

Embrace Home Care Limited

# Embrace Home Care Limited

## Inspection report

Unit 12  
Chiswick Court, Chiswick Grove  
Blackpool  
FY3 9TW

Tel: 01253543443

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## 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Embrace Home Care Limited is a domiciliary service providing help and support to people who live in their own homes. 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. At the time of the inspection the service was supporting 10 people with personal care needs.

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

People were protected from avoidable harm. Risk assessments were completed, and actions required to reduce risk were documented in care records. Recruitment procedures helped ensure only staff suitable to work with vulnerable people were employed. People told us they felt safe and staff were aware of how to raise concerns if they suspected people were at risk of abuse. Staffing was arranged to meet people's needs and wishes and staff were described as, "Lovely." Medicines were managed safely, however records of practical competency assessment did not record all the areas of medicines assessed.

We have made a recommendation about the recording of medicines competency that can be found in the safe section of this report.

Audits were carried out to drive improvements and staff were informed if improvements were required, however records were not always kept showing audits had been carried out.

We have made a recommendation about the recording of audits that can be found in the well-led section of this report.

Staff told us they were happy to work at the service, they were supported by the registered manager and management team and morale was good. The management team and registered manager worked in partnership with a variety of agencies to ensure people's health and social needs were met.

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. Mental capacity assessments were carried out and were decision specific. If people needed help to maintain an adequate diet and hydration, care records detailed the support they required. People were supported by staff who were trained and knowledgeable of people's individual needs. People and where appropriate, relatives were involved in care planning.

Care records were written in a person-centred manner and reflected people's individual needs. People's communication needs had been assessed and documented and staff were aware of these. There was a complaints process for people to raise concerns if they wished to do so.

People and relatives spoke highly of the staff and staff told us they were committed to providing the best possible service to the people they supported. People were treated with respect and dignity; their independence was encouraged.

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

This service was registered with us on 24 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our published methodology.

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?**

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 well-led.

Details are in our well-led findings below.

**Good** ●

# Embrace Home 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. 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 January 2020 and ended on 28 January 2020. We visited the office location on 22/01/2020 and the 28/01/2020.

#### What we did before the inspection

We reviewed information we had received about the service since its registration date and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff. This included the three directors, the registered manager, deputy manager, and three care workers. We also spoke with a health professional who had involvement with the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a training matrix.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- The provider had processes to ensure medicines were managed safely. Staff received training and practical assessment to ensure they were competent to administer medicines. When relatives were involved in the medicine process, for example the ordering of medicines, care records detailed individual responsibilities of the people involved.
- We reviewed the medicines competency record and saw this did not document all the areas assessed to ensure a complete assessment was carried out and recorded.

We recommend the provider seeks and implements best practice guidance in the recording of medicine competency assessments.

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

- People were protected from the risk of abuse. Staff had received training in safeguarding awareness and could explain the signs and possible indicators of abuse. Staff told us they would act to protect people by reporting concerns to the registered manager, the provider and external bodies. One person said of staff, "I'm very confident in them, I trust them."

### Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Managers completed individual and environmental risk assessments. Documentation contained guidance on how risks could be managed, and staff were aware of the actions required to help maintain people's safety.
- Risk assessments were reviewed following incidents and accidents. If new measures to control risks were introduced, this was documented and communicated to staff.
- The provider considered the risk of fire and said they would support people to gain expert advice from the fire authorities if this was required. Individual evacuation plans were being introduced by the service to help people evacuate their own homes in the event of an emergency.

### Staffing and recruitment

- The registered manager carried out sufficient checks to ensure prospective employees were suitable to work with vulnerable people. Records showed references and Disclosure and Barring checks were completed prior to a prospective employee starting work.
- The registered manager deployed staff effectively. One person told us they were satisfied with the timing of their individual visits and staff who were known to them, arrived on time. Relatives we spoke with also said visits were on time and their family member knew who was visiting.
- Staff told us they had time to support people and did not feel the need to rush. One staff member said, "I

get plenty of time to spend with clients."

#### Preventing and controlling infection

- The provider minimised the risk and spread of infection by providing training to staff. Staff were given personal protective equipment such as gloves and aprons and a person we spoke with told us they were satisfied with the infection control practices.

#### Learning lessons when things go wrong

- The provider and registered manager shared information to ensure lessons were learned. For example, the outcome of an accident investigation was shared with staff, relatives and the person to minimise the risk of reoccurrence.

# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team carried out individual assessments prior to care being delivered to identify the help people needed and wanted. Care plans were developed to meet individual's needs and preferences. A relative commented, "They assessed [my family member's] needs in depth."
- Staff could explain the needs and preferences of people they supported, and we saw records were updated if people's wishes changed.
- One person told us their needs were reassessed and staff reviewed the care plans with them. They said, "Every so often They'll look at it with me and see if anything needs altering."

Staff support: induction, training, skills and experience

- The provider had accessed training to ensure staff were suitably trained. Staff told us they had received a thorough induction which included face to face training and practical assessment. Staff said they worked with a competent and experienced staff member prior to working alone and this helped them practice their skills.
- People were supported by staff who had received feedback on their performance and training needs assessed. Staff took part in supervisions with their line manager and action plans were recorded to support staff performance and skills.

