

Empathy Care24 Limited

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Inspection report

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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

Empathy Care24 is a domiciliary care service providing personal care to people living in their own homes in the community.

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 inspection, 54 people were being supported with personal care.

The service worked in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff were recruited appropriately. People received care from staff that had received relevant training and support to carry out their role effectively.

People received safe care. Risk assessments and care plans were reviewed regularly, and staff understood their responsibilities to keep people safe from abuse or harm.

People and relatives described staff as 'kind' and 'nice' and people were treated well.

People's care was personalised, and people were included in how they wanted their care needs met.

The provider learned lessons when things went wrong and sought to make changes to improve the experience for people using the service.

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.

The outcomes for people with learning disabilities and/or autism using the service reflected the principles and values of Registering the Right Support. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The provider had effective systems and processes in place to monitor the quality of the service. People knew how to raise a concern or complaint, and these were responded to in a timely manner.

The management team were approachable. Staff were able to express their views, concerns and ideas and felt listened to.

The registered manager had clear oversight of the service and knew their role and responsibilities to the people they provided care for.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 05 April 2017).

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 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 ●

Empathy Care24 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

The inspection was carried out by one inspector and an 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.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 November 2019. We visited the office location and carried out telephone conversations with people and relatives on 28 November 2019.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We considered the last inspection report. We sought feedback from professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, care coordinator and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. We also reviewed staff training records, policies and procedures, safeguarding and complaint records, call logs and quality assurance monitoring systems.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff recruitment processes protected people from being cared for by unsuitable staff. These included checking references and completing checks with the Disclosure and Barring Service (DBS). Risk assessments had been undertaken, where required, to ensure staff were suitable to work with vulnerable people.
- There were enough staff to support people to stay safe and meet their needs. The registered manager told us they did not use agency staff and were able to plan and anticipate for when needs may change. For example, providing flexibility around the call times for one person to ensure they were ready to attend their health appointments on certain days.
- Most people and relatives told us staff generally arrived within the agreed times. One relative told us, "The times are okay, and they will explain if they're late, nine times out of ten." People and records confirmed there had been no missed calls from the provider.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person told us, "I do feel safe. It's only general personal care they [carers] do and they all do it properly."
- All staff had completed training in safeguarding people from abuse or avoidable harm. Staff knew how to identify and respond to signs of abuse. One staff member told us, "It's important that people are safe, and they feel safe... If I had concerns, I would report it to the manager, or would go to people like the CQC if I needed to."
- The provider had a safeguarding policy in place, which staff had access to at any time. The registered manager understood their responsibilities to keep people safe and had raised concerns appropriately, as required.

Assessing risk, safety monitoring and management

- Risk assessments were completed and reviewed. For example, care records showed risk assessments in relation to people's nutrition, medicines and moving and handling needs. This enabled staff to support people safely.
- Staff ensured people were safe in their home environment. One person told us, "They make sure the house is safe, they move stuff for me so that it's clear and safe."
- People's care plans had clear guidelines for staff to understand what action they needed to take to meet people's needs safely. One staff member said, "We have a lot of responsibility to make sure people are safe. I respect the care plans, respect what I have learned in training and I ask if I need to. Communication with the client is very important too."

Using medicines safely

- Medicines were administered safely by trained and competent staff. The registered managers and care coordinator carried out checks with staff to observe their competency and staff were able to discuss any concerns.
- The provider carried out monthly medicine administration record (MAR) audits. Their system for recording medicines was electronic and this enabled the registered manager to identify any concerns in a timely manner. We saw records showed when medicine discrepancies had been flagged on the system, appropriate reasons had been documented by staff to indicate why. The registered manager had then cross-referenced this with the person's daily notes.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff received training in infection control and told us how they worked to protect people using effective prevention and control of infection processes.
- We saw staff were monitored by the registered manager and care coordinator to ensure they were following safe infection control practices.
- Staff told us there was enough personal protective equipment available to support people safely, such as aprons and gloves, and people confirmed this.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The registered manager was open and honest about the challenges experienced within the service and explained actions taken to improve the service for people. For example, in response to a concern raised, the registered manager had reviewed and discussed the expectations of staff in relation to emergency services. If staff had called for emergency services, it was now agreed they stayed with the person in their home until help arrived, to ensure people remained 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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had an induction at the start of their employment, which included face to face training relevant to their role and shadowing to work alongside experienced staff. Training was in line with the Care Certificate, which was effective from April 2015 as a benchmark for the skills people require to be effective care workers.
- Staff competencies were regularly assessed and monitored to ensure staff were able to carry out their role effectively. Staff spot checks were carried out shortly after starting their role and then every 3 months, or as required. This included observations of staff interactions with people they supported.
- People with specific medical conditions, such as diabetes, were supported by staff that had appropriate training and awareness to meet their needs.
- Staff received supervision and were supported in their personal development to achieve higher level qualifications.

