

Empowering U Healthcare Limited

Empowering U (East Midlands)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Empowering U is a domiciliary care service. It provides care to children and adults with health conditions, living in their own homes. CQC regulates the personal care and support. There were 21 people who received personal care at the time of the inspection. Of these 14 were adults and 7 were children.

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

People's representatives confirmed their loved ones were supported to have maximum choice and control of their lives and told us staff supported them in the least restrictive way possible and in their best interests. However, the written information in place didn't include an assessment of people's capacity where this was needed. Following receipt of the draft report, the registered manager sent us a capacity assessment that they told us was in place at the time of the inspection. However, this capacity assessment was not decision specific.

People were supported by staff who understood how to protect them from abuse and knew the procedure to follow to report concerns. People's family members spoke highly of the staff and management team and confirmed staff were caring and friendly. Systems and processes were in place to support people's safety. People's needs, including their safety in relation to care were assessed and monitored.

Where people were supported with their medicines these were managed safely. Medicines were administered by staff that had received training and had their competency to administer medicines assessed. When needed people were supported to access health care professionals.

People received support from staff that had undergone recruitment checks to ensure they were suitable for to support them. Staff worked within the providers policy and procedure for infection prevention and control and followed current government guidance related to COVID-19.

Quality monitoring was undertaken and kept under review by the provider to drive improvement. The views of people and their relatives were sought including involvement in decisions relating to their care.

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 11 June 2019 and this is the first inspection.

Why we inspected

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

Follow up

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

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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 undertaken by one inspector.

Service and service type

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

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 the service two working days' notice of the inspection. This was because we needed to be sure that a member of the management team would be in the office to support the inspection. Inspection activity started on 13 October 2022 and ended on 1 November 2022. We visited the office location on 13 October 2022.

What we did before the inspection

We did not ask the provider to send us a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the registered manager the opportunity to share information they felt relevant with us at this inspection.

The inspection was informed by other information we had received from and about the service. This included notifications from the provider. A notification is information about important events, which the provider is required to send us by law.

During the inspection

We looked at 4 people's care records to check that the care they received matched the information in their records. We reviewed 3 staff files to see how staff were recruited and looked at training records for all of the staff team. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We spoke with 2 people's relatives to get their views of the service. We also received feedback from staff that worked at the service including the registered manager and the 3 nurses employed, 1 of whom was the deputy manager.

After the inspection

We asked the registered manager to email copies of care plans and information regarding the training staff received. They sent this to us within the required timeframe. We also sought feedback from the Clinical Commissioning Groups that commissioned with the provider and other professionals involved in people's care.

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 of 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

- Systems were in place to protect people from abuse. Records showed the provider had made safeguarding referrals to the local authority.
- People's relatives confirmed their loved ones felt safe with the staff and confirmed staff respected their homes and promoted their loved one's safety. One person said, "The staff are very professional and caring."
- People were supported by staff who had received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns to the management team. As the service supported both adults and children, staff received training in safeguarding children and adults.
- Staff understood what whistleblowing meant. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.

Assessing risk, safety monitoring and management

- People were supported by staff who knew how to support them. People's health and care needs were assessed, and care plans were in place so that staff had guidance on how to meet people's needs. Risk assessments were completed to help ensure care was provided in a way that reduced risks to the person and staff.
- Staff understood people's needs before they supported them, as they had access to care plans and risk assessments and confirmed they read through these before providing care to any new people.
- People's relatives confirmed they had access to their loved one's care package which included care plans and risk assessments.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager told us they had contingency plans in place to ensure the continuity of people's care should staff not be able to work due to sickness or leave.
- Pre-employment checks had been made before staff worked with people. These included reference checks and criminal records checks. These checks helped the provider make informed decisions as to the suitability of staff.
- People's relatives confirmed their loved ones received care from a regular team of staff. Due to the health conditions of people, most of the staff worked within specific teams to provide individualised care to people. This ensured staff had the correct training to meet people's specific health needs.

Using medicines safely

- Where people needed support with their medicines this was done in a safe way by trained staff.
- Staff recorded when medicines had been administered, or, if medicines were not required or refused on the medicines administration record (MAR) charts.
- Staff confirmed and records showed that they received training for medicines management.
- Audits of medicine administration were completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

Preventing and controlling infection

- People were protected from the risk of infections as staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).
- Relatives confirmed staff followed guidelines to reduce the risk from infection transmission.
- Staff confirmed they had supplies of PPE and completed testing for COVID-19 when needed following the government guidelines. This meant the risks from infection transmission was reduced.

Learning lessons when things go wrong

- People's care was continuously improved as care packages were monitored and audited to check everything was in place and up to date. A review of incidents enabled the management team to identify any themes or trends and take action as needed to improve people's experiences.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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

- People were supported to make their own decisions and helped to do so when needed.
- The MCA is a law that protects vulnerable people over the age of 16. Most people over the age of 16 that used the service had the capacity to make their own decisions, but some people did not. Staff had a good understanding of the support people needed to make decisions about their care, and this was reflected in their care plans. However, the capacity assessment in place was not decision specific.
- Staff had received training in the MCA and understood the principles of the act.
- Since the inspection, the registered manager has confirmed they will be completing a capacity assessment for each area of care, where a person lacks capacity along with any best interest decisions. We will check these are in place at the next inspection.

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

- Assessments were completed regarding people's health and care needs and these were kept under review and updated to reflect any changes.
- Staff had access to people's care plans and risk assessments, so they could understand how to meet people's needs. This helped staff to provide effective and consistent care.