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

- Staff considered people's nutritional needs when this was part of the agreed package of care. Care plans reflected the help people needed to maintain a healthy diet and fluid intake and personal preferences were recorded.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other health professionals to ensure people's needs were assessed and effectively met. Documentation evidenced the service worked with other professionals such as GPs, and physiotherapists to ensure people's needs were met effectively.
- In the event of people going to hospital, essential information was provided to support decision making.
- We spoke with a health professional who told us the service worked closely with them when providing care.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services if this was required. For example, emergency healthcare and GPs. Documentation showed that people were supported to gain medical advice if they

became unwell.

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.

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.

- The provider had policies to guide staff if they believed people lacked mental capacity.
- Documentation showed mental capacity assessments were completed if required and staff were knowledgeable about the rights of people to make their own decisions whenever possible. One staff member told us, "We can't restrict clients rights, unless it's been legally agreed." At the time of the inspection there were no authorised applications to deprive people of their liberty in place.

# 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

- Staff supported people with dignity and respect and had a caring approach. Staff could give examples of how they upheld people's rights. For example, how they followed individual care plans to ensure care given was person centred. One staff member commented, "All our clients have individual care plans because they are all individual, my job is to make sure they are treated as individuals."
- One person said staff were, "Polite and gentle" and, "lovely."
- The provider told us contact details of local advocacy services were available in people's files if they needed support to express their views or make decisions. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests

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

- People were supported to decide their care needs. Records we viewed showed engagement with people and where appropriate, relatives took place to arrange and decide people's care needs. One person told us, "We meet up and decide if anything needs to be changed."
- Relatives told us they were involved in discussions about their family members care and they were invited to express their views. One relative shared, "I work closely with [registered manager]."

Respecting and promoting people's privacy, dignity and independence

- The provider upheld people's right to privacy. The service used a communication application via a mobile phone, to pass on information about people's needs. This was password protected and if a staff member left the company, their access to the application was removed to maintain people's privacy.
- A person commented, "They keep my private information private."
- Staff supported people to maintain their independence. For example, a staff member explained how they helped a person do this. They said, "Just giving [person] that bit of support means [person] can carry on with what [person] wants."

# 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 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

- Staff recorded people's individual care needs, wishes and preferences to ensure information to support the delivery of person-centred care was available.
- Staff delivered care to meet people's needs and preferences. One person told us their care was discussed with them and they were happy with the care provided. They commented, "Whatever I ask them to do, they're kind enough to do it."
- The provider was responsive to changes in people's routines. For example, a change was made to a person's visit time to reflect their personal pursuits. A relative told us, ""They're very, very flexible, they come when [my family member] wants."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met people's communication needs. These were considered prior to the service being delivered and documented to ensure staff could meet people's individual needs. The provider and registered manager told us they would adapt information and seek resources to support people if this was needed. For example, by using large print text, or engaging with an interpreter.

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

- People were able to follow their own interests when this was part of the planned package of care. For example, a person was able to go into the local area with the support of staff.
- One person told us staff spent time with them chatting and helped them live independent lives.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly. The provider and registered manager told us they had received no complaints. They explained there was an "open door policy" and any feedback was responded to quickly, so no complaints had been made.
- Relatives we spoke with told us they were happy with the service provided and they were aware of the complaint's procedure and how to use it. At the time of the inspection no-one raised any complaints with us.

## End of life care and support

- At the time of our inspection, the service was not supporting anyone at the end of their life. There was a policy in place to guide staff and training was being arranged to ensure staff had the skills to deliver this area of care.

# 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; Continuous learning and improving care

- The registered manager and management team carried out audits and checks to identify where improvements in the service were required. Audits were carried out in areas such as accidents and incidents, care records and medicines.
- Audits reviewed showed areas of improvement were identified and action was taken when required. Staff confirmed the results of audits were shared with them. Audits of time keeping on visits to people's homes were carried out, but the results of these were not regularly documented. The registered manager told us audit processes would be further developed as the business grew.

We recommend the provider seeks and implements best practice on audit processes to ensure all information is captured and analysed to ensure areas of improvement and success can be reviewed.

- The registered manager had notified the Care Quality Commission about events that occurred at the service. This was required by regulation.

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

- There was a caring culture in the service. The management team spoke passionately about the importance of creating a professional and supportive ethos to help ensure high quality care.
- Staff told us they were committed to enabling people to live independent and fulfilling lives and this was led by the management team and registered manager. A staff member said, "We're all a team, all of us together."
- The provider passed best practice information to the management team to ensure their knowledge and skills were refreshed. The registered manager told us they were planning to attend a local best practice forum to gain any relevant information.
- The registered manager told us there had been no recent events when mistakes had been made and an apology required. However, should events occur, these would be investigated, and an apology would be made.
- Relatives spoke positively about the registered manager. They told us they were able to speak with them and one relative shared, "I know [registered manager] is there to give me emotional support as well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and management team engaged with people and others acting on their behalf to enable them to influence the service provided. People were asked to contribute their views through regular phone conversations and face to face meetings in their own home. The provider explained they were also planning to introduce an annual survey.
- The provider and registered manager held staff meetings and to gain staff views and pass information regarding the service. Staff told us the registered manager and provider were keen to seek their views and asked for ideas on how the service could improve.
- The management team maintained relationships with external agencies. This included working with external health and social care professionals to ensure a collaborative approach to care.