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

- Most people said they had the same staff supporting them, who knew them well. However, a couple of relatives commented the staff supporting their loved ones were not always constant. One relative told us, "We had different carers all the time, but I did ask for regulars and now we have a couple and they understand [person]." We discussed the allocation of staff with the registered manager and they acknowledged it was not always possible, however, where able the same staff would support people.
- People's needs and choices had been fully assessed before receiving care from the agency. Assessments included people's health, social, care and cultural needs. One person told us, "They [staff] came and I had a meeting with [registered manager] and another lady [staff member] who asked me what I wanted help with, and the times I wanted, and we sorted it out between us."
- The registered manager monitored daily notes to ensure care was delivered in line with guidance and standards. The electronic recording system prompted staff to ensure individual tasks were carried out to meet people's needs.

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

- Staff understood the importance of good nutrition and hydration to keep people well. Staff had also received training in food safety to ensure help, such as preparing meals, was carried out safely. One person said, "They [staff] give me cold drinks if the family are not here, and dinner."
- People's care plans had information available about their cultural needs and preferences in how they would like to be supported to eat and drink.
- Care plans encouraged staff to promote choice, and this was respected. One staff told us, "When I am preparing a meal, I will offer three or four options as to what they may want."

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

- People's care plans provided information as to whether they required support to attend or book appointments with healthcare services. Where this was an identified need, staff had clear guidance to follow to ensure people had access to the right support.
- People with medical conditions, such as diabetes, had detailed guidance in place for staff to monitor changes and appropriate actions to be taken. For example, one person's care plan stated, 'If concerned about my blood sugar levels, please contact the district nurse or GP'.
- Staff knew what to do if they found a person needed urgent medical help. One staff provided an example where they had to call an ambulance after finding someone had fallen at home.
- People told us they felt confident staff would support them if required. One person told us, "I call the doctor if needed, but I know they [staff] would if I needed." Records showed staff supported people to access a wide range of healthcare professionals including GPs, district nurses and specialist community services.

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.

We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities to protect people's rights and knew what to do when a person did not have the capacity to make their own decisions. Mental capacity assessments had been completed, where appropriate, and this was fully documented in care records.
- People had contact information on local advocacy groups and other support networks within their service user hand book to provide support with their care decisions.
- Staff had training to provide awareness and understanding of the MCA and consent to care and treatment. One staff told us, "I will always ask consent. If giving medicine, I would ask if they [person] were happy to take it. I want to make the person feel involved and included."

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 the same. 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 treated people well. One person said, "They are nice people. Just generally kind and helpful basically." Another person told us, "They're [staff] ever so careful, gentle, and go slow. They don't rush."
- The provider promoted equality and diversity through their training, policies and within the service user handbook.
- People were supported by staff that respected their diversity and individuality. One person told us, "[Staff are] so kind and we have a chat. I feel they're interested in me, and very thorough, just nice people."

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

- The registered manager told us people, and their families, had opportunities to be involved in their care plans and care delivery. People confirmed this. One person told us, "When we did the care plan, I said bit by bit what I wanted with the lady who came."
- People were offered choice and felt able to express themselves. One person said, "I choose what I like, and they ask. [Staff] know to start in the kitchen and ask if there's anything else I'd like doing."
- People were encouraged to provide feedback about the care they received. This included forms that were readily available in the homes of people using the service to complete to raise any concerns.

Respecting and promoting people's privacy, dignity and independence

- People told us they continued to feel independent with the support of the service. One person said, "I feel independent, as they come to me." Another person told us, "I do my personal care while they're there independently, but I feel better that they're there, as I have a lot of falls. I've not had any falls while they're there."
- Care plans were followed to encourage people to maintain their abilities. For example, one person's oral health care plan stated, 'I can manage my oral care, please prompt me to complete the task.'
- The provider promoted privacy, dignity and respect through their staff interviews, staff training, policies and staff spot checks when providing care.
- Staff explained how they maintained people's dignity and privacy, such as ensuring doors were closed and providing people with a towel to cover them. One person told us, "Dignity and privacy is fine as I feel comfortable and I'm alright with it. They close the door."

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 the same. 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

- The provider identified people's needs, preferences, likes/dislikes and what is important to them, to plan more personalised care. One person told us, "[Care is] done in the way I like it, and the staff are familiar with that, and are both polite and professional."
- People's care records were detailed and based on the person's individual needs to enable staff to support them in the best way. For example, one person's sensory care plan stated, "I will need support from my carer to move around the house and carry out activities, adapt my home environment and remain independent... I can express how I would like things to be done on daily basis."
- Staff promoted choice and control. For example, a staff member told us, "I offer choice about what people would like to wear...or if [person] wants to read just one page of a newspaper, I ask them which page they want to read."

