

Embec Care Limited

# Embec Care Limited

## Inspection report

69 Mere Green Road  
Sutton Coldfield  
B75 5BY

Tel: 01213081700

Date of inspection visit:  
27 June 2019

Date of publication:  
16 July 2019

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Embec Care Limited provides personal care to people living in their own homes. Support is provided to older people, younger people, people with mental health conditions, people living with dementia, people with sensory impairments, people with physical disabilities and people with mental health problems. CQC regulates the personal care provided. At the time of our inspection visit 17 people were in receipt of personal care.

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

People felt safe with their care workers and they remained living in their own homes in line with their wishes. Procedures were in place to protect people from harm and staff understood the risks associated with people's care to keep them safe. Staff were recruited safely, and enough staff were employed to ensure people received all their care calls, from familiar staff at the times agreed.

People and relatives had confidence in the ability of staff to deliver care effectively. People received personalised care from staff who knew them well. People were happy with the way staff supported them to take their medicines. People were supported to make and attend health appointments when needed.

Strong emphasis was placed upon continually developing the safety of the service and learn lessons if things went wrong. However, changes within the service had not been communicated to us as required. Effective systems continually monitored and evaluated the quality and safety of the service provided.

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.

People's needs had been assessed before they started using the service and people and those closest to them were involved in planning and agreeing to their care. Care plans contained detailed information to help staff provide personalised care.

People's nutritional needs were met, and the management team and staff worked in partnership with health and social care professionals to ensure people received effective care. People were encouraged to remain independent. People's care and support was provided in a dignified way by respectful staff.

Systems were in place to manage and respond to complaints. People and relatives spoke positively about how the service was run. Staff enjoyed their jobs and the registered manager was proud of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 15 October 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

# Embec Care Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an Expert by Experience carried out the inspection. 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 homes.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We gave the service short notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection. Inspection activity started on 24 April and ended on 27 June 2019. We visited the office location on 27 June 2019. We postponed our office visit until 27 June 2019 due to the office relocation.

#### What we did before the inspection:

We gathered feedback from five people and four people's relatives about the service they received via the telephone. We reviewed information we held about the service since the last inspection. We sought feedback from commissioners who work to find appropriate care and support services for people and fund the care provided. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of the information to plan our inspection.

During the inspection:

We spoke with the registered manager, the deputy manager and one care worker. We reviewed three people's care records and medicine administration records (MAR) to ensure they were reflective of their needs. We reviewed records relating to the management of the service such as quality audits and people's feedback. We reviewed two staff files to check staff had been recruited safely.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm. Regulations were met.

### Assessing risk, safety monitoring and management

- People felt safe with their care workers. One person said, "My care is 100% safe."
- Risks associated with people's care were assessed and risk management plans informed staff how to manage and reduce risks. For example, where people required help to move safely the number of staff members needed and the equipment they need to use to provide safe care was recorded.
- Staff knew how to manage risks. One told us, "We use slide sheets to move (Person) safely. We have training and are shown by managers how to use them."

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place to protect people from harm. Staff received safeguarding training which supported them to understand the different types of abuse people may experience.
- Staff knew to report any suspected or witnessed abuse to the management team and whilst confident these would be addressed understood how to escalate their concerns if they were not.
- The registered manager shared information, when required with the local authority and with us (CQC) to ensure allegations or suspected abuse were investigated.

### Using medicines safely

- People were happy with the way staff supported them to take their medicines. One person said, "No problems, they (staff) always give my tablets and do my eye drops."
- Medicines were managed and administered safely by the service. We checked three people's medication administration records (MAR) which showed staff recorded and logged when people had taken their medicines.
- Staff were trained and deemed competent by the management team before they administered medicines.
- A series of effective medicine checks took place which meant any errors could be identified and addressed promptly.

### Staffing and recruitment

- Enough staff were employed to ensure people received all their care calls, from familiar staff at the times agreed. A relative said, "They (staff) very punctual and they always let us know if they're running a bit late."
- Staff confirmed they had enough time to provide the support people required. One said, "We never have to rush. Most of our calls are an hour minimum, it's enough time."
- The provider's recruitment procedures minimised, as far as possible, the risks to people's safety.

Recruitment records confirmed staff had not started work at the service until the required checks had been completed to ensure they were suitable to work with people who used the service.

#### Preventing and controlling infection

- People confirmed staff followed good infection control practice in their homes. For example, they wore disposable gloves when they assisted them with personal care.
- Staff had completed infection control training and understood their responsibilities in relation to this.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. Completed records were reviewed to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.
- Strong emphasis was placed upon continually developing the safety of the service. For example, following an incident the registered manager had taken action to ensure staff members had access one person's home in the event of an emergency to check the person was safe.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and feedback from people's relatives confirmed this. Regulations were met.

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

- People's needs were assessed before they started using the service. People and those closest to them contributed to their assessment which included lifestyle choices and required call times.
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and meet their needs.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was compliant with the MCA and no one using the service at the time of our inspection had restrictions on their liberty.
- Staff had completed MCA training to help them understand the principles of the Act. People confirmed staff gained their consent before they provided them with assistance.

Staff support: induction, training, skills and experience

- People and relatives had confidence in the ability of staff to deliver care effectively. A relative said, "The training is very good, carers are confident when hoisting." They added, "They know what they are doing, we are perfectly happy with them."
- Before new staff worked unsupervised they shadowed and worked alongside experienced staff who assessed their competency. One staff member said, "Shadowing helped me to get to know people. It really helped me."

- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.
- Staff spoke positively about their training which included training to meet people's specific needs, such as dementia. Regular observations ensured staff practice reflected their learning.
- Staff had opportunities to obtain qualifications in health and social care. This helped them to develop their knowledge to benefit people.

