 people using the service, 5 relatives and 4 staff members. We reviewed a range of records. This included 7 people's care records. We looked at 3 staff files. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 the provider had failed to ensure people were receiving their medicines. This was a breach of regulation 12 (Medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

Using medicines safely

- The provider ensured all staff were trained in medicines management when they started work.
- There were suitable records in place to ensure medicines were managed safely.
- Staff told us they felt knowledgeable about managing medicines, and said their competency was regularly checked by managers within the service.
- People and relatives told us they received their medicines regularly. One person said, "I do my own medication but they [staff] always remind me to have it."

Assessing risk, safety monitoring and management

- Staff understood the risks people faced and how to reduce those risks. Risk assessments were person centred and detailed. They were reviewed regularly to ensure they were accurate and informed by any recent advice by external healthcare professionals.
- People felt safe. One person said, "I feel very safe here, I have a key safe box and a wrist buzzer." Another person told us, "I feel very safe, the staff are very good. I have no worries with the staff."

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and understood their responsibilities to report potential safeguarding concerns to the registered manager. Staff felt assured that these would be taken seriously. One staff member said, "I would report it straight away to the manager who would take action."
- The registered manager understood their obligation to report safeguarding concerns to the local authority and to notify us, CQC, as per regulatory requirements.

Preventing and controlling infection

- The provider's records showed staff had received training regarding infection control, and staff confirmed this.
- Personal protective equipment (PPE) was available for staff to use and they told us supplies were plentiful. When managers carried out spot checks of care visits, the use of PPE was monitored to ensure care was provided safely.
- People using the service told us staff always used PPE when providing care.

Staffing and recruitment

- Systems were in place to ensure the safe recruitment of staff. This included references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions so only suitable people work with those who are vulnerable.
- Staff had enough time to support people safely without being rushed, and calls were planned to ensure people received continuity of care staff as much as possible. One staff member said, "We are never rushing and have time to spend with people to do what they need."
- People and relatives comments included; "Staff always turn up or call if they are running late, it's not a problem," "I am lucky I have regular staff , they always turn up and never let me down," and, "Always friendly and always turn up."

Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the registered manager.
- Records showed changes were implemented following untoward incidents.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Continuous learning and improving care

At our last inspection the provider had failed to establish and effectively operate systems or processes and maintain complete and contemporaneous records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had systems in place to enable oversight of the quality of the service. The improved system showed an up to date overview of the service and this was reviewed regularly. Audits were improved and regularly completed.
- Records were improved, they were up to date and readily available on an online system for review.
- The registered manager took on board the opinions and views of people who used the service and their relatives to make improvements.
- Policies and procedures were current and in line with best practice.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. They had sent us notifications relating to significant events occurring within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a range of formal systems, which ensured people had choice and control over their care. People participated in regular reviews, surveys and meetings.
- The management team carried out regular spot checks of staff to ensure people were satisfied with the care they received. People were also contacted by telephone. This ensured they were consulted and given opportunities to comment about their care.
- People's peoples' religious and cultural needs were met. The registered manager was aware and knowledgeable and ensuring protected characteristics were being upheld.
- People told us that they were able to give their views on the service and they were listened to and action was taken. One person said, "Yes I have given my views, they [staff and registered manager] listen to you." Another person told us, "I have raised an issue in the past, the office dealt with it. They do listen." A third

person commented, "They [staff and registered manager] listen to what you have to say. We have good communication with the manager, they are very responsive."

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 provider had an open, learning culture, within which incidents and accidents were reflected on. The registered manager worked closely with families when things did go wrong. One relative said, "I did raise something with the office regarding one of the carers turning up before the other one. The office did listen to me and sorted it." Staff told us they could raise any concerns openly.
- The registered manager had made relevant notifications to CQC in a timely manner.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals such as G.P's, district nurses and social workers. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.