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 was meeting the AIS standards. The registered manager told us that information, such as service user guides, could be provided to people in accessible formats to ensure this need was met.
- One staff gave an example where supporting a person regularly enabled them to get to know and anticipate their needs. They said, "[Person] cannot talk but they give you the way to understand what they want. I know them well enough to know what they are trying to communicate, because I know their routine and have regular contact with them. The communication between us is great and that is important."

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

- The provider supported people, where needed, to attend social activities in the community and follow interests that were relevant and important to them. For example, one person was supported to regularly access a religious service to practice their beliefs.

Improving care quality in response to complaints or concerns

- People and relatives were aware how to raise a complaint, although most said they had not needed to. One person said, "I've no complaints, but I've got a file with all the details should I want to complain." Another person told us, "If I've ever had a concern or a question, they've been alright with that. Everything is

okay."

- The provider knew the importance of improving care quality and encouraged feedback. One relative told us, "I've got a good relationship with the office and the manager and if I phoned, [registered manager] would be down this afternoon or sort it out and get back to me - so problems are solved."
- Staff explained they prefer to deal with any concerns straight away as they felt it improves outcomes for everyone. We saw complaints recorded had been acted upon in a timely manner to resolve issues raised. One relative said, "I have complained, and they tried to put things right."

End of life care and support

- Staff received training in end of life care and had awareness of how to provide compassionate and personalised care and support to people at the end of their lives.
- People's end of life wishes and preferences were able to be discussed and documented within their care records and respected by staff.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had an open and inclusive culture and staff were supported by managers to meet the standards of care. One staff told us, "I feel supported by managers. They support me in many ways, if I need advice I call them, and they give good advice and always answer."
- Most people and relatives said they were happy with the standard of care and would recommend the service to others. One relative told us, "It's a good care culture and we're comfortable. I'd recommend it. They are very relaxed, never rushed at all, and if at times I need to, I go over things with them."
- People received person-centred care. Individual care plans were developed and reviewed, respecting people's changing and diverse needs. One relative said, "For reviews, the manager from the office comes down every three or six months to ask if there's any problem, or if there've been any changes, everything is written down every three months."

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

- Managers and staff were clear about their roles and responsibilities towards the people they supported. Clear and detailed records were kept about people's care and provided guidance for staff to support them well.
- The provider's systems and processes enabled clear oversight to monitor the quality of the care being provided. For example, the registered manager would be alerted via their electronic care system if any person's care tasks were not actioned or fully completed as planned. They told us they would always follow this up and take appropriate action, if needed.
- People said staff had apologised and explained when they arrived later than expected. One person told us, "The times, well they can't help it if they run a bit late, but it's not very often. They just come and say sorry and tell me the reason... They've always been here and haven't missed any calls."
- The registered manager was aware of their regulatory requirements as to when and how to notify CQC and understood their responsibilities under the duty of candour, if errors were made.

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

- People were involved in completing surveys to provide feedback for the service. The registered manager or care coordinator also carried out regular visits with people, and those involved in their care, to review if

their needs were being met. If any changes or requests were made, this was recorded on the person's review notes and communicated to the team.

- Staff felt supported and listened to by the management team. We saw team meetings took place regularly and one staff member told us, "Meetings take place and we discuss if we have any problems or concerns with the manager and office staff...I always feel listened to."
- Staff told us the provider communicated well. One staff member said, "Here, communication is perfect, the staff are supported, and management encourage us to ask if we have questions or are not sure."

Continuous learning and improving care

- The provider had systems in place to record and review accidents and incidents. The registered manager explained this information was used to determine if other agencies need to be involved, such as safeguarding or funding authorities, and would trigger a review of risk assessments to minimise the risk of reoccurrence. We saw an example of this where a person had experienced an increase in falls.
- The provider had introduced technology systems to improve record keeping and oversight. Staff had been trained to use the system effectively.
- The registered manager carried out monthly audits to monitor the quality of care provided and ensured the service kept up to date with current legislation and reviewed their policies accordingly.

Working in partnership with others

- The provider had worked well with others in the development of people's support and care. One professional that worked with the service told us, "I generally speak to [care coordinator] and they will always go over and above to ensure that the customers' needs are always at the forefront."
- Staff worked with a range of healthcare services to ensure care provided for people was appropriate. For example, we saw one person's care records were reviewed in cooperation with their community nurse specialist, to support with any behavioural concerns or changes.
- Staff had received additional training in diabetes awareness, provided by the local NHS diabetes services and had access to further information provided within people's homes.