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

- People were supported to eat and drink enough and maintain their health. One person said, "(Staff member) makes me a lunchtime sandwich and a lemon and honey drink if I want one."
- Peoples dietary requirements and preferences were documented in their care plans. Staff knew what people liked to eat and drink.

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

- People were supported to make and attend health appointments when needed. For example, one person had recently been supported to attend a dental appointment.
- The management team and staff worked in partnership with health and social care professionals such as district nurses to ensure people received effective care. Staff monitored people's health and understood their responsibility to obtain further advice or support if they noticed any changes or signs of illness.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care. Regulations were met.

Ensuring people are well treated and supported; equality and diversity

- People and relatives described staff as polite, patient, kind and thoughtful. One person explained they had built up friendships with the staff. They said, "I see them as my friends we get on very well."
- Staff enjoyed their jobs. One said, "I love my clients. I like seeing smiles on their happy faces."
- Staff knew how people preferred to communicate and communication methods were documented within care plans. For example, one person used facial expressions, to make their needs known. This was important because the person was unable to use speech.
- The provider respected people's equality and diversity, and protected people against discrimination. One staff member said, "Everyone one is welcomed here." Staff knew about people's cultural and diverse needs and how this may affect their preferences. For example, the gender of the staff member providing their personal care.

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

- Care plans demonstrated the inclusion of people and those closest to them. The plans helped staff understand what decisions people could make for themselves and when they needed prompting or support.
- The management team regularly visited people and spoke with them via the telephone to discuss their care. When people's needs changed information was shared with staff and care records were updated.
- People were provided with information in a format they could understand. Providing information in preferred formats for people who have a disability, impairment or sensory loss meets the requirements of the 'Accessible Information Standard' (AIS) which aims to ensure people received the communication support they need.

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed the provider's aim to support people to remain living own homes in line with their wishes was achieved.
- Care plans supported people's privacy and dignity and promoted their independence. Plans informed staff what people could do for themselves and when they need prompting, or support.
- Staff showed people respect when they visited them. For example, they removed their shoes and wore slippers when they visited one person in line with their wishes.
- People confirmed their care was provided in a dignified way. One person said, ""They (staff) always put a towel around me so I am not on show. It makes me feel more comfortable."

- People's personal information was managed securely in line with data protection law. For example, the information we reviewed about people was either kept in lockable cabinets or on password protected computers.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who knew them well. One person said, "It's always the same faces that come. They know me and what I like."
- People received care at the agreed time and for the agreed duration. One person commented, "Carers are always on time for me."
- A relative explained how the care staff provided had a positive effect on their relations well-being. They told us, "Staff wash, and blow dry her hair or put the rollers in and they do her nails. She likes to look her best. It's good for her."
- Care plans contained information including people's life histories and preferences which helped staff to provide personalised care. Outcomes were clearly recorded, and progress was monitored and regularly reviewed which supported a good quality life. Because staff knew people well any changes in their needs were quickly highlighted and changes to their care were made quickly.

Improving care quality in response to complaints or concerns

- People and relatives told us whilst they had no reason to complain, they would not hesitate to speak to the management team or if they needed to. The management team regularly checked people were happy with the service, so any concerns could be dealt with immediately. No complaints had been received since our last inspection.
- A copy of the provider's complaints procedure was provided to people and included information about what they could expect if they raised a concern. Staff understood their responsibility to support people to share any concerns or complaints.

# 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 remained the same. Leaders did not always meet regulatory responsibilities. Regulations were met.

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

- At our last inspection we had not been informed of some significant events that had happened at the service. At this inspection we had received statutory notifications which demonstrated improvement.
- However, changes made at the service had not been communicated as required. In 2018 the provider had initially informed us they had moved offices, but had not taken action to ensure the required change to their registration had been made. Action prompted by CQC was taken to address this.
- The provider's management team consisted of a registered manager and a deputy manager. The registered manager kept their knowledge of legislation and best practice up to date.
- Staff confirmed they understood their roles and what was expected of them. They received individual support through one to one meeting every six weeks to help guide them with their work and continually improve their practices.
- The latest CQC inspection rating was available on the provider's website. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments.

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 their responsibility to be open and honest if things went wrong. They said, "If something happened we would reflect and learn from it. We are always keen to learn and improve if needed."

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

- People and relatives spoke positively about how the service was run. Comments included, "I know I can ring them (managers) day or night, I've got a good rapport with them," and, "Its well run, the managers are good."
- Feedback from people and relatives was encouraged in a variety of ways such as, quality questionnaires. A relative told us, "Every six months the manager asks for feedback and we look at the care plan. We have a good relationship with the agency and they communicate very well with us."
- Staff felt supported and cared for by their managers. One said, "I feel cared for. When I need time off they are very accommodating. I feel very supported working here."
- People had opportunities to maintain positive links with their community if this was part of their planned

care. For example, one person was supported by staff to frequently access a local hairdressing salon. Other people were supported to attend local coffee mornings in their community.

Working in partnership with others; Continuous learning and improving care

- The management team and staff were committed to working in partnership with other organisations to improve outcomes for people.
- Strong emphasis was placed upon continually developing the safety of the service. The registered manager met with the provider monthly to discuss and reflect on the service provided.
- Effective systems were used to continually monitor and evaluate the service and drive forward improvement. For example, an audit of care records had identified staff were not recording information about people in line with the providers expectation. Prompt action was taken to address this issue.
- The registered manager was proud of the service provided to people. They said, "I am proud of my whole team. We are flexible in our approach and we want the best outcomes for people."