Staff support: induction, training, skills and experience

- Staff were provided with support and training to be able to meet people's needs effectively. Staff confirmed and records showed they received the training they needed to meet people's needs. The training records showed staff were provided with specialist training to meet people's specific health needs.

- New staff completed an induction where they worked with experienced staff to understand and gain knowledge about the job role and confirmed they were provided with supervision to monitor their performance and enable them to professionally develop.
- People's relatives told us they felt staff were competent. One relative said, "I have no concerns. They are all trained and understand my relatives needs and how to support them."
- Staff said they could approach the management team for support and guidance at any time, including out of hours support.
- One external professional told us, "Support has been provided by staff with the appropriate level of experience and with the specialist training needed."

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

- Where people were supported to eat and drink this was done in a safe way.
- Staff had been trained in relevant areas to help them provide nutritional care to people. This included food hygiene training and specialist feeding techniques. Staff who supported people that received their nutrition through a percutaneous endoscopic gastrostomy (PEG) understood what actions to take to help reduce risks. A PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. This allows nutrition, fluids and/or medications to be put directly into the stomach.

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

- Staff worked with health professionals to meet people's needs. One member of staff said, "I have been involved with occupational therapy for the arrangement and assessing for new slings for the individual and liaised with wheelchair services to arrange a new assessment for their wheelchair." And "I organise the individual's clinical deliveries and prescriptions in advance to ensure continuity of equipment and medication."
- Where other professionals were involved in aspects of people's health and care, care plans reflected their advice and guidance. Staff demonstrated they understood the importance of following this.
- One external professional told us, "Every single shift has been covered with no issues, and [name of person] has achieved some really positive outcomes."

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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that received training in areas relating to equality and diversity to help reduce discrimination.
- People's relatives said they were treated respectfully and supported well. One relative told us, "Staff are kind and caring."
- This service supported people with life limiting conditions. One relative confirmed that their family member's staff team knew them well and said, "[Name of person] seems happy when the staff are there, there are lots of smiles."
- Records demonstrated that staff supported people to maintain their dignity and independence by enabling them to do as much for themselves as possible. Staff built relationships with people and this enabled them to get to know the person well and understand when they may need a little more support on a daily basis.

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

- Information had been provided in the service user guide for people about the service and how to contact the management team.
- People's relatives confirmed they were involved in making decisions about care packages and these were reviewed to ensure they remained up to date.
- Staff understood the importance of enabling people's choices in their care. One care staff told us, "Delivering personalised care means that you let them have a choice and let them control how they receive their care from you. This can be them telling you how they would like to be cared for or what they want you to do."

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.

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

- People were supported to make choices and have control in their care decisions. We saw this from the records reviewed and from staff feedback.
- Staff knew how to provide personalised care to people as they worked with them on a regular basis. This enabled them to get to know the person.
- Care plans reflected people's choices and decisions including their interests and what was important to them. This helped staff understand the person they cared for.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication methods were recorded, and assessments were in place where needed to ensure staff could effectively communicate with the person.
- Where people used British Sign Language (BSL) we saw staff had been provided with this training to enable them to effectively communicate.

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

- Where care packages included support with interests and hobbies, staff told us how they supported people with these. One member of staff said, "The person I work with enjoys shopping trips and visiting different places when their health and weather permits, so we factor that into their activities for the week where we can."
- Staff demonstrated a caring attitude and were very respectful about the people they supported. One said, "It's important to support people and have patience, take time to listen to how they want their care delivered. It's important to follow information on their care plan but doing this in a way that they are comfortable with."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint if needed. Information on the provider's complaints process was provided to people in the service user guide.

- The provider kept records of any complaints and how they had been investigated and resolved.

End of life care and support

- Although some people had life limiting conditions, no one was receiving end of life care at the time of the inspection.
- Information on people's wishes regarding how they would like to be supported at the end of their life was dependent on people's wishes to discuss this with the staff. This was an area being further developed by the management team.
- Do not attempt cardiopulmonary resuscitation' (DNACPR) orders and ReSPECT forms detailing recommendations about emergency treatment, were easily located in people's care records. This meant staff were able to promptly provide these to healthcare professionals in event of a person's health deteriorating or a medical emergency.
- Staff had received end of life care training and had a good understanding of how to support people.

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

- Quality assurance systems and processes enabled the registered manager and provider to monitor the safety and quality of the service. Audits undertaken identified areas for improvement.
- The management team shared their knowledge with staff through staff meetings, supervisions, handovers and communications.
- Staff were clear about their roles and responsibilities and felt listened to, valued and supported.

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

- Surveys to collate feedback from people, relatives and staff were undertaken and positive feedback was received.
- People's relatives told us that communication with the management team was good.
- Regular staff meetings took place, staff told us they found these informative and confirmed they gave them an opportunity to give their views.
- The provider was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Continuous learning and improving care; Working in partnership with others

- People were supported by trained staff who received ongoing training to develop their skills and abilities to improve people's experience of receiving care.
- People were supported by a friendly staff team who understood their needs and wishes. The open culture at the service enabled continuous learning.
- The registered manager and staff team worked closely with other professionals to ensure the service developed and people remained safe.
- We received positive feedback from professionals that commissioned with the service and professionals that worked with people. One told us, "I've been really pleased with the service Empowering U have provided to one of my clients. All the necessary risk assessments and support plan have been completed by Empowering Therefore, overall a really positive experience."

